

WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.19:	Electroconvulsive Therapy (ECT)
Governing Body Approval:	April 30, 2018
REVISED:	

PURPOSE: To ensure that treatment with Electroconvulsive Therapy (ECT) follows appropriate assessment and education of the patient.

PROCEDURE:

Whiting Forensic Hospital (WFH) does not perform ECT, but provides for this treatment through an agreement with a contract provider

Once the Psychiatrist determines that ECT is to be considered as a clinical option the following steps should be followed:

- A. The psychiatrist meets with the patient, family and/or others as appropriate to discuss and provide education about the proposed procedure.
- B. ***Informed Consent*** must be obtained [use Consent Form provided by consultant; see Institute of Living “Authorization for ECT” form] from the patient (see Operational Procedure 1.4 Informed Consent). The process of obtaining *informed consent* must include a discussion with the patient on the following topics:
 1. the target systems and related diagnosis for which the procedure is being considered;
 2. the risk and benefits associated with the procedure including a thorough discussion of possible side effects;
 3. the purpose of the proposed ECT procedure;
 4. alternative treatments to the proposed procedure and indications as to why this procedure is preferable; and
 5. the patient has an absolute right to withdraw informed consent at any point up to the time of initiating the procedure and any succeeding treatments in the series.

- C. The referral process and information should be completed and provided to the contract provider *(Refer to attached procedure from the contract provider – Referral to ECT: Instructions to Physicians)*.
- D. All patients referred for ECT shall be approved by the Medical Director.
- E. If approved by the Medical Director; the Chief Medical Officer (CMO) is informed.
- F. Once approval is obtained, the psychiatrist follows the contract provider's protocol.
- G. All clinical indicators and justification for ECT must be documented in the patient's medical record.
- H. For patients who are conserved, the Connecticut General Statutes require that ECT be approved through the Probate Court even with approval of the patient and conservator.
- I. For any patient, who in the attending psychiatrist's opinion, does not have the capacity to provide informed consent for ECT and the attending psychiatrist and the ECT contracted consultant believe that a trial of ECT is clinically indicated; a petition to the Probate Court will be sought for court approval for ECT.

REFERRAL TO ELECTROCONVULSIVE THERAPY

INSTRUCTIONS TO PHYSICIANS

When ECT is planned for a patient, it is necessary to have adequate background information about the individual to allow a comprehensive evaluation by the ECT Consultant and the Anesthesiologist, and to permit the handling of potential risks in an effective manner. The following steps need to be followed:

1. Informed Consent must be obtained from the patient and the Responsible Party by informing them of:
 - The nature of the mental condition that exists.
 - The indication for the proposed treatment.
 - Alternative methods of treatment possible and the reasons for the selection of ECT as preferable approach.
 - The treatment procedure, the potential risks involved, the prevalent side-effects and the possible adverse effects.
 - The number of treatments proposed.
 - The requisite of voluntary authorization, and the rights to consent or refuse permission; also the prerogative to withdraw the consent at any time. Finally, the limitation of validity of the consent for 30 days after it has been registered; reason why it must be signed again if further or additional treatment is contemplated.

The obtaining of Informed Consent is documented on the form, "Consent for ECT" included in packet.

2. Pre-ECT studies must be current but the blood work should be done no earlier than a week prior to ECT.

These studies must include: EKG, CBC with differential, SMAC-24.

Chest X-Ray is only required if there is evidence or suspicion of cardiopulmonary disease.

Patients with significant cardiac disease need a cardiology consultation.

Lumbosacral spine films are necessary if the history or physical exam indicates a possible risk factor for compression fractures. Osteoporosis, previous fractures, back or leg pain, or metastatic disease are the usual indications for lumbosacral or cervical spine films. As older men and post-menopausal women are at risk for osteoporosis, consideration should be given to obtaining lumbosacral and cervical films prior to treatment.

3. Chemotherapy:

In general, it is desirable that the patient be off all medication prior to ECT.

Specific considerations are:

- Phenothiazines: Preferably tapered to the least amount possible.
- Antidepressants (tricyclic antidepressants): Preferably tapered to the least amount possible.
- MAO Inhibitors: Discontinued a minimum of 14 days before the commencement of electroconvulsive therapy.
- Lithium: Relatively contraindicated. This should be withheld a minimum of 5 days or have level documented at 0.3 micrograms.
- Reserpine: Absolutely contraindicated.
- Anxiolytics: Preferably tapered prior to ECT.
- Eyedrops/Cycloplegics: Glaucoma medicines are to be continued and available at the time of ECT.

Any written referral for electroconvulsive therapy must include a complete list of the patient's current medication. The ECT Consultant and/or the anesthesiologist shall have final authority to modify the medication regime as is considered therapeutically appropriate.

These serve as general guidelines. Exceptions or extenuating circumstances will be reviewed by the ECT Consultant and/or anesthesiologist.

4. Pre- and Post-ECT Rating Scales:

The Hamilton Depression Scale must be completed prior to and following completion of series.

The Mini Mental Status Exam must be completed prior to start of ECT.

5. Orders for ECT: When a patient has been cleared for ECT, the following orders must be written prior to starting the series of treatments:

- ECT 2-3 times weekly per schedule. Please state Unilateral or Bilateral ECT.
- Hold A.M. medications prior to treatments (unless otherwise directed).
- NPO after midnight prior to treatment.
- Give antihypertensive on ECT day if indicated.

The ECT Consultant is available for guidance and additional information for both the attending physician and the patient being considered for treatment.

PRE-ANESTHESIA ASSESSMENT

☐ MALE

HEIGHT _____ WEIGHT _____ AGE _____ ☐ FEMALE PROCEDURE

PRE-OP ANESTHETIC HISTORY:

ALLERGIES:

MEDICATIONS:

ROS: PULM: _____ CV _____ HEPATIC _____
RENAL _____

PREGNANT? _____ REFLUX _____ NEURO/MENTAL _____ ENDOCRINE

POSSIBLE USE, RISK, BENEFITS OF BLOOD PRODUCTS DISCUSSED ☐ _____

AIRWAY/DENTAL RISKS EXPLAINED TO PATIENT: _____

LAB DATA: HCT _____ NA+ _____ K+ _____
EKG _____

WAIVED _____ OTHER _____

RISKS, BENEFITS, AND ALTERNATIVES DISCUSSED AND PATIENT AGREES: ☐ YES ☐ NO

ASA STATUS _____ NPO
STATUS _____

PRE-MED
ORDERED _____

PRE-OP ASSESSMENT: Date _____ Time _____ Signature

<p>PRE-INDUCTION RE-EVALUATION AND PRESCRIPTION OF ANESTHESIA PLAN</p>

PLAN: GA, REGIONAL, MAC DETAILS:

Date _____ Time _____ Attending

Signature _____

POST-OP

NO POST-ANESTHESIA PROBLEMS _____ OTHER DETAILS _____

Date _____ Time _____ Attending

Signature _____

AUTHORIZATION FOR ELECTROCONVULSIVE TREATMENT

Patient Name: _____

I. THE PURPOSE AND NATURE OF ELECTROCONVULSIVE TREATMENT

Electroconvulsive therapy (ECT) is the most rapidly acting treatment for serious depressive illness and is also useful in certain other serious psychiatric conditions. A series of treatments is usually given. Each treatment consists of: 1) The use of an intravenous medication to produce sleep for approximately a five minute period; 2) The use of an

intravenous agent to relax the muscles of the body; and 3) The induction of a very mild, barely detectable convulsion from which the patient experiences little discomfort and is able to resume their normal routine shortly after.

II. THE INDICATIONS FOR ECT

The indication(s) for ECT in this case are:

III. THE RISK/COMPLICATIONS OF ECT

ECT, as used here, is often the safest and most effective treatment for some psychiatric disorders and is rarely associated with serious complications. Nevertheless, the risks/complications of ECT as described are as follows:

1. As a normal side effect of ECT some short term memory loss for the period in which ECT was given may occur. This usually disappears in a few days to 4 weeks following completion of treatments.
2. Fractures and dislocations. (This complication was much more frequent before the use of muscle relaxants and now is very rare).
3. Cardiovascular complications. (These are extremely rare).
4. Neurological complications. (These are extremely rare).
5. Fatalities. (There is a very small risk anytime anesthesia is used and an extremely small risk due to the ECT itself).
6. Reaction to the anesthetics. e.g. unknown allergies.

IV. INCREASED RISKS OF ECT

The use of any therapeutic modality in the presence of serious illness does carry increased risk. The risks of treatment must be weighed against the risk of withholding treatment. We have the facilities to take extra precautions when the risk warrants it. An anesthesiologist is always present. There is an increased risk in treating the patient because of the presence of: _____

I understand that treatment is warranted.

I HAVE BEEN INFORMED BY DR. _____ * OF THE
NATURE OF THE TREATMENT AND THE POSSIBLE COMPLICATIONS. I UNDERSTAND THAT I MAY
CONSULT WITH COUNSEL OR OTHER INTERESTED PARTIES OF MY CHOICE. AND THAT I MAY WITHDRAW

THIS CONSENT AT ANY TIME. I AUTHORIZE THAT YOU PROCEED WITH TREATMENTS AND I UNDERSTAND THAT THIS AUTHORIZATION EXPIRES THIRTY (30) DAYS FROM THE DATE OF MY SIGNATURE.

Date: _____ Patient: _____

Witness: _____

Date: _____ *Physician Signature: _____