

Surname	Title
First names	
NHS No.	
Trust No.	
Date of Birth	

Electro Convulsive Treatment (ECT) Care Pathway (2G-E5-09)

Allergies / Warnings (see i	inside cover)	Yes ⊔	No ⊔		
Consultant					
Named Nurse/ Care coordinator					
Special Requirements E.g. language/ communication/ r	mobility needs	1			
Circle as required Gender Male/ Female					
Ethnicity White British (A) Irish (B) Asian (F) Any other mixed backgro Caribbean (M) African (N) Any ot	ound (G) Indian	(H) Pakist	ani (J) Bang	gladeshi (K) Any other Asian B	ackground (L)
All professionals recording informand initials below before they wri	nation in this path	oathway mu way	ıst complet	te their full name, designatio	n, full signature
Name	F	Profession		Signature	Initials

To be retained in the patients notes

Nama		NHS Numbe									
Name						<u> </u>	<u> </u>		<u> </u>	<u> </u>	
	Allergy	Reaction					\neg	(Initia	al & Da	ate)	
Allergies/ Warning											
To be complet	formation & Legal Issues ed and kept by the persons named/ associate nur	se or care coordin	ator. If they ar	e not av	/ailabl	e to c	omple	ete this	s secti	on it	
·	t updated by another member of the team. atment Information	Yes	No		ariance			ts/ Ac	tion ta	ken/ oı	r
1.110 110	Does the person have an advanced	(Initial & Date)	(Initial & Date	c)				estion	s imm	ediatel	V
1	decision								uestio		
2	When was it written?										
	Where is it located?										
D	oes it contain any directives regarding ECT or Resuscitation?										
	Does it contain any other information										
3	pertaining to treatment? Information Leaflet given										
4	Information Leaflet explained										
5 F (or detained patients: CQC leaflet given										
2 Day P	atient Considerations	Yes (Initial & Date)	No (Initial & Date	e)							
1	Is the person being considered for out patient treatment	((lf `	YES control to se			h this	section	n, If NO	5
2	Has the day patient pathway been completed										
3 Menta	al Health/ Legal Status	Tick the appr	opriate stateme recordable					ing de	tails (no	
Yes		Γ treatment									
	Consenting, consent form signed										
Detained	under section, & giving valid conse	nt form T4 sigi	ned								
	under section, not/ unable to conse										
Detained Complete	under section, emergency treatmer	nt, & not conse	nting (section	on 62)	form	1 2G-	·P16	-MH/	4-08	signe	∌d
Completed	J. by.	ile.									
	ange in Mental Health/ Legal Status	This section m		ed if the atus or			ige in	the p	erson'	s legal	
Does the l	Patient have Capacity to Consent to ECT	Γ treatment									
Informal &	consenting- consent form signed										
Detained	under section, and giving valid con	sent form T4 s	igned								\neg
Detained	under section, not/ unable to conse	ent, second op	nion, form T	6 sigr	ned						
Detained	under section, emergency treatmer	nt, & not conse	nting (section	on 62)	form	2G-	P16	-MH/	A-08	signe	ed
Complete	d by:	ate:									

Name	Number								
	Medical Con	sent t	o trea	ıtme	nt-	(Coı	nsei	nt F	orm 1)
Name of proposed procedure or course of to (include brief explanation if medical term no		ctro C	onvu	lsiv	e Tr	eatr	mer	nt	
Statement of health professional (to be knowledge of proposed procedure, as speci Doctor)	•		•						•
I have explained the procedure to the patier	nt. In particular	, I hav	е ехр	laine	ed:				
B - Electrode placement i.e. Bilateral vs Un frequency. q	•								J
This procedure will involve general anaesth									
C - A - The intended benefits and likelihood having ECT									
D - Serious or frequently occurring risks and disturbance, risks to dental tissues, includin general anaesthetic risk AND post anaesthetic	g crowns, impl	•	_		•			_	
Any extra procedures which may become no	•	•	•						
□ other procedure (specify) i.e. Airway main reactions, Intravenous Fluids	ntenance, Hear	t Mon	itoring	g, Tre	eatn	nent	of a	any	drug

NHS

Name	NHS Number							
I have also discussed what the procedure is likely available alternative treatments (including no tree patient. I have also explained to them the need to	eatment)	and	any pa	articula	r cor	ncerns		•
☐ The following leaflet/ tape has been provided: R	RCPsych	ECT	leaflet					
Would you like to see the ECT department and m If yes for the referring doctor to contact the ECT d			orior to	ECT if	requ	iested	/ Y t	N
Information on how to access independent advoca	acy given	1 Y /	N					
Consultant/ Doctor Signed:			Job T	itle				
Date								
Contact details (if patient wishes to discuss option	ons later)							
Statement of Interpreter (where appropriate)								
I have interpreted the information above to the pawhich I believe s/he can understand.	atient to t	he b	est of r	ny abil	ity ar	nd in a	a way	y in
Signed	Date	9						
Copy of this page given to patient □ yes □ de	clined							

	NHS					
Name	Number					

Statement of Patient

Please read this form carefully.

If your treatment has been planned in advance, you should already have your own copy of page 3, which describes the benefits, and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

l agree to the course of electroconvulsive treatment described on this form and consent to receiving - *(delete as appropriate)*

- Either Bilateral or Unilateral treatment
- Only Bilateral Treatment
- Only Unilateral Treatment

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that students may be present to observe treatment as part of their training.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I acknowledged the risks as described by the prescribing consultant/ doctor.

I understand that if I receive any part of this treatment whilst as an outpatient or if I go on leave from hospital after treatment that I must not

- o drink alcohol for 24 hours.
- o take non-prescribed drugs except simple pain killing medication,
- be on my own for 48 hours afterwards,
- be in sole charge of children.

I also understand that I should seek medical advice before driving, operating machinery or signing legal documents. I also understand that I must fast for 6 hours before receiving any treatment.

Patient's signature Date	.
please print your name	
To be used if the patient wishes to withdraw or change	consent after completing section above
Patients Statement -(delete as appropriate)	
A) I wish to withdraw consent from having ECT	
Or	
B) I wish to change consent from to	(i.e. Unilateral to Bilateral)
Patient's signature	Date
print name	

	NHS					
Name	Number					

Indication for ECT. (Consider 2nd opinion if indication is outside NICE guidelines)

0

2

4

MOCA Score (for all patients receiving ECT and to be repeated every 4 sessions)

Young Mania Rating Scale (YMRS) (when ECT is been <u>given</u> for mania) [

	der 2 opinion in indication is outside twoL galdelines)						
	Severe or life threatening depressive	illness					
NICE guidance	Cat	tatonia					
	Prolonged or severe manic ep	Prolonged or severe manic episode					
RCPsych ECT Consensus group, additional indications	Non severe depression, inadequate drug res	ponse					
group, additional indications	Acute schizophrenia, 4 th line treatment after Cloz	zapine					
Other (please specify)							
RATING SCALE: CGI (Clinical Global Impressions Scale)		Score	Date				
Item 1. Severity of illness- Rate the s patient's illness at the time of assessmer 1. Normal (not at all ill) 4. Modera 2. Borderline mentally ill 5. Marked 3. Mildly ill 6. Severely 7. Extreme	nt tely ill ly ill <i>y</i> ill						

Pre-treatment Mental State Examination summary including statement of orientation and memory status:

CPRS (Comprehensive Psychopathological

Complaints of complete inability to remember

Report of socially inconvenient or disturbing loss of

HDRS Score (when ECT is being given for depression) [Bush Francis (when ECT is being given for catatonia)

BBRS (when ECT is been given for schizophrenia)

Occasional increases lapses of memory

Please tick the scoring used:

Rating Scale) Memory as usual

Name	Number										
Previous Episodes of ECT Has the patient received ECT before Yes/No. If yes, state known clinical response.	the date an	d cer	ntre v	where	e EC	:T wa	as gi	ven a	and a	any	
Psychological interventions used and if not used reasons v	why this was	: not	cons	ider	54·						
1 Sychological interventions used and if not used reasons v	vily tillo was	, 1100	CONS	olucit	Ju.						
Seizure Threshold Risk Factors (tick)											
Over 65 Male	Benz Car	odia: bama		ine (now	or in	last	mor	nth)		
Baldness ECT in last month					Jiner	L	tryp	ulsa otoph olock	nan [
ASSESSMENT Complete all parts. This part is intended Physical and to provide a baseline to monitor the Medical History/ Operations:								/ for	anae	esthe	tic,
VTE Risk and anticoagulation used if applicable:											
Could the patient be pregnant? Yes/No If Yes- results of pregnancy test:											
and the second of programmy toom											
Illicit drugs and Alcohol (include drug and alcohol history a	nd date of la	ast us	se if	know	/n):						
Smoker (pack years/average number a day):											

NHS

	NHS					
Name	Number					

			.,	
ВР	Pulse		Temp	
Weight	Heigh	t	ВМІ	
Dentures	Capped Contact Teeth lenses	Spectacles Hear	ring Artificial Aid Limbs	Allergies
Any oral/na	sal piercings?			
General Ap	pearance			
Specific Fea	atures			
State Of Nu	trition			
Bruises & S	cars			
Skin:	Mouth & Throat Thyroid		cription of any crow ants & loose teeth	ns/bridges/
Mouth open	ing/neck movement			
CVS				
JVP	Heart Sounds;	Card	liac Impulse;	
Any Other F	-eatures			
RS:				
Respiratory	Rate:	Trachea:		Nodes:
Air Entry:		Chest Expansion:		Percussion:
Breath Soul	nds:			
Any Other F	- eatures:			

INVESTIGATIONS (**DETAILS OF BLOOD RESULTS/INVESTIGATIONS TO BE NOTATED**)

Tone:

Reflexes:

Any Other Features:

	NHS					
Name	Number					

ACTIVE PROBLEMS

INACTIVE PROBLEMS

		Yes (Initial & Date)	No (Initial & Date)	Comments/ Action taken
1	Any Abnormalities Noted			
2	If yes, Anesthetist informed of abnormalities			

Name			NHS Numbe	er			
g allergies (reactions detail	ed on page 2)						
rent Medication Drug		Dose	Fred	uency	Route	Date	Commence
		2000	1709	denley	riouto	Date	Commonec
dination Dinametic and within	last manth						
dication Discontinued within Drug	Dose	Frequ	uency	Reaso	n for stopping	7	Date Stoppe
essment completed by -							

	NHS					
Name	Number					

This Section to be completed by staff preparing the patient prior to treatment either on the ward or in the community

Pre Treatment Check List/WHO

Date	Cassian na	1	1 2	1 2	4	-		7	0		40		10
Is the person a Day Patient Name Yeard Yeard Name Nam	Session no	1	2	3	4	5	6	/	8	9	10	11	12
No													
Pettway been completed? No	Is the person a Day Patient												
ID Band filted & Correct Yest Y													
No	•												
No	ID Band titted & Correct	1											
General medical notes	Correct case notes	Yes/											
Centerial motical motics No		No											
Time of last medi? Time of last fluids? Does the patient how an including wist band? Chargest physical health or other concerns communicated to other concerns conce	General medical notes												
Time of last fluids?	T' (1 (10	INO	INU	INU	INO	INO	INO						
Has any makeup, jewellery &													
Does the patient have an identifying wrist band? Does													
Identifying wist band?													
Comparison of the ECT Team of Safety													
Preparing patient Respiration Respirat	other concerns communicated to												
Pulse													
Pulse	Respiration												
Description	ВР												
Temperature	Pulse												
BM (if required)	Oxygen saturation %												
Level of consciousness	Temperature												
NEWS score	BM (if required)												
ECT record complete with valid consent forms or MHA documentation? T6/T4 or 62 ECT PX signed and valid Yes/ No	Level of consciousness												
Consent forms or MHA documentation? No	NEWS score												
ECT PX signed and valid Yes/ No	consent forms or MHA documentation?												
No	T6/T4 or 62												
Is the person still consenting?	ECT PX signed and valid	1											
2) checked? Yes/ Yes/ Yes/ Yes/ Yes/ Yes/ Yes/ Yes/	Is the person still consenting?	Yes/											
Investigation results filed in case													
Orientated to Time	•												
Orientated to Place No No <td></td>													
Yes/ Yes/ Yes/ Yes/ Yes/ Yes/ Yes/ Yes/	Orientated to Place												
		Yes/											
When did the patient last pass		INO											

	NHS					
Name	Number					

To be completed by ECT Doctor

WHO Check List

										WILL I	Cneck	LIST
Session no	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Uni-lateral or Bi-lateral												
MHA status												
Capacity (Y/N)												
Legal framework for ECT treatment												
Dose Plan %												
Time to re-orientate												
Comprehensive Psychopathological Rating Scale (CPRS)												
Clinical Global Improvement Rate (CGI)												
Clinical Rating Scale Score Circle appropriate scale: HDRS, Bush Francis, YMRS												
Any medication given prior to ECT?												
If a student if attending has the patient agreed to this? Y/N												
Signature of ECT Doctor												

Name				Num	ber			
This section is to be complete	d by Anaesth	etist						
Medical notes reviewed?								
Dental risks considered?								
ASA grade								
Any need to change the induction agent?								
Signature of Anesthetist								

NHS

	NHS					
Name	Number					

ECT PRESCRIPTION Item 2. Clinical Global Improvement Rate: Session 1 How much the patient's illness has improved or Date Prescribed worsened relative to a baseline state. Type R, L, Bi Very much improved Much improved 2. Prescribed By 3. Minimally improved No change Prescriber Signature 5. Minimally worse Anaesthetic agent, dose: Much worse 6. Muscle relaxant, dose: Very much worse Cannula size & location Score: **ASA Grade** Comprehensive Psychopathological Rating Guedel □ Mouthguard Scale: 0 - Memory as usual 2 - Occasional Lapses of Memory Comments/ Complications 4- Report of socially inconvenient or disturbing loss of memory 6- Complaints of complete inability to remember Score: Post Treatment Oxygen Give oxygen at rate of 5-7lts/per minute Prescriptions Patients self report: during recovery as required Anaesthetist Signature How do you feel compared with how you felt before ECT? (circle) Stimulation #1 Electrode Placement Much better, Worse, No change, Bit better, Dose setting 100% well Impedance test Seizure pattern Seizure duration What is your memory like now compared with EEG Seizure duration EEG before ECT? (circle) pattern (see key below) Much worse, Bit worse, No change, Better 2 3 1 Stimulation #2 Electrode Placement Any reported/observable side effects (headaches, Dose setting muscle soreness etc) Impedance test Seizure pattern Any changes in patients physical health: Seizure duration EEG Seizure duration EEG Are you happy to continue with ECT Treatment? pattern (see key below) YES / NO 1 2 3 Does patient have capacity to consent to ECT? YES / NP Stimulation #3 Electrode Placement Dose setting Plan to continue with ECT: YES / NO Impedance test If yes please prescribe further dose of ECT- No Seizure pattern more than two ECT's to prescribed at one time Seizure duration **EEG** Seizure duration EEG pattern (see key below) 1 2 3 Date scoring completed: 1= Recruitment EEG KEY 2= Delta waves 3= Post ictal suppression Plan For Next Session/ Post ECT side effects Administering Doctor

Signature

	NHS					
Name	Number					

ECT PRESCRIPTION Session 2 Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or **Date Prescribed** worsened relative to a baseline state. Type R, L, Bi Very much improved 2. Much improved Prescribed By Minimally improved 3. 4. No change Prescriber Signature Minimally worse Anaesthetic agent, dose: Much worse 6. Muscle relaxant, dose: 7. Very much worse Score: Cannula size & location ASA Grade Comprehensive Psychopathological Rating Scale: Guedel Mouthquard 0 - Memory as usual 2 - Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss Comments/ of memory Complications 6- Complaints of complete inability to remember Rating Scale score (circle appropriate scale Post Treatment Oxygen Give oxygen at rate of 5-7lts/per minute used): Prescriptions during recovery as required HDRS / Bush francis / YMRS Anaesthetist Signature Score: Stimulation #1 Patients self report: Electrode Placement Dose setting How do you feel compared with how you felt before ECT? (circle) Impedance test Seizure pattern Worse, No change, Bit better, Much better, Seizure duration 100% well **EEG Seizure duration** EEG pattern (see key below) What is your memory like now compared with 1 2 3 before ECT? (circle) Stimulation #2 Much worse, Bit worse, No change, Better Electrode Placement Dose setting Impedance test Seizure pattern Any reported/observable side effects (headaches, Seizure duration muscle soreness etc) **EEG Seizure duration** EEG pattern (see key below) Any changes in patients physical health: 1 2 3 Are you happy to continue with ECT Treatment? Stimulation #3 YES / NO Electrode Placement Dose setting Impedance test Does patient have capacity to consent to ECT? Seizure pattern YES / NP Seizure duration **EEG Seizure duration** Plan to continue with ECT: YES / NO EEG pattern (see key below) If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time 1 2 Date scoring completed: 1= Recruitment EEG KEY 2= Delta waves 3= Post ictal suppression Plan For Next Session/ Post ECT side effects

Signature

Administering Doctor

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 3			Item 2. Clinical Global Improvement Rate:
Date Prescribed				How much the patient's illness has improved or worsened relative to a baseline state.
Type R, L, Bi				Very much improved
Prescribed By				2. Much improved
•				Minimally improved No change
Prescriber Signature				5. Minimally worse
Anaesthetic agent, dose:				6. Much worse
Muscle relaxant, dose:				7. Very much worse Score:
Cannula size & location				
	ASA Grade			9.
				Comprehensive Psychopathological Rating
	Guedel \square	Mouthguar	d □	Scale: 0 – Memory as usual
		_		2 – Occasional Lapses of Memory
Comments/				4- Report of socially inconvenient or disturbing loss
Complications				of memory 6- Complaints of complete inability to remember
Complications				o- Complaints of complete mability to remember
				Score:
Post Treatment Oxygen	Give oxygen a	t rate of 5-7lt	s/ner minute	Patients self report:
Prescriptions	during recover			i atients sen report.
i recemplione	ddinig roosvor			How do you feel compared with how you felt
Anaesthetist Signature				before ECT? (circle)
Stimulation #1				Worse, No change, Bit better, Much better,
Electrode Placement				100% well
Dose setting				
Impedance test				What is your mamory like now compared with
Seizure pattern				What is your memory like now compared with before ECT? (circle)
Seizure duration EEG Seizure duration				2010.0 2011 (0.10.0)
EEG pattern (see key below)				Much worse, Bit worse, No change, Better
LLO pattorn (see key below)				
	1	2	3	
Stimulation #2				Any reported/observable side effects (headaches,
Electrode Placement				muscle soreness etc)
Dose setting				
Impedance test				Any changes in patients physical health:
Seizure pattern				
Seizure duration				Are you happy to continue with ECT Treatment?
EEG Seizure duration				YES / NO
EEG pattern (see key below)				125 / 115
	1	2	3	5
00. 10. 10	•			Does patient have capacity to consent to ECT? YES / NP
Stimulation #3 Electrode Placement				TES / NF
Dose setting				
Impedance test				Plan to continue with ECT: YES / NO
Seizure pattern				If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
Seizure duration				more than two ECT's to prescribed at one time
EEG Seizure duration				
EEG pattern (see key below)				
	1	2	3	Date scoring completed:
			1= Recruitment	
EEG KEY			2= Delta waves	
		3= Pos	t ictal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor				
Signature				
3				

	NHS					
Name	Number					

ECT PRESCRIPTION			
Date Prescribed Type R, L, Bi Prescribed By Prescriber Signature Anaesthetic agent, dose: Muscle relaxant, dose: Cannula size & location Comments/ Complications	ASA Grade Guedel	uard □	Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state. 1. Very much improved 2. Much improved 3. Minimally improved 4. No change 5. Minimally worse 6. Much worse 7. Very much worse Score: 10. Comprehensive Psychopathological Rating Scale: 0 – Memory as usual 2 – Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss of memory 6- Complaints of complete inability to remember Score:
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5- during recovery as requir		Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS
Anaesthetist Signature			Score:
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)			Patients self report: How do you feel compared with how you felt before ECT? (circle) Worse, No change, Bit better, Much better, 100% well
	1 2	3	What is your memory like now compared with
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)	1 2	3	before ECT? (circle) Much worse, Bit worse, No change, Better
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)			Are you happy to continue with ECT Treatment? YES / NO Does patient have capacity to consent to ECT? YES / NP Plan to continue with ECT: YES / NO If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
	1 2	3	Date scoring completed:
EEG KEY Plan For Next Session/	3= F	1= Recruitment 2= Delta waves Post ictal suppression	
Post ECT side effects			
Administering Doctor Signature			

Name	Number							
Post 4 th ECT session:								
MOCA score:	Da Co	ite: omple	eted	by	/ :			

Number

ECT Doctor's review of current progress and dosing used:

	NHS					
Name	Number					

ECT PRESCRIPTION			
	Session 5		Item 2. Clinical Global Improvement Rate:
Date Prescribed			Very much improved Much improved
Type R, L, Bi			Much improved Minimally improved
			4. No change
Prescribed By			5. Minimally worse
Prescriber Signature			6. Much worse 7. Very much worse
Anaesthetic agent, dose:			7. Very much worse Score:
Muscle relaxant, dose:			
Cannula size & location			8.
			Comprehensive Psychopathological Rating Scale:
	ASA Grade		0 – Memory as usual
		. —	2 – Occasional Lapses of Memory
	Guedel D Mout	hguard □	4- Report of socially inconvenient or disturbing loss
			of memory
Comments/			6- Complaints of complete inability to remember
Complications			Score:
1			
			Patients self report:
Post Treatment Oxygen	Civo ovvgen at rate o	f E 7lta/par minuta	Have do you feel compared with how you felt
Post Treatment Oxygen Prescriptions	Give oxygen at rate o during recovery as red		How do you feel compared with how you felt before ECT? (circle)
1 เธอบานุแบกอ	during recovery as re-	quireu	before LOT: (dirate)
Anaesthetist Signature			Worse, No change, Bit better, Much better,
Stimulation #1			100% well
Electrode Placement			1
Dose setting			What is your memory like now compared with
Impedance test			before ECT? (circle)
Seizure pattern			, ,
Seizure duration			Much worse, Bit worse, No change, Better
EEG Seizure duration			
EEG pattern (see key below)			
·			Any reported/observable side effects (headaches,
	1 2	3	muscle soreness etc)
Stimulation #2			,
Electrode Placement			
Dose setting			Any changes in patients physical health:
Impedance test			Any changes in patients physical neath.
Seizure pattern			
Seizure duration			Are you happy to continue with ECT Treatment?
EEG Seizure duration			YES / NO
EEG pattern (see key below)			Does patient have capacity to consent to ECT?
			YES / NP
	1 2	3	120 / 111
Stimulation #3			Plan to continue with ECT: YES / NO
Electrode Placement			, , , , , , , , , , , , , , , , , , ,
Dose setting			If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
Impedance test			more than two ECT's to prescribed at one time
Seizure pattern			
Seizure duration			
EEG Seizure duration			
EEG pattern (see key below)			
	1 2	3	Date scoring completed:
		1= Recruitment	
EEG KEY		2= Delta waves	
	3	e Post ictal suppression	
Plan For Next Session/			
Post ECT side effects			
Administoring Dector			
Administering Doctor Signature			

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 6			Item 2. Clinical Global Improvement Rate:
Date Prescribed				How much the patient's illness has improved or worsened relative to a baseline state.
Type R, L, Bi				Very much improved
Prescribed By				Much improved Minimally improved
Prescriber Signature				4. No change
Anaesthetic agent, dose:				5. Minimally worse 6. Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
Comments/ Complications	ASA Grade Guedel 6□	Mouthgu	ard □	9. Comprehensive Psychopathological Rating Scale: 0 – Memory as usual 2 – Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss of memory 6- Complaints of complete inability to remember Score:
Post Treatment Oxygen Prescriptions	Give oxygen at during recovery			Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS
Anaesthetist Signature				Score:
Stimulation #1 Electrode Placement				Patients self report:
Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)				How do you feel compared with how you felt before ECT? (circle) Worse, No change, Bit better, Much better, 100% well
. ,	1	2	3	What is your memory like now compared with before ECT? (circle)
Stimulation #2				-
Electrode Placement				Much worse, Bit worse, No change, Better
Dose setting Impedance test Seizure pattern				Assessment delegation of the state of the st
Seizure duration EEG Seizure duration				Any reported/observable side effects (headaches, muscle soreness etc)
EEG pattern (see key below)				
	1	2	3	Any changes in patients physical health:
Stimulation #3 Electrode Placement Dose setting Impedance test				Are you happy to continue with ECT Treatment? YES / NO
Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)				Does patient have capacity to consent to ECT? YES / NP
, , ,				Plan to continue with ECT: YES / NO If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
	1	2	3	Date scoring completed:
EEG KEY		3- D	1= Recruitment 2= Delta waves ost ictal suppression	
Plan For Next Session/		J- 1-0	σε ισται σαμρισσοιστί	
Post ECT side effects				
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION		T
	Session 7	Item 2. Clinical Global Improvement Rate:
Date Prescribed		How much the patient's illness has improved or worsened relative to a baseline state.
Type R, L, Bi		Very much improved
Prescribed By		2. Much improved
·		3. Minimally improved 4. No change
Prescriber Signature		5. Minimally worse
Anaesthetic agent, dose:		6. Much worse
Muscle relaxant, dose:		7. Very much worse
Cannula size & location		Score:
	ASA Grade	10.
		Comprehensive Psychopathological Rating
	Guedel ☐ Mouthguard ☐	Scale: 0 – Memory as usual
	Ŭ	2 – Occasional Lapses of Memory
Commonto/		4- Report of socially inconvenient or disturbing loss
Comments/ Complications		of memory
Complications		6- Complaints of complete inability to remember
		Score:
Post Treatment Oxygen	Give oxygen at rate of 5-7lts/per minute	Patients self report:
Prescriptions	during recovery as required	Fatients sen report.
1 Todonphono	during receivery de required	How do you feel compared with how you felt
Anaesthetist Signature		before ECT? (circle)
Stimulation #1		Worse, No change, Bit better, Much better,
Electrode Placement		100% well
Dose setting		
Impedance test		What is your memory like now compared with
Seizure pattern Seizure duration		before ECT? (circle)
EEG Seizure duration		(1.1.1)
EEG pattern (see key below)		Much worse, Bit worse, No change, Better
pattern (656 to) 5550t/		
	1 2 3	
Stimulation #2		Any reported/observable side effects (headaches,
Electrode Placement		muscle soreness etc)
Dose setting		
Impedance test		
Seizure pattern		Any changes in patients physical health:
Seizure duration		
EEG Seizure duration EEG pattern (see key below)		
LEO Pattern (see key below)		Are you happy to continue with ECT Treatment?
	1 2 3	YES / NO
Stimulation #3		Does patient have capacity to consent to ECT?
Electrode Placement		YES / NP
Dose setting		
Impedance test		Plan to continue with ECT: YES / NO
Seizure pattern		Tidir to continuo with Ecot. TEO 7 No
Seizure duration		If yes please prescribe further dose of ECT- No
EEG Seizure duration		more than two ECT's to prescribed at one time
EEG pattern (see key below)		
	1 2 3	Date scoring completed:
	1= Recruitment	·
EEG KEY	1= Recruitment 2= Delta waves	
LLG NET	3= Post ictal suppression	
Plan For Next Session/	5- 1 dat lotal dapprodulon	
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	Post ECT side effects Administering Doctor	Plan For Nevt Session/		3= Post	ıctai suppression	
	Administering Doctor					
Administering Doctor		Administering Doctor				
	Signature					

Name	Marridor							
Post 8 th ECT session:								
MOCA score:		ite: omple	eted	l by	y:			

ECT Doctor's review of current progress and dosing used:

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 9			Item 2. Clinical Global Improvement Rate:
Date Prescribed				Very much improved Much improved
Type R, L, Bi				Minimally improved
Prescribed By				4. No change
Prescriber Signature				 Minimally worse Much worse
				7. Very much worse
Anaesthetic agent, dose: Muscle relaxant, dose:				Score:
Cannula size & location				8. Comprehensive Psychopathological Rating
	ASA Grade			Scale:
	71071 01440			0 – Memory as usual
	Guedel \square	Mouthguard		Occasional Lapses of Memory Report of socially inconvenient or disturbing loss
				of memory
0				6- Complaints of complete inability to remember
Comments/ Complications				Canan
Complications				Score:
				Patients self report:
Post Treatment Oxygen Prescriptions	Give oxygen at during recovery		/per minute	How do you feel compared with how you felt before ECT? (circle)
Anaesthetist Signature				Worse, No change, Bit better, Much better, 100% well
Stimulation #1				100% Well
Electrode Placement				
Dose setting				What is your memory like now compared with before ECT? (circle)
Impedance test Seizure pattern				before ECT: (clicle)
Seizure duration				Much worse, Bit worse, No change, Better
EEG Seizure duration				
EEG pattern (see key below)				
				Any reported/observable side effects (headaches,
	1	2	3	muscle soreness etc)
Stimulation #2				
Electrode Placement				
Dose setting Impedance test				Any changes in patients physical health:
Seizure pattern				
Seizure duration				
EEG Seizure duration				
EEG pattern (see key below)				Are you happy to continue with ECT Treatment? YES / NO
	1	2	3	126 / 116
Stimulation #3	•			Does patient have capacity to consent to ECT?
Electrode Placement				YES / NP
Dose setting				
Impedance test				Plan to continue with ECT: YES / NO
Seizure pattern				Train to continue with Eart. TES 7 No
Seizure duration				If yes please prescribe further dose of ECT- No
EEG Seizure duration				more than two ECT's to prescribed at one time
EEG pattern (see key below)				
	1	2	3	Date scoring completed:
			1= Recruitment	
EEG KEY			2= Delta waves	
		3= Post	ictal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 10			Item 2. Clinical Global Improvement Rate:
Date Prescribed				How much the patient's illness has improved or worsened relative to a baseline state.
Type R, L, Bi				Very much improved
Prescribed By				Much improved Minimally improved
Prescriber Signature				4. No change
Anaesthetic agent, dose:				5. Minimally worse 6. Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
	ASA Grade			
				Comprehensive Psychopathological Rating
	Guedel	Mouthguard [Scale:
				0 – Memory as usual
Comments/				2 – Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss
Complications				of memory
				6- Complaints of complete inability to remember
				Score:
Post Treatment Oxygen	Give oxygen at		er minute	Rating Scale score (circle appropriate scale
Prescriptions	during recovery	as required		used): HDRS / Bush francis / YMRS
Anaesthetist Signature				Score:
Stimulation #1 Electrode Placement				Patients self report:
Dose setting				-
Impedance test				How do you feel compared with how you felt before ECT? (circle)
Seizure pattern Seizure duration				, ,
EEG Seizure duration				Worse, No change, Bit better, Much better, 100% well
EEG pattern (see key below)				10070 WOM
	1	2	3	What is your memory like now compared with
Stimulation #2	-			before ECT? (circle)
Electrode Placement				Much worse, Bit worse, No change, Better
Dose setting				Mach Worde, Bit Worde, No Ghange, Better
Impedance test Seizure pattern				
Seizure duration				Any reported/observable side effects (headaches,
EEG Seizure duration				muscle soreness etc)
EEG pattern (see key below)				
	1	2	3	Any changes in patients physical health:
Stimulation #3				
Electrode Placement				Are you happy to continue with ECT Treatment?
Dose setting				YES / NO
Impedance test Seizure pattern				D
Seizure duration				Does patient have capacity to consent to ECT? YES / NP
EEG Seizure duration				
EEG pattern (see key below)				Plan to continue with ECT: YES / NO
				If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
	1	2	3	Date scoring completed:
	'		1= Recruitment	Date Scoring completed.
EEG KEY			1= Recruitment 2= Delta waves	
			etal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 11			Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or
Date Prescribed				worsened relative to a baseline state.
Type R, L, Bi				 Very much improved
Prescribed By				 Much improved Minimally improved
Prescriber Signature				4. No change
Anaesthetic agent, dose: Muscle relaxant, dose:				5. Minimally worse6. Much worse7. Very much worse
Cannula size & location				Score:
•	ASA Grade Guedel	Mouthguard	d 🗆	 10. Comprehensive Psychopathological Rating Scale: 0 – Memory as usual 2 – Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss
Comments/ Complications				of memory 6- Complaints of complete inability to remember Score:
Post Treatment Oxygen Prescriptions	Give oxygen at during recovery			Patients self report:
Anaesthetist Signature	during recovery	y as required		How do you feel compared with how you felt before ECT? (circle)
Stimulation #1 Electrode Placement Dose setting				Worse, No change, Bit better, Much better, 100% well
Impedance test Seizure pattern Seizure duration				What is your memory like now compared with before ECT? (circle)
EEG Seizure duration EEG pattern (see key below)				Much worse, Bit worse, No change, Better
	1	2	3	
Stimulation #2 Electrode Placement Dose setting Impedance test				Any reported/observable side effects (headaches, muscle soreness etc)
Seizure pattern Seizure duration EEG Seizure duration				Any changes in patients physical health:
EEG pattern (see key below)				Are you happy to continue with ECT Treatment? YES / NO
	1	2	3	
Stimulation #3 Electrode Placement Dose setting				Does patient have capacity to consent to ECT? YES / NP
Impedance test Seizure pattern				Plan to continue with ECT: YES / NO
Seizure duration EEG Seizure duration EEG pattern (see key below)				If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
	1	2	3	Date scoring completed:
EEG KEY		0	1= Recruitment 2= Delta waves	
Plan For Next Session/ Post ECT side effects		3= Pos	t ictal suppression	
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION			<u></u>
	Session 12		Item 2. Clinical Global Improvement Rate:
Date Prescribed			How much the patient's illness has improved or worsened relative to a baseline state.
Type R, L, Bi			Very much improved
Prescribed By			2. Much improved
Prescriber Signature			Minimally improved No change
			5. Minimally worse
Anaesthetic agent, dose:			6. Much worse
Muscle relaxant, dose:			7. Very much worse Score:
Cannula size & location			
Comments/ Complications	ASA Grade Guedel	guard □	Comprehensive Psychopathological Rating Scale: 0 – Memory as usual 2 – Occasional Lapses of Memory 4- Report of socially inconvenient or disturbing loss of memory 6- Complaints of complete inability to remember Score: Rating Scale score (circle appropriate scale
Post Treatment Oxygen Prescriptions	Give oxygen at rate of students during recovery as requ		used): HDRS / Bush francis / YMRS
Anaesthetist Signature			Score:
Stimulation #1 Electrode Placement			Patients self report:
Dose setting Impedance test Seizure pattern			How do you feel compared with how you felt before ECT? (circle)
Seizure duration EEG Seizure duration EEG pattern (see key below)			Worse, No change, Bit better, Much better, 100% well
	1 2	3	What is your memory like now compared with before ECT? (circle)
Stimulation #2 Electrode Placement Dose setting			Much worse, Bit worse, No change, Better
Impedance test Seizure pattern Seizure duration EEG Seizure duration			Any reported/observable side effects (headaches, muscle soreness etc)
EEG pattern (see key below)	1 2	3	Any changes in patients physical health:
Otimo detien #0	1 2	J	Are you happy to continue with ECT Treatment?
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern			YES / NO Does patient have capacity to consent to ECT?
Seizure pattern Seizure duration EEG Seizure duration			YES / NP
EEG pattern (see key below)			Plan to continue with ECT: YES / NO If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time
	1 2	3	Date scoring completed:
EEG KEY	3=	1= Recruitment 2= Delta waves Post ictal suppression	
Plan For Next Session/ Post ECT side effects			
Administering Doctor Signature			

Name		I	1 1	1	1	1
Post 12 th ECT session:						
	ate: omplet	ed by	/ :			

ECT Doctor's review of current progress and dosing used:

	NHS					
Name	Number					

Following Completion of ECT Course:

Patient Self Report

How do you feel compared with how you felt before ECT? (circle)

Worse, No change, Bit better, Much better, 100% well

What is your memory like now compared with before ECT? (circle)

Much worse, Bit worse, No change, Better

Comprehensive Psychopathological Rating Scale:

- 0 Memory as usual
- 2 Occasional Lapses of Memory
- 4- Report of socially inconvenient or disturbing loss of memory
- 6- Complaints of complete inability to remember

Score:

Clinical Assessment Complete the following clinical assessments;

Item 2. Clinical Global Improvement - Rate how much the patient's illne a baseline state. Compared to condition at baseline, a patient's illness rated accordingly.		Date	Score
1 very much improved 2 much improved 3 minimally improved 4 no change	5 minimally worse 6 much worse 7 very much worse.		
MOCA Score			
HDRS score (if ECT has been given for depression)			
Bush Francis (if ECT has been given for Catatonia)			
YMRS (if ECT has been given for mania)			

If you wish to consider continuation ECT please discuss with ECT team, EMAIL to : ECTDepartment@ghc.nhs.uk

	NHS					
Name	Number					

See guidance note 2 p. 29

Treatment Date:

State of Consciousness

Interval

ΒP

Pulse Respiration

SAO²

Airway O²

Time Due

Time Completed

Session no 1

Reassessment 1

3 hr

1

%

lts

6 hr

1

%

Lts

1 hr

%

lts

Anaesthetic Recovery Observation - Treatments 1 & 2 See guidance note 3

10

mins

%

lts

15

mins

%

lts

20

mins

1

%

lts

30

mins

1

%

lts

Treatment Time:

5 min

%

lts

Pre

ECT

%

lts

remperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to anaesthetist /									
duty doctor?									
Cannula Removed									
Signed									
tient meets criteria for discharge		NEWS Score:			ng the patie		Time		
m the ECT Clinic - see discharge teria at back of booklet				clinic and t ongoing ob	aking respo servation.	nsibility			
 Signed			10.	ogog 02	.,		Signed		
Session no 2 Treatment Date:	Tre	eatment T	ime:						
Interval	Pre	5 min	10	15	20	30	1 hr	3 hr	6 hr
<u></u>	ECT		mins	mins	mins	mins			
Time Due									
Time Completed									
BP	1	1	1	1	1	1	/	1	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor?									
Cannula Removed									
Signed									
Patient meets criteria for discharge from the ECT Clinic - see discharge criteria at back of booklet		NEWS Score:	the		ng the patier aking respor servation,		Time		

Name					NHS Number					
Anaesthetic Recovery Session no 3 Treatment		ation	- Treatm	nents	3 & <i>4</i>			See	guidance	note 3
Session no 3 - Treatment I	Interval	Pre ECT	5 min	1111e. 10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Ti	me Due			7711113	1111113	1111110	77111113			
Time Co	mpleted									
	BP		,			,	<u> </u>		,	,
		/	/	/	1	1	/	1	/	/
	Pulse									
Res	piration									
	SAO ²	%	%	Ç	% %	%	%	%	%	%
State of Conscio	-									
	Airway									
Та жа	O ²	Its	Its	l1	ts Its	Its	Its	Its	Its	Its
•	perature					_				
Nausea /\ Orientation	-									
Orientation In										
Orientation I										
Do they have a hea										
Have they ve										
Is the patient a						_				
Abnormalities rep										
anaesthetist / duty										
Cannula Ro	emoved									
	Signed									
Patient meets criteria for	Time		NEWS Score:	 F	Person receiv	ing the patie	ent from	Time		
discharge from the ECT Clinic - see discharge criteria at back of booklet	Signed			tl	he clinic and or ongoing ob	taking respo		0'		
Session no 4 Treatment	Date:	Tre	eatment T	ime:						
	Interval	Pre	5 min	10	15	20	30	1 hr	3 hr	6 hr
T:	ma Dua	ECT		mins	mins	mins	mins			
	me Due									
Time Co	BP									
	БГ	1	1	/	1	1	1	1	1	/
	Pulse									
Res	piration									
	SAO ²	%	%	(% %	%	%	%	%	%
State of Conscio	-									
	Airway									
_	O ²	Its	Its	li	ts Its	Its	Its	Its	Its	Its
	perature					_				
Nausea /\										
Orientation										
Orientation In										
Orientation I						_				
Do they have a hea						_				
Is the patient a Abnormalities rep	-									
anaesthetist / duty										
Cannula Ro										
	Signed									
Patient meets criteria for	Time		NEWS Score:		Person receiv	ing the natic	ent from	Time		
discharge from the ECT Clinic -	Signed			tl	he clinic and or ongoing ob	taking respo				

	NHS					
Name	Number					

Anaesthetic Recovery Observ Session no 5 Treatment Date:	Tro	atment Ti	ima:						
Interval	Pre	5 min	10	15	20	30	1 hr	3 hr	6 hr
	ECT		mins	mins	mins	mins			
Time Due									
Time Completed									
BP	1	1	1	1	1	1	1	1	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness			, ,						
Airway									
O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor?									
Cannula Removed									
Signed									
Patient meets criteria for Time									
discharge from the FCT Clinic -	r	NEWS Score:	Per	son receivir	ng the patie	nt from	Time		
discharge from the ECT Clinic - see discharge criteria at back	r	NEWS Score:	the	son receivir clinic and ta ongoing obs	aking respo	nt from nsibility	Signed		
discharge from the ECT Clinic - see discharge criteria at back of booklet			for o	clinic and ta	aking respo	nt from nsibility			
discharge from the ECT Clinic - see discharge criteria at back	Tre	atment Ti	ime:	clinic and ta ongoing obs	aking responservation,	nsibility 30		3 hr	6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval	Tre	atment Ti	the for a	clinic and ta ongoing obs	aking responservation,	nsibility	Signed		6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due	Tre	atment Ti	ime:	clinic and ta ongoing obs	aking responservation,	nsibility 30	Signed		6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed	Tre	atment Ti	ime:	clinic and ta ongoing obs	aking responservation,	nsibility 30	Signed		6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due	Tre	atment Ti	ime:	clinic and ta ongoing obs	aking responservation,	nsibility 30	Signed		6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs 15 mins	aking responservation, 20 mins	30 mins	Signed	3 hr	
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs 15 mins	aking responservation, 20 mins	30 mins	Signed	3 hr	
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs 15 mins	aking responservation, 20 mins	30 mins	Signed	3 hr	
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	1
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO²	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	1
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness	Tre Pre ECT	atment Ti 5 min	ime: 10 mins	clinic and ta ongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	1
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O²	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting Orientation In Time	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting Orientation In Time Orientation In Person	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 6 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting Orientation In Time Orientation In Place	Tre Pre ECT	atment Ti	ime: 10 mins	clinic and tabongoing obs	aking responservation, 20 mins	30 mins	1 hr	3 hr	/ %

Signed Patient meets criteria for NEWS Score: Person receiving the patient from Time Time discharge from the ECT Clinic -see discharge criteria at back the clinic and taking responsibility for ongoing observation, Signed Signed of booklet

Cannula Removed

	NHS				
Name	Number				

Anaesthetic Recovery Observ				& 8			See g	guidance	note 3
Session no 7 Treatment Date:		atment T							
Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
ВР	1	1	1	1	1	1	1	1	I
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor?									
Cannula Removed									
Signed									
discharge from the ECT Clinic -		NEWS Score:		rson receivir clinic and ta			Time		
see discharge criteria at back Signed Signed			for	ongoing obs	servation,		Signed		
Session no 8 Treatment Date:	Tre	eatment T	ïme:						
Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time - O - t									

Session no o Treatment Date.	116	аппені т	iiie.						
Interval	Pre	5 min	10	15	20	30	1 hr	3 hr	6 hr
	ECT		mins	mins	mins	mins			
Time Due									
Time Completed									
ВР	1	1	1	1	1	1	1	1	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor?									
Cannula Removed									
Signed									
Patient meets criteria for discharge from the ECT Clinic - see discharge criteria at back of booklet	h	NEWS Score:	the	son receivir clinic and to ongoing obs	aking respor		Time		

NHS NHS	
Name Number	

Name				NHS Number					
Anaesthetic Recovery Obser Session no 9 Treatment Date:		Treatmeatment T		& 10			See	guidance	note 3
Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due			77,111,10	1111110	7711170	7711710			
Time Completed									
ВР	,	,	,	,	,	,	,	,	,
	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway							14		
O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor? Cannula Removed									
Signed									
Signed									
Patient meets criteria for Time		NEWS Score:	Pe	rson receivii	ng the patie	nt from	Time		
discharge from the ECT Clinic - see discharge criteria at back of booklet				e clinic and to ongoing ob		nsibility	Signed		
Session no 10 Treatment Date:		Trea	atment T	īme:					
Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
ВР	1	1	1	1	1	1	1	1	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
	1			1	1	1	1	1	

is the patient a	gitatea:					
Abnormalities rep anaesthetist / duty						
Cannula Ro	emoved					
	Signed					
Patient meets criteria for discharge from the ECT Clinic - see discharge criteria at back of booklet	Time Signed	NEWS Score:	the	ng the patie aking respo servation,	Time	

	NHS						
Name	Number						
			:			:	

Anaesthetic Recovery Observ	ation -						See (guidance	note 3
Session no 11 Treatment Date:	Pre	1 rea 5 min	tment T	ime: 15	20	30	1 hr	3 hr	6 hr
mervar	ECT	3111111	mins	mins	mins	mins	' '	3111	0 111
Time Due			7711110	mino	1111110	7711170			
Time Completed									
BP									
5.	/	/	1	/	/	1	/	/	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									
Abnormalities reported to									
anaesthetist / duty doctor?									
Cannula Removed									
Signed									
		VE.1410.0		<u> </u>					
discharge from the FCT Clinic -	P	NEWS Score:	the	rson receivir clinic and to	ng tne patie aking respo	nt from nsibility	Time		
see discharge criteria at back Signed				ongoing obs			Signed		
of booklet									
Session no 12 Treatment Date:		Trea	tment T	ïme:					
Interval	Pre	5 min	10	15	20	30	1 hr	3 hr	6 hr
 5	ECT		mins	mins	mins	mins			
Time Due									
Time Completed									
BP	1	,	1	/	1	1	/	,	1
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
	70	70	70	70	70	70	/0	70	70
State of Consciousness									
Airway	li-	lt-	14-	14-	14-	14-	lt-	lt-	li.
O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Is the patient agitated?									

anaesthetist / duty doctor? Cannula Removed Signed Person receiving the patient from the clinic and taking responsibility Patient meets criteria for Time NEWS Score: Time discharge from the ECT Clinic -Signed ... see discharge criteria at back for ongoing observation, Signed of booklet

Abnormalities reported to

	NHS					
Name	Number					

Guidance notes

Note 1 ECT PRESCRIPTION

No more than two ECTs to be prescribed at one time. Treatment to be reviewed and documented after every treatment session, including an assessment of orientation and memory. Prior to prescribing the first ECT, assessment including a Clinical Global Impressions Scale (CGI) item 1, a Comprehensive Psychopathalogical Rating Scale (CPRS), MOCA and HDRS (if depressed) or other relevant rating scale for condition must be completed.

Note 2 Post-treatment Reassessment

After each 1 prescriptions/ treatments the CGI item 2 (improvement measure) and CPRS must be completed. After every 2 sessions a HDRS (if depressed) or the relevant rating scale must be completed before further treatments may be given. After every 4 sessions a MOCA must be completed.

Note 3 Anaesthetic Recovery Observation

Post ECT observations should be completed to assess the physical recovery of the patient post anaesthetic and to provide information to assist with prescribing of anaesthetic and a Stimulation dose for future treatments. The person receiving the patient from the ECT suite should sign to indicate that they have received the patient and will continue to observe, or remain with the patient until they have fully recovered. If a prescribed set of observations is either completed at a different time from identified or missed for any reason this should be noted in the comments box.

Note 4 On Completion of ECT Treatment Plan

MOCA to be completed after the final ECT session and then again 2 months post-ECT & uploaded onto RiO.

ECT Clinic Discharge Criteria

Discharge Check List

	Met	Not Met	Comment/Variance
Vital signs; blood pressure, pulse & respirations within his/her			
normal limits			
Tolerating fluids; can tolerate at least 150ml fluid (e.g: cup of hot drink or glass of water)			
Post treatment nausea or vomiting; minimal nausea & any vomiting ceased			
Pain; (e.g: headache) controlled by oral analgesia			
Orientation; co-ordination, mobility – returned to normal level			
Patient property returned; shoes, bags, false teeth, etc.			
In-patient: accompanying nurse to return patient back to ward & monitor			
Day Patients: relative/appropriate adult to take person home			
Day Patients: relative/appropriate adult signed the discharge form			

Note 4 Orientation Checklist Assessment

- 1) What is your name?
- 2) What is the date (day/month/year)?
- 3) What is the name of your ward/hospital?
- 4) What town/county/country are we in?

	NHS						
Name	Number						
		-					