

Name

NHS
Number

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Allergies/ Warning	Allergy	Reaction	(Initial & Date)

Patient Information & Legal Issues

To be completed and kept by the persons named/ associate nurse or care coordinator. If they are not available to complete this section it should be kept updated by another member of the team.

1. Pre Treatment Information

- 1 Does the person have an advanced decision
- 2 When was it written?
Where is it located?
Does it contain any directives regarding ECT or Resuscitation?
Does it contain any other information pertaining to treatment?
- 3 Information Leaflet given
- 4 Information Leaflet explained
- 5 **For detained patients:** CQC leaflet given

Yes (Initial & Date)	No (Initial & Date)	Variance/ Comments/ Action taken/ or additional details
		If yes, complete questions immediately below. If no, go onto question 1.3
Yes (Initial & Date)	No (Initial & Date)	Variance/ Comments/ Action taken/ or additional details
		If YES continue with this section, If NO go to section 3.

2 Day Patient Considerations

- 1 Is the person being considered for out patient treatment
- 2 Has the day patient pathway been completed

3 Mental Health/ Legal Status	Tick the appropriate statement & complete any missing details (no recordable variances this section)
Does the Patient have Capacity to Consent to ECT treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Informal & Consenting, consent form signed	
Detained under section ____, & giving valid consent form T4 signed	
Detained under section ____, not/ unable to consent, second opinion, form T6 signed	
Detained under section ____, emergency treatment, & not consenting (section 62) form 2G-P16-MHA-08 signed	
Completed by:	Date:

3A Change in Mental Health/ Legal Status	This section must be completed if there is a change in the person's legal status or consent
Does the Patient have Capacity to Consent to ECT treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	
Informal & consenting- consent form signed	
Detained under section ____, and giving valid consent form T4 signed	
Detained under section ____, not/ unable to consent, second opinion, form T6 signed	
Detained under section ____, emergency treatment, & not consenting (section 62) form 2G-P16-MHA-08 signed	
Completed by:	Date:

Name

NHS
Number

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Medical Consent to treatment- (Consent Form 1)

Consent

Name of proposed procedure or course of treatment - **Electro Convulsive Treatment**
(include brief explanation if medical term not clear)

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy i.e. Consultant Psychiatrist or Doctor)

I have explained the procedure to the patient. In particular, I have explained:

B - Electrode placement i.e. Bilateral vs Unilateral, likely number of treatments and monitoring frequency. q

.....

.....

This procedure will involve general anaesthesia and a muscle relaxant.

.....

.....

C - A - The intended benefits and likelihood of success of ECT and likely consequences of not having ECT

.....

.....

.....

D - Serious or frequently occurring risks and side effects – (Including memory and cognitive disturbance, risks to dental tissues, including crowns, implants, bridges and loose teeth AND general anaesthetic risk AND post anaesthetic risk

.....

.....

.....

Any extra procedures which may become necessary during the procedure

other procedure (specify) i.e. Airway maintenance, Heart Monitoring, Treatment of any drug reactions, Intravenous Fluids

.....

.....

Name

NHS
Number

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I have also discussed what the procedure is likely to involve, the benefits and the risks of any available alternative treatments (*including no treatment*) and any particular concerns of this patient. I have also explained to them the need to fast for 6 hours prior to treatment.

The following leaflet/ tape has been provided: RCPsych ECT leaflet

Would you like to see the ECT department and meet the team prior to ECT if requested Y / N
If yes for the referring doctor to contact the ECT department.

Information on how to access independent advocacy given Y / N

Consultant/ Doctor Signed:..... Job Title

Date... ..

Contact details (*if patient wishes to discuss options later*)

Statement of Interpreter (*where appropriate*)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Copy of this page given to patient yes declined

Name

NHS
Number

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Consent

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.

I 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,
- o be on my own for 48 hours afterwards,
- o 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

Name

NHS
Number

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

NICE guidance	Severe or life threatening depressive illness	
	Catatonia	
	Prolonged or severe manic episode	
RCPsych ECT Consensus group, additional indications	Non severe depression, inadequate drug response	
	Acute schizophrenia, 4 th line treatment after Clozapine	
Other (please specify)		

Assessment

RATING SCALE:

Score

Date

CGI (Clinical Global Impressions Scale)

Item 1. Severity of illness- Rate the severity of the patient's illness at the time of assessment

- | | |
|----------------------------|-------------------|
| 1. Normal (not at all ill) | 4. Moderately ill |
| 2. Borderline mentally ill | 5. Markedly ill |
| 3. Mildly ill | 6. Severely ill |
| | 7. Extremely ill |

CPRS (Comprehensive Psychopathological Rating Scale)

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

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

Please tick the scoring used:

- HDRS Score (when ECT is being given for depression)
- Bush Francis (when ECT is being given for catatonia)
- Young Mania Rating Scale (YMRS) (when ECT is been given for mania)
- BPRS (when ECT is been given for schizophrenia)

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

Name

NHS
Number

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Assessment

Previous Episodes of ECT

Has the patient received ECT before **Yes/No**. If yes, state the date and centre where ECT was given and any known clinical response.

Psychological interventions used and if not used reasons why this was not considered:

Seizure Threshold Risk Factors (tick)

Over 65	<input type="checkbox"/>
Male	<input type="checkbox"/>
Baldness	<input type="checkbox"/>
ECT in last month	<input type="checkbox"/>

Benzodiazepines (now or in last month)	<input type="checkbox"/>
Carbamazepine (now or in last month)	<input type="checkbox"/>
Other anticonvulsants	<input type="checkbox"/>
L-tryptophan	<input type="checkbox"/>
Beta blockers	<input type="checkbox"/>

ASSESSMENT Complete all parts. This part is intended to act as the assessment for suitability for anaesthetic, Physical and to provide a baseline to monitor the physical effects of ECT treatment

Medical History/ Operations:

VTE Risk and anticoagulation used if applicable:

Could the patient be pregnant? Yes/No

If Yes- results of pregnancy test:

Illicit drugs and Alcohol (include drug and alcohol history and date of last use if known):

Smoker (pack years/average number a day):

Name

NHS
Number

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BP		Pulse		Temp	
Weight		Height		BMI	

Dentures Capped Teeth Contact lenses Spectacles Hearing Aid Artificial Limbs Allergies

Any oral/nasal piercings?

General Appearance

Specific Features

State Of Nutrition

Bruises & Scars

Skin: Mouth & Throat; Thyroid; Description of any crowns/bridges/implants & loose teeth

Mouth opening/neck movement

CVS

JVP Heart Sounds; Cardiac Impulse;

Any Other Features

RS:

Respiratory Rate: Trachea: Nodes:

Air Entry: Chest Expansion: Percussion:

Breath Sounds:

Any Other Features:

Assessment

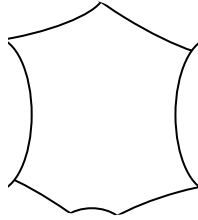
Assessment

Name

NHS
Number

--	--	--	--	--	--	--	--	--	--

GIT:



Liver:

Spleen:

Kidneys:

Masses:

Bowel Sounds:

Any Other
Features:

CNS:

Gait:

Tremor:

Speech:

Fundi:

Cranial Nerve:

Motor Power:

Sensations

Tone:

Reflexes:

**Any Other
Features:**

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

Name

NHS
Number

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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
Number

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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

Session no	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Is the person a Day Patient	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Is Yes has the Day Patient Pathway been completed?	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
ID Band fitted & Correct	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Correct case notes	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
General medical notes	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Time of last meal?												
Time of last fluids?												
Has any makeup, jewellery & hairpins, dentures been removed?												
Does the patient have an identifying wrist band?												
Changes to physical health or other concerns communicated to the ECT Team?												
Signature of member of staff preparing patient												
Respiration												
BP												
Pulse												
Oxygen saturation %												
Temperature												
BM (if required)												
Level of consciousness												
NEWS score												
ECT record complete with valid consent forms or MHA documentation? T6/T4 or 62	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
ECT PX signed and valid	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Is the person still consenting?	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Allergies/ Warning section (on page 2) checked?	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Investigation results filed in case notes												
Orientated to Time	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Orientated to Place	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Orientated to Person	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
When did the patient last pass urine?												

Name

NHS
Number

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To be completed by ECT Doctor

WHO Check 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

NHS
Number

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This section is to be completed by Anaesthetist

Medical notes reviewed?												
Dental risks considered?												
ASA grade												
Any need to change the induction agent?												
Signature of Anesthetist												

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 1			<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse
	Type R, L, Bi			
Prescribed By				<p>Score: -----</p>
Prescriber Signature				
Anaesthetic agent, dose: Muscle relaxant, dose:				<p>8. 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</p>
Cannula size & location				
Comments/ Complications	ASA Grade			<p>Score: -----</p>
	Guedel <input type="checkbox"/>	Mouthguard	<input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required			<p>Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p>
Anaesthetist Signature				
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1	2	3	<p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p>
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1	2	3	<p>Date scoring completed:</p>
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1	2	3	<p>-----</p>
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression			
Plan For Next Session/ Post ECT side effects				
Administering Doctor Signature				

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 2			<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse <p>Score: -----</p>
	Type R, L, Bi			
Prescribed By				<p>8. 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</p> <p>Score: -----</p>
Prescriber Signature				
Anaesthetic agent, dose: Muscle relaxant, dose:				<p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score: -----</p>
Cannula size & location				
Comments/ Complications	ASA Grade			<p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p>
	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>			
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required			<p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p>
Anaesthetist Signature				
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)				<p>Date scoring completed: -----</p>
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)				<p>EEG KEY</p> <p>1 = Recruitment 2 = Delta waves 3 = Post ictal suppression</p>
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)				<p>Plan For Next Session/ Post ECT side effects</p>
Administering Doctor Signature				

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 3	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: ----- 9.
Type R, L, Bi		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: -----
Prescribed By		
Prescriber Signature		Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health: 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
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location		Score: ----- 9.
ASA Grade		
Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>		Score: -----
Comments/ Complications		
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health: 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
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		Score: ----- 9.
	1 2 3	
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		Score: ----- 9.
	1 2 3	
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		Score: ----- 9.
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	Date scoring completed: -----
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 4	<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> 1. Very much improved 2. Much improved 3. Minimally improved 4. No change 5. Minimally worse 6. Much worse 7. Very much worse
Type R, L, Bi		<p>Score:</p> <p>-----</p> <p>10.</p> <p>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</p> <p>Score:</p> <p>-----</p> <p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score:</p> <p>-----</p> <p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p>
Prescribed By		
Prescriber Signature		
Anaesthetic agent, dose: Muscle relaxant, dose:		<p>Score:</p> <p>-----</p> <p>10.</p> <p>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</p> <p>Score:</p> <p>-----</p> <p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score:</p> <p>-----</p> <p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p>
Cannula size & location		
Comments/ Complications	ASA Grade	<p>Date scoring completed:</p> <p>-----</p>
	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	<p>Date scoring completed:</p> <p>-----</p>
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>Date scoring completed:</p> <p>-----</p>
	1 2 3	
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>Date scoring completed:</p> <p>-----</p>
	1 2 3	
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>Date scoring completed:</p> <p>-----</p>
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	<p>Date scoring completed:</p> <p>-----</p>
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Post 4th ECT session:

MOCA score:

Date:

Completed by:

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

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 5	<p>Item 2. Clinical Global Improvement Rate:</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse <p>Score: -----</p> <p>8.</p> <p>Comprehensive Psychopathological Rating Scale:</p> <p>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</p> <p>Score: -----</p> <p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>Plan to continue with ECT: YES / NO</p> <p>If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time</p>					
Type R, L, Bi							
Prescribed By							
Prescriber Signature							
Anaesthetic agent, dose: Muscle relaxant, dose:							
Cannula size & location							
ASA Grade							
Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>							
Comments/ Complications							
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required						
Anaesthetist Signature							
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
EEG KEY	<p>1= Recruitment 2= Delta waves 3= Post ictal suppression</p>						
Plan For Next Session/ Post ECT side effects							
Administering Doctor Signature							
	Date scoring completed:						

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 6	<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse <p>Score:</p> <p>-----</p> <p>9.</p> <p>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</p> <p>Score:</p> <p>-----</p> <p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score:</p> <p>-----</p> <p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p> <p>Date scoring completed:</p>					
Type R, L, Bi							
Prescribed By							
Prescriber Signature							
Anaesthetic agent, dose: Muscle relaxant, dose:							
Cannula size & location							
ASA Grade							
Guedel 6 <input type="checkbox"/> Mouthguard <input type="checkbox"/>							
Comments/ Complications							
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required						
Anaesthetist Signature							
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>				1	2	3
1	2	3					
EEG KEY	<p>1= Recruitment 2= Delta waves 3= Post ictal suppression</p>						
Plan For Next Session/ Post ECT side effects							
Administering Doctor Signature							

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 7	<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse <p>Score: -----</p> <p>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</p> <p>Score: -----</p> <p>Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>Plan to continue with ECT: YES / NO</p> <p>If yes please prescribe further dose of ECT- No more than two ECT's to prescribed at one time</p>
	Type R, L, Bi	
Prescribed By		
Prescriber Signature		
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location		
Comments/ Complications	ASA Grade	
	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		
	Date scoring completed:	

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

	Session 8	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
Date Prescribed		Score: ----- 11. 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 used): HDRS / Bush francis / YMRS Score: ----- Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health: 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
Type R, L, Bi		
Prescribed By		
Prescriber Signature		
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location		
Comments/ Complications	ASA Grade	
	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Post 8th ECT session:

MOCA score:

Date:

Completed by:

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

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 9	Item 2. Clinical Global Improvement Rate: 1. Very much improved 2. Much improved 3. Minimally improved 4. No change 5. Minimally worse 6. Much worse 7. Very much worse
Type R, L, Bi		Score: ----- 8.
Prescribed By		
Prescriber Signature		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
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location	ASA Grade	Score: ----- Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc)
Comments/ Complications	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	Any changes in patients physical health: 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
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1 2 3	----- Any reported/observable side effects (headaches, muscle soreness etc)
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1 2 3	----- Any changes in patients physical health: 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
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)	1 2 3	Date scoring completed: -----
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

	Session 10	<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> 1. Very much improved 2. Much improved 3. Minimally improved 4. No change 5. Minimally worse 6. Much worse 7. Very much worse <p>Score: -----</p> <p>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</p> <p>Score: -----</p> <p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score: -----</p> <p>Patients self report:</p> <p>How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p> <p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>Plan to continue with ECT: YES / NO If yes please prescribe further dose of ECT- No more than two ECT's to be prescribed at one time</p> <p>Date scoring completed:</p>
Date Prescribed		
Type R, L, Bi		
Prescribed By		
Prescriber Signature		
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location		
ASA Grade		
Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>		
Comments/ Complications		
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 11	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.
Type R, L, Bi		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: -----
Prescribed By		
Prescriber Signature		Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health: 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
Anaesthetic agent, dose: Muscle relaxant, dose:		
Cannula size & location		Score: ----- 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: -----
	ASA Grade Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Comments/ Complications		Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>) <i>Worse, No change, Bit better, Much better, 100% well</i> What is your memory like now compared with before ECT? (<i>circle</i>) <i>Much worse, Bit worse, No change, Better</i> ----- Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health: 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
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	
Anaesthetist Signature		Score: ----- 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: -----
Stimulation #1		
Electrode Placement		Score: ----- 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: -----
Dose setting		
Impedance test		Score: ----- 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: -----
Seizure pattern		
Seizure duration		Score: ----- 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: -----
EEG Seizure duration		
EEG pattern (<i>see key below</i>)		Score: ----- 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: -----
	1 2 3	
Stimulation #2		Score: ----- 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: -----
Electrode Placement		
Dose setting		Score: ----- 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: -----
Impedance test		
Seizure pattern		Score: ----- 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: -----
Seizure duration		
EEG Seizure duration		Score: ----- 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: -----
EEG pattern (<i>see key below</i>)		
	1 2 3	Score: ----- 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: -----
Stimulation #3		
Electrode Placement		Score: ----- 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: -----
Dose setting		
Impedance test		Score: ----- 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: -----
Seizure pattern		
Seizure duration		Score: ----- 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: -----
EEG Seizure duration		
EEG pattern (<i>see key below</i>)		Score: ----- 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: -----
	1 2 3	
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	Date scoring completed:
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Treatment

ECT PRESCRIPTION

Date Prescribed	Session 12	<p>Item 2. Clinical Global Improvement Rate: How much the patient's illness has improved or worsened relative to a baseline state.</p> <ol style="list-style-type: none"> Very much improved Much improved Minimally improved No change Minimally worse Much worse Very much worse <p>Score: -----</p>
	Type R, L, Bi	
Prescribed By		<p>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</p> <p>Score: -----</p>
Prescriber Signature		
Anaesthetic agent, dose: Muscle relaxant, dose:		<p>Rating Scale score (circle appropriate scale used): HDRS / Bush francis / YMRS</p> <p>Score: -----</p>
Cannula size & location		
Comments/ Complications	ASA Grade	<p>Patients self report: How do you feel compared with how you felt before ECT? (<i>circle</i>)</p> <p><i>Worse, No change, Bit better, Much better, 100% well</i></p> <p>What is your memory like now compared with before ECT? (<i>circle</i>)</p> <p><i>Much worse, Bit worse, No change, Better</i></p> <p>-----</p> <p>Any reported/observable side effects (headaches, muscle soreness etc)</p> <p>Any changes in patients physical health:</p>
	Guedel <input type="checkbox"/> Mouthguard <input type="checkbox"/>	
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7lts/per minute during recovery as required	<p>Are you happy to continue with ECT Treatment? YES / NO</p> <p>Does patient have capacity to consent to ECT? YES / NP</p> <p>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</p> <p>Date scoring completed:</p>
Anaesthetist Signature		
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>1 2 3</p>
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>1 2 3</p>
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (<i>see key below</i>)		<p>1 2 3</p>
EEG KEY	1= Recruitment 2= Delta waves 3= Post ictal suppression	
Plan For Next Session/ Post ECT side effects		
Administering Doctor Signature		

Name

NHS
Number

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Post 12th ECT session:

MOCA score:

Date:

Completed by:

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

Name

NHS
Number

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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 illness has improved or worsened relative to a baseline state. Compared to condition at baseline, a patient's illness is compared to change over time, and 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

Name

NHS
Number

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See guidance note 2 p. 29

Reassessment 1
See guidance note 3

Anaesthetic Recovery Observation - Treatments 1 & 2

Session no 1 Treatment Date: Treatment Time:

Recovery

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 2 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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Anaesthetic Recovery Observation - Treatments 3 & 4

See guidance note 3

Session no 3 Treatment Date:

Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ₂	lts	lts	lts	lts	lts	lts	lts	lts	lts
Temperature									
Nausea /Vomiting									
Orientation In Time									
Orientation In Person									
Orientation In Place									
Do they have a headache?									
Have they vomited?									
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 4 Treatment Date:

Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ₂	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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Anaesthetic Recovery Observation - Treatments 5 & 6

See guidance note 3

Session no 5 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 6 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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Anaesthetic Recovery Observation - Treatments 7 & 8

See guidance note 3

Session no 7 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 8 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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Recovery

Anaesthetic Recovery Observation - Treatments 9 & 10

See guidance note 3

Session no 9 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 10 Treatment Date: Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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Anaesthetic Recovery Observation - Treatments 11 & 12

See guidance note 3

Session no 11 Treatment Date:

Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Session no 12 Treatment Date:

Treatment Time:

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	/	/	/	/	/	/	/	/	/
Pulse									
Respiration									
SAO ²	%	%	%	%	%	%	%	%	%
State of Consciousness									
Airway									
O ²	lts	lts	lts	lts	lts	lts	lts	lts	lts
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	Time	NEWS Score:	Person receiving the patient from the clinic and taking responsibility for ongoing observation,	Time
	Signed			Signed

Name

NHS
Number

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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 Psychopathological 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?

Name

NHS
Number

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