

Allergies / Warnings (see inside cover)

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

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

Consultant										
Named Nurse/ Care coordinator										
Special Requirements E.g. language/ communication/ r	nobility needs									
Circle as required Gender Male/ Female										
Ethnicity White British (A) Irish (B) White Other (C) White & Black Caribbean (D) White & Black African (E) White & Asian (F) Any other mixed background (G) Indian (H) Pakistani (J) Bangladeshi (K) Any other Asian Background (L) Caribbean (M) African (N) Any other Black Background (P) Chinese (Q) (Nationality if non UK resident)										
All professionals recording information in this pathway must complete their full name, designation, full signature and initials below before they write in this pathway										
Name	Profession	Signature	Initials							

Yes 🗌

No \square

To be retained in the patients notes

Name		NHS Number							
\triangle	Allergy	Reaction			(Initial & Date)				
Allergies/									
Warning									
Patient In	formation & Legal Issues								
To be complet should be kep	ed and kept by the persons named/ associate nurst updated by another member of the team.	se or care coordin							
1. Pre Tre	atment Information	Yes (Initial & Date)	No (Initial & Date)	Variance/ Comme additional details	nents/ Action taken/ or				
1	Does the person have an advanced decision				uestions immediately onto question 1.3				
2	When was it written?			ı					
	Where is it located?								
D	oes it contain any directives regarding ECT or Resuscitation?								
3	Does it contain any other information pertaining to treatment? Information Leaflet given								
4	Information Leaflet explained								
5 F (or detained patients: CQC leaflet given								
2 Day P	atient Considerations	Yes	No						
1	Is the person being considered for out patient treatment	(Initial & Date)	(Initial & Date)	If YES continue with this section, If NO go to section 3.					
2	Has the day patient pathway been completed								
3 Menta	al Health/ Legal Status	Tick the appr	'	& complete any misiances this section)	sing details (no				
Yes		T treatment							
Informal &	Consenting, consent form signed								
Detained	under section, & giving valid conse	ent form T4 sign	ned						
Detained	under section, not/ unable to conse	ent, second opi	nion, form T6	signed					
Detained	under section, emergency treatmen	nt, & not conse	nting (section	62) form 2G-P10	6-MHA-08 signed				
Complete	d by: Da	ate:							
3A Ch	ange in Mental Health/ Legal Status	This section m		f there is a change in	n the person's legal				
	Patient have Capacity to Consent to ECT	T treatment	status	s or consent					
Yes Informal &	consenting- consent form signed								
Detained	under section, and giving valid con	sent form T4 s	igned						
Detained	under section, not/ unable to conse	ent, second opi	nion, form T6	signed					
Detained	under section, emergency treatmen	nt, & not conse	nting (section	62) form 2G-P10	6-MHA-08 signed				
Complete	d by: D	ate:							

Name	NHS Number									
	Medical Cor	nsent to	treat	mer	nt- ((Coı	nse	nt F	orm	ı 1)
Name of proposed procedure or course of to (include brief explanation if medical term no		ctro Co	nvul	sive	e Tr	eatr	ner	nt		
Statement of health professional (to be knowledge of proposed procedure, as spec Doctor)										
I have explained the procedure to the patient B - Electrode placement i.e. Bilateral vs Ur frequency. q	nilateral, likely ı	number	of tre	eatn	nent					ng
This procedure will involve general anaesth		scle rela								
C - A - The intended benefits and likelihood having ECT										ot - -
D - Serious or frequently occurring risks and disturbance, risks to dental tissues, includir general anaesthetic risk AND post anaesthetic	ng crowns, impl									
Any extra procedures which may become nother procedure (specify) i.e. Airway main reactions, Intravenous Fluids	•					nent	t of	any	dru	g

	lumber									
I have also discussed what the procedure is likely available alternative treatments (including no treatment. I have also explained to them the need to	tment) an	d an	у ра	artic	ular	cor	ncer			•
☐ The following leaflet/ tape has been provided: RC	Psych EC	T lea	ıflet							
Would you, or your carers, like to have copies treatment? Y/N	of corresp	onde	ence	ab	out	you	ır h	ealt	h a	and
Would you like to see the ECT department and med If yes for the referring doctor to contact the ECT de		n pric	or to	EC	Γifr	equ	ieste	ed Y	/ /	N
Information on how to access independent advocad	cy given Y	/ N								
Consultant/ Doctor Signed:		Jo	b Ti	tle						
Date Contact details (if patient wishes to discuss option)	s later)									
Statement of Interpreter (where appropriate)										
I have interpreted the information above to the pat which I believe s/he can understand.	ent to the	best	of n	ny a	bilit	y ar	nd ir	n a v	way	y in
Signed	Date									
Copy of this page given to patient □ yes □ decl	ined									

	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,
- 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	
please print your name	
To be used if the patient wishes to withdraw or change c	onsent 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)

2

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

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

indication for ECT. (Consider 2 nd opinion if indication is outside NICE guidelines)										
	Severe or life threatening depressive	illness								
NICE guidance	Car	tatonia								
Prolonged or severe manic episode										
RCPsych ECT Consensus group, additional indications	Non severe depression, inadequate drug res	Non severe depression, inadequate drug response								
group, additional indications	Acute schizophrenia, 4th line treatment after Clozapine									
Other (please specify)										
RATING SCALE: CGI (Clinical Global Impressions Scale) Item 1. Severity of illness- Rate the se	everity of the	Score	Date							
patient's illness at the time of assessmen 1. Normal (not at all ill) 2. Borderline mentally ill 3. Mildly ill 5. Markedl 6. Severely 7. Extreme										
CPRS (Comprehensive Psychopatholo Rating Scale) Memory as usual	ogical 0									

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

Occasional increases lapses of memory

Please tick the scoring used:

Report of socially inconvenient or disturbing loss of memory Complaints of complete inability to remember

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)

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	vhere	e EC	CT wa	as gi	ven a	and a	any	
Psychological interventions used and if not used reasons why this was not considered:											
Coincine Threehold Diels Footone (Hiels)											
Seizure Threshold Risk Factors (tick) Over 65	Benz	odia	zenir	nes (i	now	or in	last	mor	ıth) [
Male		bama									
Baldness				C	Other		conv				
ECT in last month							₋-tryp eta b				
						_	- 10. 10		0.0		
ASSESSMENT Complete all parts. This part is intended and to provide a baseline to monitor the Medical History/ Operations:								∕ for	anae	sthe	etic,
VTE Risk and anticoagulation used if applicable:											
On the contract to the contract On Man (N)											
Could the patient be pregnant? Yes/No If Yes- results of pregnancy test:											
Illicit drugs and Alcohol (include drug and alcohol history a	nd date of la	ast us	se if I	know	/n):						
Smoker (pack years/average number a day):											

NHS

Name	NHS Number			

BP	Pulse)	Temp	
Weight	Heigh	nt	ВМІ	
Dentures	Capped Contact Teeth lenses	Spectacles	Hearing Artificial Limbs	Allergies
Any oral/nas	sal piercings?			
General App	pearance			
Specific Fea	atures			
State Of Nu	trition			
Bruises & S	cars			
Skin:	Mouth & Throat Thyroid		Description of any crow mplants & loose teeth	ns/bridges/
Mouth open	ing/neck movement			
CVS				
JVP	Heart Sounds;		Cardiac Impulse;	
Any Other F	- -eatures			
RS:				
Respiratory	Rate:	Trachea:		Nodes:
Air Entry:		Chest Expansion:		Percussion:
Breath Soul	nds:			
Any Other F	- Features:			

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 Numb	er			
g allergies (reactions detail	ed on page 2)					
rent Medication Drug		Dose	Ero	quency	Route	Data	 Commenced
Diag		Dose	7760	quericy	Noute	Date	
dication Discontinued within	lost month						
Drug	Dos	e Fre	quency	Reaso	n for stopping	j E	ate Stopped
sessment 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

Session no	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Is the person a Day Patient	Yes/ No											
Is Yes has the Day Patient	Yes/											
Pathway been completed? ID Band fitted & Correct	No Yes/											
ID Band litted & Correct	No No	No	No No	No No	No	No	No	No No	No No	No	No	No
Correct case notes	Yes/ No											
General medical notes	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												
ВР												
Pulse												
Oxygen saturation %												
Temperature												
BM (if required)												
Level of consciousness												
NEWS score												
ECT record complete with valid consent forms or MHA documentation?	Yes/ No											
.5, 61 62												
ECT PX signed and valid	Yes/ No											
Is the person still consenting?	Yes/ No											
Allergies/ Warning section (on page 2) checked?	Yes/ No											
Investigation results filed in case notes			1				1	1	1			1
Orientated to Time	Yes/ No											
Orientated to Place	Yes/ No											
Orientated to Person	Yes/ No											
When did the patient last pass urine?	110	110	1,0	140	140	1,0	1,0	110	110	1,0	1,0	1,0

	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					····	Dei							
This section is to be complete	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													

	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 Worse, No change, Bit better, Much 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 Administering Doctor

Signature

	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				Much improved
•				Minimally improved No change
Prescriber Signature				No change Minimally worse
Anaesthetic agent, dose:				6. Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
	ASA Grade			9.
	ASA Glade			Comprehensive Psychopathological Rating
	Guedel	Mouthguar		Scale:
	Gueuei 🗀	Mounigua	ا	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
				0
				Score:
Post Treatment Oxygen	Give oxygen a	t rate of 5-7lt	s/per minute	Patients self report:
Prescriptions	during recover	y as required	t	
Appartment Signature				How do you feel compared with how you felt before ECT? (circle)
Anaesthetist Signature				belote Lot : (choic)
Stimulation #1				Worse, No change, Bit better, Much better,
Electrode Placement				100% well
Dose setting				
Impedance test Seizure pattern				What is your memory like now compared with
Seizure duration				before ECT? (circle)
EEG Seizure duration				, ,
EEG pattern (see key below)				Much worse, Bit worse, No change, Better
pano (ccc no, cccn)				
	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				Assessed to a serious with FOT Teachers (O
EEG Seizure duration				Are you happy to continue with ECT Treatment? YES / NO
EEG pattern (see key below)				1E3 / NO
	4			
	1	2	3	Does patient have capacity to consent to ECT?
Stimulation #3				YES / NP
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	
LLG KL I		3- Pos	st ictal suppression	
Plan For Next Session/		<u> </u>	st lotal supplession	
Post ECT side effects				
Administering Doctor				
Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION		
	Session 4	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		1. Very much improved
		2. Much improved
Prescribed By		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		
Carridia 5125 & 100ation		Score:
	ASA Grade	On any other Development of the Development
		Comprehensive Psychopathological Rating Scale:
	Guedel ☐ Mouthguard ☐	0 – Memory as usual
		2 – Occasional Lapses of Memory
Communitat		4- Report of socially inconvenient or disturbing loss
Comments/ Complications		of memory
Complications		6- Complaints of complete inability to remember
		Score:
		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
Impedance test		before ECT? (circle)
Seizure pattern Seizure duration		Worse, No change, Bit better, Much better,
EEG Seizure duration		100% well
EEG pattern (see key below)		
LLO pattern (see key below)		NAME of the second of the seco
	1 2 3	What is your memory like now compared with before ECT? (circle)
00. 10. 40		before LCT: (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	
Stimulation #3	-	Are you happy to continue with ECT Treatment?
Electrode Placement		YES / NO
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 3	Date scoring completed:
	1= Recruitme	
EEG KEY	2= Delta wave	
Plan For Next Session/	3= Post ictal suppression	JII
Post ECT side effects		
1 OSI LOT SIDE ETIECIS		
Administering Doctor		
Signature		

<u> </u>	NHS					
Nama	Number					

Post 4th ECT session:

MOCA score: Date:

Completed by:

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

				NHS						Т		
Name				Number								
	Session 5				Item 2. 0	Clinic	al Gl	obal lı	mprove	me	nt Rate:	
Date Prescribed					1. 2.			ch imp proved				
Type R, L, Bi					2. 3.			/ impro				
Prescribed By					4.		chang		_			
Prescriber Signature					5. 6.		imaliy ch wo	/ wors	е			
Anaesthetic agent, dose:					7. Score:	Ver	y mud	ch wor	se			
Muscle relaxant, dose:												
Cannula size & location					Compre Scale:	hens	ive P	sycho	patholo	ogic	cal Ratii	ng
	ASA Grade				0 – Mem							
					2 – Occa 4- Repor						disturhi	na loss
	Guedel \square	Mouthgua	ard \square		of memo	ory						-
					6- Comp	olaints	s of co	mplet	e inabilit	ty to	remem	ber
Comments/					Score:							
Complications												
					Patients	self	repo	rt:				
					How do	vou fe	eel co	mpare	ed with h	าดพ	vou felt	
Post Treatment Oxygen	Give oxygen a			ıte	before E				,		you lon	
Prescriptions	during recove	ry as require	ed		Worse,	No o	chanc	ae. B	it better		Much b	etter.
Anaesthetist Signature					100% w			,-, –		,		,
Stimulation #1												
Electrode Placement					What is				now co	mp	ared wit	h
Dose setting Impedance test					before E	CI?	(CITCIE	?)				
Seizure pattern					Much wo	orse,	Bit ı	worse,	No cl	han	ge, Be	etter
Seizure duration												
EEG Seizure duration EEG pattern (see key below)							, .				,, ,	
220 pattorn (see ney below)					Any repo				side effe	ects	(heada	cnes,
	1	2	3					,				
Stimulation #2												
Electrode Placement Dose setting					Any chai	nges	in pat	ients p	ohysical	hea	alth:	
Impedance test												
Seizure pattern					Are you		y to c	ontinu	e with E	СТ	Treatme	ent?
Seizure duration EEG Seizure duration					YES / N	МО						
EEG Seizure duration EEG pattern (see key below)					Does pa		have	capaci	ity to co	nse	nt to EC	T?
					YES / N	NP						
Otion detien #0	1	2	3		Plan to c	contin	iue wi	th EC	Γ: YES	/	NO	
Stimulation #3 Electrode Placement					If yes pl	ease	pres	cribe t	further	dos	e of EC	T- No
Dose setting					more th	an tw	o EC	T's to	prescr	ibe	d at one	time
Impedance test												
Seizure pattern Seizure duration												
EEG Seizure duration												
EEG pattern (see key below)												
	1	2	3		Date so	orin		mnlo	tod:			
	- '			ruitment	Date 50	201111	ıy co	inhie	ieu.			
EEG KEY				a waves								
		3= P	ost ictal sup									
Plan For Next Session/												
Post ECT side effects												
Administrative Decision												
Administering Doctor Signature												

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 6			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 Much improved
Prescribed By				3. Minimally improved
Prescriber Signature				No change Minimally worse
Anaesthetic agent, dose: Muscle relaxant, dose:				6. Much worse 7. Very much worse
Cannula size & location				Score:
Comments/ Complications	ASA Grade Guedel 6□	Mouthgu	ard □	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 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				Patients self report:
Electrode Placement 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
Stimulation #2	•			before ECT? (circle)
Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration				Much worse, Bit worse, No change, Better 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 Seizure pattern Seizure duration EEG Seizure duration				Are you happy to continue with ECT Treatment? YES / NO Does patient have capacity to consent to ECT? 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		2_ D	1= Recruitment 2= Delta waves ost ictal suppression	
Plan For Next Session/ Post ECT side effects)= r(σοι τοιαι σαμμι σσσιστι	
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 7			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:				 Minimally worse Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
Comments/ Complications	ASA Grade Guedel	Mouthguard	I 🗆	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:
Doot Trooter and Oversen	Civia avarana	f	/	Patients self report:
Post Treatment Oxygen Prescriptions	Give oxygen at during recover		/per minute	How do you feel compared with how you felt before ECT? (circle)
Anaesthetist Signature				Worse, No change, Bit better, Much better,
Stimulation #1 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)				What is your memory like now compared with before ECT? (circle) Much worse, Bit worse, No change, Better
220 pattorn (see key below)	1	2	3	Any reported/observable side effects (headaches,
Stimulation #2 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)				muscle soreness etc) Any changes in patients physical health: Are you happy to continue with ECT Treatment? YES / NO
	1	2	3	Does patient have capacity to consent to ECT?
Stimulation #3 Electrode Placement Dose setting Impedance test Seizure pattern Seizure duration 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:
EEG KEY		3= Post	1= Recruitment 2= Delta waves ictal suppression	
Plan For Next Session/ Post ECT side effects				
Administering Doctor Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION			<u></u>
	Session 8		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
Muscle relaxant, dose:			Much worse Very much worse
Cannula size & location			Score:
	ASA Grade Guedel	ard \square	Comprehensive Psychopathological Rating 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
Complications			Score:
			Rating Scale score (circle appropriate scale used):
Post Treatment Oxygen Prescriptions	Give oxygen at rate of 5-7 during recovery as require		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 Seizure duration			Worse, No change, Bit better, Much better, 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	· <u>-</u>		Much worse, Bit worse, No change, Better
Electrode Placement Dose setting			
Impedance test			Any reported/observable side effects (headaches,
Seizure pattern			muscle soreness etc)
Seizure duration EEG Seizure duration			
EEG pattern (see key below)			Any changes in patients physical health:
1 (, , ,			
Ctimulation #2	1 2	3	Are you happy to continue with ECT Treatment?
Stimulation #3 Electrode Placement			120 / 110
Dose setting			Does patient have capacity to consent to ECT?
Impedance test			YES / NP
Seizure pattern 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	3	Date scoring completed:
		1= Recruitment	•
EEG KEY		2= Delta waves	
B. F. W. S.	3= Pc	ost ictal suppression	
Plan For Next Session/ Post ECT side effects			
FUSI EOT SIDE ETIECIS			
Administration 1 B			
Administering Doctor Signature			

Name					i	
Post 8 th ECT session:						
MOCA score:	 ite: omple	eted	by	/• •		

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

	NHS					
Name	Number					

ECT PRESCRIPTION				·
	Session 9			Item 2. Clinical Global Improvement Rate: 1. Very much improved
Date Prescribed				2. Much improved
Type R, L, Bi				3. Minimally improved
Prescribed By				4. No change
Prescriber Signature				5. Minimally worse 6. Much worse
Anaesthetic agent, dose:				7. Very much worse Score:
Muscle relaxant, dose:				
Cannula size & location		_		Comprehensive Psychopathological Rating Scale:
	ASA Grade			0 - Memory as usual
				2 – Occasional Lapses of Memory
	Guedel \square	Mouthguar	rd 🗆	4- Report of socially inconvenient or disturbing loss of memory
		-		6- Complaints of complete inability to remember
Comments/				Score:
Complications				Score:
				Patients self report:
				·
Post Treatment Oxygen	Give oxygen a			How do you feel compared with how you felt before ECT? (circle)
Prescriptions	during recover			
Anaesthetist Signature				Worse, No change, Bit better, Much better, 100% well
Stimulation #1				-
Electrode Placement				What is your memory like now compared with
Dose setting				before ECT? (circle)
Impedance test				Advista Distriction No phonon Pottor
Seizure pattern				Much worse, Bit worse, No change, Better
Seizure duration EEG Seizure duration				
EEG Seizure duration EEG pattern (see key below)				
EEG Pattorn (see key below)				Any reported/observable side effects (headaches,
	1	2	3	muscle soreness etc)
Stimulation #2				1
Electrode Placement				Any changes in patients physical health:
Dose setting				Ally Glanges in patiente physical result.
Impedance test				
Seizure pattern				
Seizure duration EEG Seizure duration				Are you happy to continue with ECT Treatment?
EEG Seizure duration EEG pattern (see key below)				YES / NO
LEG pattern (see key below)				
	1	2	3	Does patient have capacity to consent to ECT?
Stimulation #3				YES / NP
Electrode Placement Dose setting				
Impedance test				Plan to continue with ECT: YES / NO
Seizure pattern				If yes please prescribe further dose of ECT- No
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	st ictal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 10			Item 2. Clinical Global Improvement Rate:
Date Prescribed				How much the patient's illness has improved or
Type R, L, Bi				worsened relative to a baseline state. 1. Very much improved
				2. Much improved
Prescribed By				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				
Carriala Sizo a recalion				Score:
	ASA Grade			Community of Development of the Posting
				Comprehensive Psychopathological Rating Scale:
	Guedel 🗆 🛚 N	/louthguard		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:
Doot Trootmant Overson	Cive evergen et re	to of E 7lto/	nor minuto	Rating Scale score (circle appropriate scale
Post Treatment Oxygen Prescriptions	Give oxygen at ra during recovery a		per minute	used): HDRS / Bush francis / YMRS
Prescriptions	during recovery a	is required		TIDIO / Bush hancis / Hillo
Anaesthetist Signature				Score:
Stimulation #1				Patients self report:
Electrode Placement				
Dose setting				How do you feel compared with how you felt
Impedance test				before ECT? (circle)
Seizure pattern Seizure duration				Worse, No change, Bit better, Much better,
EEG Seizure duration				100% well
EEG pattern (see key below)				
220 pattorn (see hey below)				What is your memory like now compared with
	1	2	3	before ECT? (circle)
Stimulation #2				1
Electrode Placement				Much worse, Bit worse, No change, Better
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:
				7 my oriangee in patiente priyelear ricatin.
	1	2	3	Are visus because to continue with ECT Treetmant?
Stimulation #3				Are you happy to continue with ECT Treatment? YES / NO
Electrode Placement				.25 / 110
Dose setting Impedance test				
Seizure pattern				Does patient have capacity to consent to ECT?
Seizure pattern				YES / NP
EEG Seizure duration				
EEG pattern (see key below)				Plan to continue with ECT: YES / NO
- 1 (())				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	
EEG KEY		0.5	2= Delta waves	
DI		3= Post i	ctal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	Session 11			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 No change
Prescriber Signature				No change Minimally worse
Anaesthetic agent, dose:				6. Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
	ASA Grade			Comprehensive Psychopathological Rating
	71071 Grado			Scale:
	Guedel □	Mouthguard I		0 – Memory as usual 2 – Occasional Lapses of Memory
	- Cucuc. —	mounigualu i	<u> </u>	4- Report of socially inconvenient or disturbing loss
				of memory
Comments/				6- Complaints of complete inability to remember
Complications				Soore
				Score:
D . T	0:			Patients self report:
Post Treatment Oxygen	Give oxygen at I		per minute	How do you feel compared with how you felt
Prescriptions	during recovery	as required		before ECT? (circle)
Anaesthetist Signature				2010.0 2011 (0.10.0)
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				before ECT? (circle)
Seizure duration				Much worse, Bit worse, No change, Better
EEG Seizure duration				mach weree, Bit weree, 'Ne change, Better
EEG pattern (see key below)				
	1	2	3	Any raported/absorvable side offsets /boodsebes
00 10 10	•		•	Any reported/observable side effects (headaches, muscle soreness etc)
Stimulation #2 Electrode Placement				,
Dose setting				
Impedance test				Any changes in patients physical health:
Seizure pattern				Arry changes in patients physical health.
Seizure duration				
EEG Seizure duration				Are you happy to continue with ECT Treatment?
EEG pattern (see key below)				YES / NO
	_			
	1	2	3	Does patient have capacity to consent to ECT?
Stimulation #3				YES / NP
Electrode Placement				
Dose setting				Plan to continue with ECT: YES / NO
Impedance test Seizure pattern				
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 i	ctal suppression	
Plan For Next Session/				
Post ECT side effects				
Administering Doctor				
Signature				

	NHS					
Name	Number					

ECT PRESCRIPTION				
	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
•				Minimally improved
Prescriber Signature				No change Minimally worse
Anaesthetic agent, dose:				6. Much worse
Muscle relaxant, dose:				7. Very much worse
Cannula size & location				Score:
Comments/ Complications Post Treatment Oxygen Prescriptions Anaesthetist Signature Stimulation #1 Electrode Placement	ASA Grade Guedel			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:
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 Dose setting Impedance test				Much worse, Bit worse, No change, Better
Seizure pattern Seizure duration EEG Seizure duration EEG pattern (see key below)				Any reported/observable side effects (headaches, muscle soreness etc) Any changes in patients physical health:
	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				Does patient have capacity to consent to ECT? YES / NP 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	3	Date scoring completed:
EEG KEY		2	1= Recruitment 2= Delta waves tal suppression	
Plan For Next Session/ Post ECT side effects				
Administering Doctor Signature				

Name	Number							
Post 12 th ECT session:								
MOCA score:		ate: omple	eted	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 illness a baseline state. Compared to condition at baseline, a patient's illness is rated accordingly.	s compared to change over time, and	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

Reassessment 1 See guidance note 3

Anaesthetic Recovery Observation	on - <i>i re</i>	eatments	1 & 2				See g	uidance r	iote 3
Session no 1 Treatment Date:	Tre	atment Til	те:						
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	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									
criteria at back of booklet		NEWS Score:	the		g the patier aking respor servation,		Time		
Session no 2 Treatment Date:		atment Tii	те:						

Session no Z i reatment	Date:	ire	eatment i	ıme:						
	Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Tiı	me Due									
Time Cor	mpleted									
	BP	1	1	1	1	1	1	1	1	1
	Pulse									
Res	piration									
	SAO ²	%	%	%	%	%	%	%	%	%
State of Conscio	ousness									
	Airway									
	O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
Temp	erature									
Nausea /V	omiting									
Orientation	In Time									
Orientation In	Person									
Orientation I	n Place									
Do they have a hea	dache?									
Is the patient ag	gitated?									
Abnormalities rep anaesthetist / duty	orted to doctor?									
Cannula Re	emoved									
	Signed									
	Time		NEWS Score:		rson receivi			Time		
discharge from the ECT Clinic - see discharge criteria at back of booklet	Signed				e clinic and to ongoing ob		nsibility	Signed		

Name					NHS Number					
Anaesthetic Recovery		ation	- Treatm	nents	3 & <i>4</i>	i i		See	guidance	note 3
Session no 3 Treatment I	Date: Interval	Pre ECT	eatment T 5 min	ime: 10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Ti	me Due	LOI		1111113	IIIIII	1111113	1111113			
Time Co										
	BP		,	,		,	,	,	,	,
		/	/	/	/	/	/	/	/	/
	Pulse									
Res	piration									
	SAO ²	%	%	(% %	%	%	%	%	%
State of Conscio	-									
	Airway	11-	11.		1. 11.	11.	11.	11.	11.	11.
Toma	O ²	Its	Its	li e	ts Its	Its	Its	Its	Its	Its
rem, Nausea /\	perature					_				
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	nt 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 :	D	ECT		mins	mins	mins	mins			
	me Due									
Time Co	BP									
	DF	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
•	erature									
Nausea /\										
Orientation Orientation In						-				
Orientation In						-				
Do they have a hea						_				
•										
Is the patient a Abnormalities rep	- 1									
anaesthetist / duty										
Cannula Ro										
	Signed									
Patient meets criteria for	Time		NEWS Score:		Person receiv	ing the natic	nt from	Time		
discharge from the ECT Clinic -	Signed		INLAND DOUIG.	tl	he clinic and or ongoing ob	taking respo				

	NHS					
Name	Number					

15

mins

20

mins

30

mins

1 hr

10 mins

5 min

Anaesthetic Recovery Observation - Treatments 5 & 6 Session no 5 Treatment Date: Treatment Time:

Interval

Time Due

Pre ECT See guidance note 3

3 hr

6 hr

Time Co	mpleted									
	BP	,	,		,	,	,	,	,	
		/	1	/	/	/	/	/	/	/
	Pulse									
Res	spiration									
	SAO ²	%	%	%	%	%	%	%	%	%
State of Consci										
	Airway									
	O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
	perature									
Nausea /\	/omiting									
Orientation	In Time									
Orientation Ir	Person									
Orientation	In Place									
Do they have a hea	adache?									
Is the patient a	gitated?									
Abnormalities rep										
anaesthetist / duty										
Cannula R										
	Signed									
Patient meets criteria for	Time		NEWS Score:	Pe	rson receivi	l ng the patie	nt from	Time		
discharge from the ECT Clinic -	Cianad			th	e clinic and t	aking respo	nsibility			
see discharge criteria at back of booklet	Signed			fo	ongoing ob	servation,		Signed		
	D - 1 -	T .								
Session no 6 Treatment			eatment T		15	20	20	1 br	2 hr	6 hr
	Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Ti	ime Due			7711110	111110	1711110	111110			
Time Co	mpleted									
	, Bb								,	
		/	/	1	/	/	/	/	/	/
	Pulse									
Res	spiration									
	SAO ²	%	%	%	%	%	%	%	%	%
State of Consci	ousness									
	Airway									
	O ²	Its	Its	Its	Its	Its	Its	Its	Its	Its
Tem	perature									
Nausea /\	/omiting									
Orientation	In Time									
Orientation Ir	Person									
Orientation	In Place									
Do they have a hea	adache?									
Is the patient a	gitated?									
Abnormalities rep	orted to									
anaesthetist / duty	doctor?									
Cannula R										
	Signed									
Patient meets criteria for	Time		NEWS Score:	Pe	rson receivi	l ng the patie	nt from	Time		
discharge from the ECT Clinic -				th	e clinic and t	aking respo				
see discharge criteria at back of booklet	Signed			fo	ongoing ob	servation,		Signed		
								00 155		
GHC NHS Foundation Trus	st 2021						Page	e 33 of 33	3	

	NHS					
Name	Number					

Anaesthetic Recovery Observ				& 8			See (guidance	note 3
Session no 7 Treatment Date:		eatment 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									
Patient meets criteria for Time		NEWS Score:			ng the patie		Time		
discharge from the ECT Clinic - see discharge criteria at back of booklet				clinic and to ongoing obs	aking responservation,	nsibility	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 Completed									

Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
Time Due									
Time Completed									
BP	1	1	1	1	1	1	1	1	1
Pulse									
Respiration									
SAO ²	%	%	9	5 %	%	%	%	%	%
State of Consciousness									
Airway									
O^2	Its	Its	It	s 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:	th	erson receivi e clinic and t r ongoing ob	aking respo		Time		

Mana					IHS lumber					
Name Anaesthetic Recovery	Observ	/ation	- Treatm			<u> </u>		See	guidance	note 3
Session no 9 Treatment			eatment Ti							
	Interval	Pre ECT	5 min	10 mins	15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
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Time Co	mpleted									
	BP	1	1	1	1	1	1	1	1	1
	Pulse									
Res	spiration									
	SAO ²	%	%	%	%	%	%	%	%	%
State of Conscio										
	Airway									
_	O^2	Its	Its	Its	Its	Its	Its	Its	Its	Its
·	perature									
Nausea /\										
Orientation										
Orientation In										
Orientation										
Do they have a hea										
Is the patient a										
Abnormalities rep anaesthetist / duty										
Cannula R										
	Signed									
Patient meets criteria for discharge from the ECT Clinic - see discharge criteria at back of booklet	Time		NEWS Score:	the	rson receivire clinic and to ongoing obs	aking respo		Time		
Session no 10 Treatmen	t Data:		Troo	tment T	imo:					
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Do they have a hea	adache?					l				

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Patient meets criteria for discharge from the ECT Clinic - see discharge criteria at back of booklet	Time Signed	NEWS Score:	the	son receivir clinic and to ongoing obs	ng the patie aking respo servation,	nt from nsibility	Time	

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Name	Number						
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Anaesthetic Recovery Observ	alion -						000 9	guidance	
Session no 11 Treatment Date:			tment Ti						
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Time Due	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									
Signed									
	N	IEWS Score:			g the patie		Time		
discharge from the ECT Clinic -		IEWS Score:	the	clinic and ta	aking respor				
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discharge from the ECT Clinic see discharge criteria at back of booklet Session no 12 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting	Pre ECT	Trea 5 min	the for continuent Till 10 mins	clinic and tabongoing observed. me: 15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 12 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO² State of Consciousness Airway O² Temperature Nausea /Vomiting Orientation In Time	Pre ECT	Trea 5 min	the for continuent Till 10 mins	clinic and tabongoing observed. me: 15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
discharge from the ECT Clinic - see discharge criteria at back of booklet Session no 12 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	Pre ECT	Trea 5 min	the for continuent Till 10 mins	clinic and tabongoing observed. me: 15 mins	20 mins	30 mins	1 hr	3 hr	6 hr
discharge from the ECT Clinic see discharge criteria at back of booklet Session no 12 Treatment Date: Interval Time Due Time Completed BP Pulse Respiration SAO ² State of Consciousness Airway O ² Temperature Nausea /Vomiting Orientation In Time Orientation In Person Orientation In Place	Pre ECT	Trea 5 min	the for continuent Till 10 mins	clinic and tabongoing observed. me: 15 mins	20 mins	30 mins	1 hr	3 hr	6 hr

Patient meets criteria for discharge from the ECT Clinic see discharge criteria at back of booklet

NEWS Score: Time Signed

Person receiving the patient from the clinic and taking responsibility for ongoing observation,

Time Signed

Cannula Removed

Signed

	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					