

PROTOCOL FOR: Pre-ECT Evaluation / Preparation for Outpatients for ECT

- POLICY:**
1. Eligibility for ECT procedures done on an outpatient basis include:
 - a. patients for whom ECT was initiated on an inpatient basis and who no longer have risk factors requiring 24 hour intensive supervision;
 - b. patients who do not meet criteria for inpatient hospitalization, and for whom ECT has been shown to be the treatment of choice; or
 - c. patients who require maintenance ECT.
 2. Exclusion criteria for ECT procedures done on an outpatient basis include:
 - a. patient gravely disabled or presents acute danger to self/others;
 - b. prior history of adverse reactions to ECT;
 - c. insufficient support available to ensure compliance with pre-and post-treatment requirements.
 3. The Attending Physician for ECT Services will review the Referral Intake Screening forms that are completed by the referring clinician/agency and determine the suitability of ECT as a treatment:
 - a. current H&P (within 6 months)
 - b. pertinent lab work and diagnostic studies (refer to HAA)**
 - c. special medication considerations, including possible discontinuation of benzodiazepines and other medications that may affect therapeutic efficacy.
 4. When appropriate, a family consultation will be scheduled whereby the physician and/or treatment team will discuss the indications, benefits, and risks of ECT.
 5. Informed consent will be obtained for a period of no more than 30 days. If treatment must exceed 30 days, additional consent will be obtained. As appropriate, refer to Administrative Procedure for Electroconvulsive Therapy (ECT): Administration Without Patient's Consent.
 6. The patient's medication regimen will be managed to ensure therapeutic efficacy and to minimize the risk of adverse side effects from combined ECT drug therapy. Refer to NPM Procedure for: Diabetes Mellitus Management - Periprocedural Care, as appropriate.
 7. An anesthesiology consultation will be obtained prior to the start of any series of treatments.
 8. Pre-authorization for ECT treatment and will be obtained by ECT staff.

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9. The ECT RN will contact the patient the day prior to treatment and will:
 - a. Review the chart for pertinent information and identify any outstanding issues which must be addressed prior to the patient's arrival.
 - b. Confirm the arrival and discharge planning data, medication management, and NPO instructions. This information may be left on a message machine if there is no answer. The designated, non-RN staff may convey this information, if the patient assessment and teaching has already been completed.
 - c. Request that the patient **not** wear necklaces and earrings, and to refrain from wearing hairspray.
 - d. Confirm the availability of a responsible adult for transportation and to be accessible to the patient at home post-ECT.
 - e. Document pertinent information or outstanding tests/orders on the chart Face Sheet.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/05

REVISION DATES: 6/06, 9/08