



Authorization for Electroconvulsive Treatment For a Resident of a State Mental Health Treatment Facility

As the attending psychiatrist for _____, I have recommended a series of _____ electroconvulsive treatments. *(Consent may only be obtained for up to 12 treatments.)*

(Name of person to receive treatment)

I have discussed the attached electroconvulsive therapy information sheet with the person providing consent for this treatment.

Purpose of the procedure for this resident: _____

Signature of Attending Psychiatrist Printed Name of Psychiatrist Date Time am pm

If you have any further questions, you can reach me at: _____
Telephone number of the attending psychiatrist

I have agreed with the need for this series of _____ electroconvulsive treatments after
 Examination of the resident Review of the resident's treatment records *(required)*

I am not directly involved with the care of this person.

Signature of Second Psychiatrist Printed Name of Psychiatrist Date Time am pm

Treatment will be provided by: _____

Treatment will be provided at: _____

Phone number: _____

Treatments are scheduled for: _____

I, the undersigned Competent adult, Guardian, Guardian advocate, Health care surrogate

Authorize _____ Electroconvulsive Treatments for _____,
(Number of treatments authorized) (Name of person to receive treatment)

a person receiving treatment at _____
(Name of State Treatment Facility)

I have read and understood the information provided to me, have been given an opportunity to ask questions and receive answers to my questions about the procedures, and I understand I can withdraw consent at any time. Knowing the above, I hereby consent to the treatment described.

Signature of Competent Adult Date Time am pm

Signature of: (* as allowed by Florida Statute – Chapters 394 or 916 and 744)
 Guardian, Guardian Advocate, Health Care Surrogate
Date Time am pm

Signature of Witness Date Time am pm

The Facility will attach a copy of the Facility's ECT educational materials to this consent and provide a copy to the resident and/or the substitute decision maker.

***A copy of the guardianship letter of court appointment must be on file in the resident's medical record prior to authorizing ECT to demonstrate authority to provide consent. A guardian advocate requires express court approval to provide consent to this procedure. A health care surrogate requires an advance directive expressly delegating such authority to the surrogate. In the absence of such an advance directive, a health care surrogate or proxy requires express court approval to consent to ECT. The authorizing documentation and required education of the guardian/guardian advocate must be validated by staff and filed in the person's medical record.**

Electroconvulsive Therapy (ECT)

Information Sheet

Electroconvulsive Therapy, more commonly known as “ECT,” is an extremely safe and effective medical treatment for certain psychiatric disorders. With this treatment, a small amount of electricity is applied to the scalp and this produces a seizure in the brain. The procedure is painless because the patient is asleep and under general anesthesia. The effectiveness of ECT in treating severe mental illnesses is recognized by the American Psychiatric Association, the American Medical Association, and the National Institute of Mental Health.

Indications for Use and Effectiveness

In the United States, about 100,000 individuals are estimated to receive ECT each year. ECT is generally used when patients have severe depressive illness, mania, some forms of schizophrenia, or a few other mental and neurological disorders. Frequently, ECT is given when patients have not responded to other treatments such as medications, when other treatments appear to be less safe or difficult for the patient to tolerate, or when patients have responded well to ECT in the past.

Not all patients improve when treated with medications or psychotherapy. For some patients, the risks of medications are greater than the risks for ECT. When patients have life-threatening psychiatric problems, such as suicidal tendencies, ECT is often recommended because it usually provides faster relief than medications. Overall, about 70 to 90 percent of depressed patients treated with ECT show substantial improvement. This makes ECT the most effective of the antidepressant treatments.

ECT is very effective in providing relief from psychiatric symptoms but permanent cures from mental illness are rare, regardless of the treatment given. To prevent relapse following ECT, most patients require further treatment with medication or with ECT. If ECT is used to protect against relapse, it is usually administered on a weekly or monthly basis.

Administration of ECT

ECT is administered by a treatment team of highly skilled health professionals including a psychiatrist, an anesthesiologist, and nurses. The physicians responsible for administering ECT are experienced specialists.

Before ECT is administered, the patient’s medical condition is carefully assessed. This included a complete medical history, a physical examination, and medical tests, as needed.

When the patient goes to the ECT treatment room, an intravenous line is started. Sensors for recording brain activity, electroencephalogram (EEG), are placed on the head. Other sensors are placed on the chest for monitoring the heart, electrocardiogram (EKG). A cuff is wrapped around the arm for monitoring the patient’s blood pressure. When everything is connected, an anesthetic medication is injected through the intravenous line that will cause the patient to sleep for 5 to 10 minutes. Once the patient falls asleep, a muscle relaxant is injected. This prevents movement so that during the seizure there are only minimal contractions of the muscles.

When the patient is completely asleep and their muscles are well relaxed, the treatment is given. A brief electrical charge is applied to the electrodes on the scalp. This stimulates the brain and produces the seizure that lasts for about a minute. Throughout the procedure, the patient receives oxygen through a mask. This continues until the patient no longer needs assistance breathing. When the treatment is completed, the patient is taken to a recovery area for monitoring by trained staff. Usually within 30 to 60 minutes, the patient can leave the recovery area. A course of treatment with ECT usually consists of six to twelve treatments. One treatment is given three times a week for a month or less.

Risks

Any medical procedure entails a certain amount of risk. However ECT is no more dangerous than minor surgery under general anesthesia, and may at times be less dangerous than treatment with antidepressant medications. This is in spite of its frequent use with the elderly and those with coexisting medical illnesses. A small number of other medical disorders increase the risk associated with ECT, and patients are carefully screened for these conditions before a psychiatrist will recommend a patient for ECT treatment.

Side Effects

After the treatment, the patient will experience some confusion on awakening. This is partly due to the anesthesia and partly due to the treatment. The confusion typically clears within the hour. Some patients have a headache which is usually relieved by Tylenol or aspirin. Other side effects like nausea, muscle ache, or soreness can last for a few hours but are relatively uncommon.

The side effect that has received the most attention is memory loss. ECT can result in two types of memory loss. The first involves rapid forgetting of new information such as conversations or things the patient has recently read. This type of memory loss is short-lived and usually does not last but a few weeks following ECT treatment. The second type of memory loss concerns events from the past. Some patients have memory gaps in the weeks or months and, less commonly, years prior to the treatment course. The amount and duration of memory problems vary among patients and more extensive memory loss is reported in a minority of patients. The extent of memory loss may vary with the type of ECT that is used and appears to be less of a concern with unilateral ECT (where one side of the head is stimulated electrically) than with bilateral ECT.

Many psychiatric illnesses result in impairments of attention and concentration. Consequently, when the psychiatric disturbance improves following ECT, there is often an improvement in these aspects of thinking. Shortly following ECT, most patients show improved scores on tests of intelligence, attention, and learning.

Myths About Brain Damage

Researchers have found no evidence that ECT damages the brain. There are medical conditions such as epilepsy that cause spontaneous seizures which, unless prolonged or otherwise complicated, do not harm the brain. ECT artificially stimulates a seizure; but ECT induced seizures occur under much more controlled conditions than those that are “naturally occurring” and are safe. A recent study by Coffey and colleagues found no changes in brain anatomy with ECT, as measured by very sensitive scans of the brain using magnetic resonance imaging (MRI) equipment. Other research has established that the amount of electricity which actually enters the brain (only a small fraction of what is applied to the scalp) is much lower in intensity and shorter in duration than that which would be necessary to damage brain tissue.

Patient Rights

Before a psychiatrist can administer ECT, he or she must first obtain written consent from the patient or, if the patient is too ill to make an informed decision for him or herself, from a court appointed representative who has been given the authority to make mental health decisions for the patient.

Under the APA’s recommended “informed consent” protocol, permission to administer ECT comes after a careful review of the treatment. The psychiatrist explains in clear language what ECT involves, what other treatments might be available, and the benefits and risks these procedures may entail. The patient or legal representative is informed of when, where, and by whom the treatment will be administered and the number of treatments expected. Questions are encouraged. The person consenting to the procedure is kept informed of progress as the treatment continues, and may withdraw consent at any time.