



Dartmouth-Hitchcock

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME:

DOB:

MEDICAL RECORD NUMBER:

PROCEDURES TO OBTAIN INFORMED CONSENT FOR ECT

1. Informed consent for ECT shall be obtained before a course of ECT, in accordance with APA guidelines and N.H. State Law.
2. A person who has the capacity to consent to ECT has an absolute right to revoke that consent for any reason at any time.
3. The hospital shall develop policies and procedures to assure proper informed consent, including when, how, and from whom it is to be obtained; and the nature and scope of information to be provided.
4. The patient will have opportunity to ask questions of the treating physician(s) about ECT and treatment alternatives.
5. **NO** Durable Power of Attorney for Healthcare (DPOHA) may give consent for a patient to receive ECT. **NO** guardian may give consent for ECT unless the procedure is first approved by order of the probate court. This court order should be reviewed and scanned into the patient's medical record.
6. Health information and ongoing feedback regarding the patient's clinical progress and side effects, including cognitive side effects, can be shared with the consenting patient, DPOHA, and/or guardian.
7. If the consenting patient with capacity expresses reluctance about the treatment at any time prior to or during the course of ECT, he/she should be reminded of her/his right to accept or refuse treatment. The possible consequences of such a decision, including decompensation and/or loss of capacity should also be discussed with the patient. If a guardian with approved court order is providing consent, that individual should be kept apprised of changes in the expressed wishes of the patient with regard to ECT treatment.
8. A copy of the written consent form and the information form shall be given to the consenting patient and/or guardian.
9. The consent process shall include face-to-face discussions with a physician whenever possible, but may rarely be done by telephone, and shall include individualized information. (Note: Some contact in the teaching facility will be with psychiatric residents.)
10. All information shall be provided in a form which is understandable to the consenting patient and/or guardian if applicable. DHMC has made an informational ECT DVD that patients can view.
11. The consent process for ECT shall be witnessed and documentation of the consent will be scanned into the medical record.
12. Anesthesia will provide their own consent process prior to the patient undergoing ECT.
13. The treating physician shall be responsible for assuring that there is documentation of the following:
 - a. The nature and severity of the illness;
 - b. Why ECT is being recommended and why the specific type of ECT is likewise being recommended for this patient;
 - c. Possible alternatives to the recommended course of treatment;
 - d. General, and to the extent applicable, individual risk factors; and
 - e. Recommendations, regarding appropriate consultation with other medical specialties.
14. As needed during the course of ECT, follow-up referrals will be made for any needed/continuing clinical care needs or assessments of other conditions that appear to be associated with the course of treatment.



Dartmouth-Hitchcock

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME:

DOB:

MEDICAL RECORD NUMBER:

**INFORMED CONSENT PACKAGE FOR ELECTROCONVULSIVE THERAPY (ECT)
PART A
INFORMATION ABOUT ECT**

ECT involves a series of treatments. Before patients begin to receive these treatments, they have various testing done in order to evaluate their overall physical health. Testing will also establish how they are doing in various psychological areas before ECT.

To receive each treatment, patients are brought to a specially equipped area in this hospital. Because treatments involve general anesthesia, there can be nothing to eat or drink for at least eight hours before each treatment, apart from any medication ordered by the doctor.

A time out is performed to ensure appropriate patient, treatment laterality, site, dosage, and valid consents for ECT and anesthesia are in place.

Prior to treatment, the patient has an intravenous (IV) catheter placed in a vein so that medication can be given through it.

Monitoring sensors are placed on the head and other parts of the body in order to keep track of brain waves, heart activity, and oxygen being taken in. A blood pressure cuff is placed on an arm or leg to measure blood pressure. These monitors are not painful or uncomfortable. When the patient is ready, a medicine is given that quickly puts him or her to sleep. A second drug is given to relax the patient's muscles, including the muscles that help the patient breathe. Throughout the procedure, the patient receives oxygen through a mask. Breathing is assisted until the patient resumes breathing on her or his own. Because the person is asleep, he or she does not feel pain and is not uncomfortable during the ECT treatment.

After the patient is asleep, a small, carefully controlled amount of electricity is passed between two electrodes that have been placed on the head. When the current is passed through the brain, a generalized seizure occurs. Because of the medication received to relax the muscles, the movements in the body that would ordinarily come with this reaction are very much reduced. The seizure lasts for about one minute. The amount of electricity used is adjusted to individual needs, based on the judgment of the ECT physician. During the first treatment, more than one electrical stimulation may be applied to establish the level needed to produce a seizure. After that usually only one stimulation will be applied in each treatment session.

Within a few minutes, the medication for sleep wears off, and the patient wakes up. He or she is then brought to a recovery room, and is observed until safe to leave the ECT area.

The potential benefits of ECT are that it may lead to improvement in an individual's condition and may prevent worsening again of a patient's condition if continued once an individual is improved (this is sometimes called continuation or maintenance ECT). ECT has been shown to be a treatment that works very well for a number of conditions. As with many kinds of medical treatment, some patients recover quickly, some recover only to relapse again and need more treatment, and some are not helped at all. The chances of being helped are less good in some people than others. People less likely to be helped include those who haven't been helped in the past by medications or ECT.

Like other medical treatments, ECT has risks and side effects. To reduce the risk of problems, patients receive a full medical review before starting ECT. The medications a person has been taking may be changed. Even with precautions, it is possible that a medical problem will result from ECT. As with any procedure putting someone to sleep, there is a remote possibility of death. The risk of death from ECT is very low, about 1 in 10,000 patients. This rate may be higher in patients with serious medical problems.



One Medical Center Drive, Lebanon, NH 03756

CONSENT FOR ELECTROCONVULSIVE THERAPY (ECT)

NAME:

DOB:

MEDICAL RECORD NUMBER:

ECT very rarely results in serious medical problems, such as heart attack, stroke, or breathing problems. These problems are usually mild and short-lasting, but in some instances can be life-threatening. With modern ECT methods, problems with teeth are not frequent but may occur. Bones being broken or moving out of joint are very rare. If serious side effects happen, the medical care that is needed will be given.

Very rarely, as with other antidepressant treatments, ECT may bring on mania or hypomania in patients with Bipolar Disorder that may or may not have been previously diagnosed.

The minor side effects that are common include headache, muscle soreness, and nausea. These side effects usually get better with simple treatment.

When a person wakes up after each treatment, he or she may be confused. This confusion usually goes away within an hour.

Due to low prescribed amounts of anesthesia medications during the ECT procedure, patients may rarely experience awareness during the procedure and/or recall after the procedure. Your treatment team will make best attempts to plan accordingly prior to and during the procedure to prevent this from happening.

Possible Memory Side-Effects:

One common side effect of ECT is change in memory. The memory problems with ECT usually have the following pattern: Shortly after a treatment, the problems with memory are the greatest. As time from treatment increases, these memory problems lessen. Shortly after the course of ECT, a person may have problems remembering events that happened before and while receiving ECT. This spottiness in memory for past events may go back to several months before receiving ECT, and in some people, to one, two, or more years. Many of these memories should return during the first few months after ECT course. However, individuals may be left with some permanent gaps in memory, particularly for events that happened close in time to the ECT. Individual experiences with memory following ECT vary greatly. Also, for a short time period following ECT, there may be difficulty in aspects of thinking such as learning and remembering new events. This problem with making new memories should be short-term and will most likely be gone within several weeks following the ECT course.

People differ greatly in their experience of the confusion and memory problems during and shortly following ECT. Some mental conditions themselves cause problems in learning and memory. In part because of this, some patient's report that their learning and memory is improved after ECT. Testing shows that many parts of thinking are improved following ECT.

However, there are reports of some people who have memory problems that are much more serious, long-lasting, or permanent. In addition, some people report difficulties with thinking and with problem solving. There is not enough research to predict which people will experience improved thinking and memory, have temporary problems, or have more severe difficulties.

The memory problems that a person may have are partly related to the number and type of treatments the person gets. A smaller number of treatments are likely to cause fewer memory problems than a larger number of treatments. The type of treatment called unilateral ECT, in which electricity is given on only one side of the brain, is likely to cause fewer memory problems than the kind called bilateral ECT, in which electricity is applied to both sides. There are subtypes of bilateral ECT – bifrontal is applied towards the front part of the forehead and causes fewer memory problems; bitemporal is applied to the temples and causes more memory problems, but is more effective for some people than bifrontal.



Dartmouth-Hitchcock

One Medical Center Drive, Lebanon, NH 03756

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME:

DOB:

MEDICAL RECORD NUMBER:

**INFORMED CONSENT PACKAGE FOR ELECTROCONVULSIVE THERAPY (ECT)
PART B
PATIENT PREPARATIONS FOR POSSIBLE MEMORY LOSS AND FOLLOW-UP**

ECT may cause you to forget information that you learned before treatment. While receiving ECT, you may wish to review some of this information again. You may wish to take notes of some of the information being discussed. You can also have a family member or a personal friend present. Additional educational materials are available. If you have questions about information you receive from any source, feel free to bring it in and ask your doctor about it.

You may want to consider asking for the support of family or friends ahead of time to help in recovering from the possible memory problems. They could help by coaching you after ECT to help remember events. They could also help you prepare summaries of important events from the recent past, or to develop lists of things you may need to remember.

Because of the possible problems with confusion and memory:

- You should not make any important personal or business decisions during or immediately after ECT course.
- You should wait at least 2 weeks after completing ECT treatments before making any major life decisions.
- After ECT you should not drive or operate machinery for 24 hours. The sedating medication you receive can alter your judgement.

If you start ECT as an inpatient and will continue it as an outpatient, before your discharge you will be given the name and phone number in writing of a person you will be referred to work with for follow-up care (if this is different from your regular psychiatric provider). You should inform this person promptly if there are any unexpected changes in your condition at any time, including whether you feel your memory problems are worse than you expected.

You will need to continue to see your outpatient psychiatric provider regularly in order for ECT to continue.

It is important that you show up for your scheduled treatments, or cancel/reschedule them in a timely fashion. If you do not arrive for a scheduled treatment, and we cannot reach you immediately by telephone, we will attempt to call your identified emergency contact and/or your outpatient provider(s). If we cannot immediately confirm your safety by taking these steps, we may contact the local authorities to perform an in-person safety check.

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME:

DOB:

MEDICAL RECORD NUMBER:

**INFORMED CONSENT PACKAGE FOR ELECTROCONVULSIVE THERAPY (ECT)
PART C
PATIENT CONSENT FOR ELECTROCONVULSIVE THERAPY**

My Attending Physician, _____, M.D., has recommended that I receive treatment with electroconvulsive therapy (ECT). I have been given verbal and written information about ECT as well as information regarding other alternative treatment available to me, and I have had an opportunity to ask questions and have them answered to my satisfaction in order to give my informed consent for this procedure.

I will receive ECT to treat my psychiatric condition. Whether ECT or an alternative treatment, such as medication or psychotherapy, is more appropriate for me depends on my prior experience with these treatments, the nature of my psychiatric condition, and other considerations. ECT has been recommended for my specific case because:

If I have medical conditions that may potentially increase my risk for complications during ECT, my doctor has explained them to me. They are:

My doctor and I have discussed what steps can be taken to address these risks.

The option of receiving no treatment, and its potential consequences, has been explained to me by my doctor. Like other medical treatments, I understand that ECT has risks and side effects.

Serious risks include, but may not be limited to:

- Complications from anesthesia, including death
- Memory problems
- Heart attack
- Stroke
- Breathing Problems
- Continuous seizures
- Life-threatening heart beat irregularities
- Broken bones or bones out of joint (rarely)
- Broken teeth
- Mania or hypomania in people with bipolar illness



Dartmouth-Hitchcock
One Medical Center Drive, Lebanon, NH 03756

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME:

DOB:

MEDICAL RECORD NUMBER:

Minor risks include, but may not be limited to:

- Headaches
- Muscle soreness
- Nausea

Memory problems are more common, especially shortly after each treatment. As time from treatment increases, these memory problems generally lessen. Shortly after a course of ECT, a person may have problems remembering events that happened before and while receiving ECT, which may go back several months before receiving ECT. Many of these memories return during the first few months after ECT course. Permanent gaps in memory may occur for some; especially events close in time to the ECT. There may also be difficulty in aspects of thinking such as learning and remembering new events and problem solving. There is not enough research to predict which person will experience improved thinking and memory, have temporary problems, or have severe difficulties.

I may receive either bilateral ECT or unilateral ECT. My doctor has carefully considered which is best for me, discussed the choice with me, recommended the best treatment for me, and has told me which type, bilateral or unilateral, I am to receive. I have been informed of the potential risks of memory side effects. If there is a change from unilateral ECT to bilateral ECT during the treatment course, the reasons for this change and the risks of bilateral ECT will be reviewed with me, and my consent will be necessary for this change.

The number of treatments that I receive cannot be predicted ahead of time. This will depend on my condition, how quickly I respond to the treatment, and the medical judgment and advice of my psychiatrist, who will reassess my clinical condition on a regular basis.

Treatments are usually given two or three times a week for the acute phase of treatment (when I am having symptoms that the ECT is treating) and from weekly to monthly for maintenance treatment (when I am getting ECT to prevent my becoming ill again), but the frequency may vary, depending on my needs.

I understand that ECT is not a cure, and I understand the risk that I may not stay well, even if ECT helps me. I know that I will need to follow an ongoing treatment plan after ECT in order to stay well.

I have read and/or someone has reviewed with me the more detailed explanations on the information attachment. I have had the opportunity to ask my doctor all my questions about ECT.

I understand that I should feel free to ask questions about ECT at this time or at any time during and following the ECT course. I also understand that my decision to agree to ECT is being made on a voluntary basis, and that I may withdraw my consent for this treatment at any time. I have been given a copy of this consent and information form to keep.

I understand that if I do not follow ECT service recommendations (as outlined in PART B above), or if ECT is not helpful for me, my treatment may be discontinued at the discretion of the ECT service.

**CONSENT FOR ELECTROCONVULSIVE
THERAPY (ECT)**

NAME: _____
DOB: _____
MEDICAL RECORD NUMBER: _____

The nature and purpose regarding Electroconvulsive therapy (ECT), expected benefits, risks, potential problems that might occur during the procedure and during recuperation, likelihood of achieving goals, and possible alternatives, including risks and benefits and the right to refuse this procedure and the consequences thereof, have been explained to me. I acknowledge and agree that my signature below indicates I have had the above information explained to me and I have had an opportunity to ask questions and have them answered to my satisfaction. I have read (or someone has read to me) the information provided about ECT and consent to this procedure. I understand that any of these permissions may be withdrawn at any time.

I give my consent to be treated with **ACUTE / MAINTENANCE ECT** (please circle ACUTE or MAINTENANCE).

Signature of Patient/Guardian (Guardian requires court approval) Date (required) Time (required)

Guardian _____
[If Guardian, Print Name and Fill out appropriate information]

Approved Court Order

Name of Court Date Order Signed

Signature of Doctor Reviewing with Patient Printed Name of Doctor

Signature of Other Present Printed Name of Other Present

THIS CONSENT IS VALID FOR SIX (6) MONTHS FROM DATE OF SIGNATURE UNLESS REVOKED BY PATIENT, GUARDIAN, or COURT ORDER

TRANSLATOR

If the translator is necessary and physically present, please request a signature below:

Signature of person translating information for patient Date Time

If translation is done using a commercially available language line, identify the name of the translator and the commercial service.

Name of individual translating information for patient Date Time

Name of commercial services vendor