

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

Your doctor has recommended ECT treatment. ECT involves a series of treatments. Before you begin to receive these treatments, you will undergo various testing in order to evaluate your overall physical health. Testing will also establish how you are doing in various psychological areas before ECT.

In order to receive ETC treatment, you will be brought to a specially equipped area in the hospital. Because treatments involve general anesthesia, you can **NOT** eat or drink anything past midnight the night before your treatment, unless otherwise instructed by Same Day staff or your doctor.

Prior to treatment, you will receive an intravenous (IV) catheter placed in a vein so that medication can be given through it. Monitoring sensors will be placed on your head and other parts of your body in order to keep track of brain waves, heart activity, and oxygen levels. A blood pressure cuff will be placed on your arm or leg to measure blood pressure. These monitors are not painful or uncomfortable. A medicine will be given that quickly puts you to sleep. A second medicine is given to relax your muscles, including the muscles that help you breathe. Throughout the procedure, you will receive oxygen through a mask, until you are able to resume breathing on your own. Because you are asleep, you will not feel pain or discomfort during the ECT treatment.

After you are asleep, a small, carefully controlled amount of electricity is passed between two electrodes that have been placed on your head. When the current is passed through the brain, a generalized seizure occurs. Because of the medication received to relax your muscles, the movements in your 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 you will wake up. You will then be brought to a recovery room and observed until your treatment team believes it is safe for you to leave the ECT area.

The potential benefits of ECT are that it may lead to improvement of your condition and may prevent worsening again of your 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, you will receive a full medical review before starting ECT. The medications you have 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.

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 necessary will be provided to you.



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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 with ECT treatments include headache, muscle soreness, and nausea. These side effects usually get better with simple treatment.

When you wake up after each treatment, you may be confused. This confusion usually goes away within an hour.

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

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, you 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, it is possible to 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, you may have difficulty with 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 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.

There are reports of some people having memory problems that are much more serious, long-lasting, or permanent. 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 will 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 may cause fewer memory problems compared to bitemporal; bitemporal is applied to the temples and may cause more memory problems, but is the most effective type of ECT.



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**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. This may mean postponing decisions about financial or family matters. After ECT treatment you should **NOT** drive, do business or do other activities where having memory problems could interfere until you have talked it over with your doctor.

If you start receiving 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.



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**PART C: PATIENT CONSENT FOR  ACUTE or  MAINTENANCE ELECTROCONVULSIVE THERAPY**  
**(Physician: Please Check ACUTE or MAINTENANCE above)**

I hereby authorize my Attending Physician, \_\_\_\_\_, M.D., and/or such designees as may be selected by him/her to perform a series of electroconvulsive therapy (ECT) treatments.

1. It has been explained to me and I understand that 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: \_\_\_\_\_

2. It has been explained to me and I understand that certain medical conditions may potentially increase my risk for complications during ECT. My physician has explained to me that in my situation, these conditions include: \_\_\_\_\_

My doctor and I have discussed what steps can be taken to help address and decrease the potential of these risks.

3. I understand that I may receive either bilateral ECT or unilateral ECT. My doctor will carefully consider which is best for me, discuss the choice with me, recommend the best treatment for me, and will advise me which type, bilateral or unilateral, I am to receive during the treatment course. 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.

4. I understand that ECT 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 becoming ill again), but the frequency may vary, depending on my needs.

5. It has been explained to me and I understand that the following risks, among others, are associated with ECT treatment(s), including but not 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; broken teeth; mania or hypomania in people with bipolar illness; headaches; muscle soreness; nausea.

6. It has been explained to me and I understand that memory problems are common with ECT, especially shortly after each treatment. Shortly after a course of ECT, I understand I may have problems remembering events that happened before and while receiving ECT, which may go back several months (or longer) before receiving ECT. Many of these memories typically return during the first few months following ECT course. Permanent gaps in memory may occur for some; especially events close in time to the ECT.

7. I understand that I may also experience difficulty in aspects of thinking such as learning and remembering new events and problem solving during and after treatment. These problems generally resolve within 2 weeks of stopping treatments.

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8. I understand that 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.
9. I understand that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results ECT treatment. I understand there is a risk that I may not stay well, even if ECT helps me. I understand that I will need to follow an ongoing treatment plan after ECT in order to stay well.
10. I understand that Dartmouth-Hitchcock Medical Center (DHMC) educates and trains health care personnel, including physicians in approved post-graduate residency programs. I am aware that under the supervision of the teaching physician, and based on their ability and level of competence, some portions of my procedure may be performed by these individuals.

**SIGNATURES:** By my signature below, I acknowledge that 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. I acknowledge that I have watched, or have been provided information on how to view, the D-H ECT video. I understand that any of these permissions are made on a voluntary basis and may be withdrawn at any time. I give my consent to be treated with Electroconvulsive therapy (ECT).

\_\_\_\_\_  
**Signature of Patient/Guardian**  
**(Guardian signature requires court approval)**

\_\_\_\_\_  
**Date (required)**      **Time (required)**

**Print Name of Guardian:** \_\_\_\_\_

**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**



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TELEPHONE CONSENT: EMERGENCY SITUATIONS ONLY

Consent obtained via telephone for ECT can only be obtained in emergency situations. An opportunity to discuss anesthesia and risks of anesthesia with an anesthesiologist will be provided as well.

\_\_\_\_\_  
Telephone Number Person Authorized to Give Consent on the Patient's Behalf Relationship to Patient

The person authorized to give consent above has been requested to bring a copy of the patient's Advance Directive, Out of Hospital DNR order, Guardianship documents, and Court Order if indicated to the procedure and give them to the nurse upon patient admission.

\_\_\_\_\_  
Signature of Physician or designated APRN/PA obtaining telephone consent Time Date

INTEPRETER

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

\_\_\_\_\_  
Signature of person interpreting information for patient

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

\_\_\_\_\_  
Name of individual interpreting information for patient

\_\_\_\_\_  
Name of commercial services vendor