

**Name of Policy:** **Electroconvulsive Therapy (ECT)**

**Policy Number:** 3364-120-54-001

**Approving Officer:** Chief Nursing Officer  
Service Chief

**Responsible Agent:** Chief Nursing Officer  
Service Chief

**Scope:** The University of Toledo Medical Center



**Effective date:** April 1, 2023

**Original effective date:** June 1, 2016

Key words:

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

To provide safe ECT treatment according to university guidelines.

(B) Purpose

To provide a consistent framework for the care and monitoring of patients receiving electroconvulsive therapy, preventing complications, and maximizing patient safety.

(C) Procedure

(1) ECT will be performed by a licensed independent practitioner who is credentialed to administer this treatment.

(2) When the procedure is performed in the hospital operative, perioperative or post anesthesia recovery unit (PACU), all departmental policies pertaining to assessment, monitoring and discharge of the patient will apply.

(3) The patient will be evaluated prior to administration of ECT. The medical record will include:

The psychiatric history and examination containing indications for ECT. The history should include assessment of the efforts of any risk factors. This includes

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medical history, physical examination, (including neurological examination), vital signs, hematocrit and/or hemoglobin, electrolytes, ECG, and X-rays as appropriate.

- (4) Anesthesiologist evaluation: prior to the first treatment, will document the nature and extent of the anesthetic technique in the medical record. Subsequently, the anesthesiologist will document the presence of any changes to the initial anesthetic evaluation.
- (5) Informed Consent is obtained by the licensed independent practitioner and includes:
  - (a) An explanation of the nature and purpose of the procedure.
  - (b) The approximate number of treatments considered necessary.
  - (c) The substantial and frequent risks and complications associated with the procedure.
  - (d) The alternative treatment available to the patient.
  - (e) The consequence of not having the procedure.
  - (f) The patient has a general understanding of all that was explained.
  - (g) The patient's signature on the consent form.
- (6) Documentation for each ECT treatment includes:
  - (a) The diagnosis for which the ECT was given.
  - (b) Date of treatment.
  - (c) Duration and strength of electrical stimulation.
  - (d) Medications administered.
  - (e) Patient response.
  - (f) Complications or adverse effects.
- (7) The patient is discharged from PACU by a qualified LIP or according to criteria approved by the medical staff.
- (8) Between ECT treatments, documentation regarding the therapeutic outcome and adverse effects should be documented. Justification for continued use of the procedure should be addressed.
- (9) Once the patient returns to the SBH unit after treatment, the patient's vitals, orientation level, pain level, breath sounds, and neurological assessment will be monitored per post-ECT protocol.

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**Approved by:**

/s/  
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Chief Nursing Officer

/s/  
Tanvir Singh, MD      Date  
Service Chief

*Review and Revision Completed By:  
Behavioral Health Administration*

**Policies superseded by this policy**

- *None*

Initial effective date: June 1, 2016

Review/Revision Date:

*9/1/2016*

*9/1/2019*

*4/1/2023*

Next review date:

*4/1/2026*