



Electroconvulsive Therapy Procedure

Effective: 14 June 2019

1. Guiding Principles

Great Southern Mental Health Service (GSMHS) strives to provide safe and therapeutic treatment for patients within the least restrictive environment.

This procedure aims to provide information on the use of Electroconvulsive Therapy (ECT) within Albany Hospital. In Albany Hospital ECT is provided three mornings per week in the surgical suite located on the first floor of the hospital. The patient is admitted for the procedure as would be a surgical patient. The prescription of ECT is the responsibility of the treating Consultant Psychiatrist in accordance with the *Mental Health Act, 2014*. The scheduling and nursing management of the patients is the responsibility of the ECT Coordinator, and the ECT nurse.

ECT can be provided by an ECT credentialed medical officer, assessed by the Clinical Director, GSMHS as competent to be credentialed, and credentialed by the Medical Director, WACHS Great Southern. The anaesthetic is provided by a salaried anaesthetist at Albany Hospital, or a visiting medical officer credentialed by WACHS Great Southern. Recovery nursing is provided by surgical services, with the credentialed ECT nurse provided by GSMHS. Some mental health nurses may be trained as recovery nurses, and may fulfil this role.

The key principles of this procedure are:

- Patients and their Carers should feel supported by the clinical staff through their entire treatment pathway. Staff should explain to the Patient and Carer how and why ECT is used, its potential side effects, and involve the Patient and Carer wherever possible in the care planning and reviews.
- Clinical practice should be evidence based and wherever possible follow best practice guidelines.
- Staff must ensure that legal requirements of the Western Australian *Mental Health Act, 2014* (MHA) are adhered to at all times and that informed patient consent is secured for voluntary mental health patients.

2. Credentialing

Medical

Oversight of medical credentialing for ECT Interventionalist and ECT Prescribers is led by the Clinical Director of Great Southern Mental Health Service. The process is essentially based on an apprenticeship model where Doctors attend sessions initially to observe, then to perform under supervision, and then are credentialed when the individual, supervising consultants and Clinical Director mutually all agree they are confident and competent to deliver ECT.

The Clinical Director will then notify the Medical Director of Albany Health Campus to inform of the credentialed status to be entered onto the Theatre Management System (TMS) and to be recognised by theatre to perform the procedure independently. The process for medical credentialing required to prescribe and practice ECT is included in Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy 2015 available at: http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/12/CP_ECT_Standards_2015.pdf

Nursing

The credentialing process for nurses has been developed with reference to 'Credentialing and Defining the Scope of Clinical Practice For Health Professionals (Nursing and Midwifery) In WA Health Services - A policy handbook' available at: <http://www.health.wa.gov.au/CircularsNew/attachments/870.pdf>

All Great Southern Mental Health Service nurses working on the APU will complete module 1 of the electroconvulsive therapy staff development pack competency assessment.

ECT Nurses working in the ECT suite/recovery will complete module 1 and 2 of the electroconvulsive therapy staff development pack competency assessment and will complete the ECT nurse course available at Perth Clinic as a pre-requisite to undertaking the role.

Nurses who coordinate ECT will complete module 1, 2 and 3 of the electroconvulsive therapy staff development pack competency assessment and will complete the ECT nurse course available at Perth Clinic as a pre-requisite to undertaking the role.

Credentialing for ECT Nurses and ECT Coordinators will be repeated every three (3) years with oversight from a credentialing panel. The membership of the credentialing panel will be the Clinical Director (chair), the Clinical Nurse Manager Acute Psychiatric Unit (APU) and another senior clinician. Additional information on the nurse credentialing process is available in the ECT staff development pack.

3. Indications and Contra-indications of ECT

Indications

The Chief Psychiatrist Practice Standards for the Administration of Electroconvulsive Therapy (2015) outlines three major indications for ECT use. These are as follows:

1. Moderate to Severe Depressive Episode.
2. Mania
3. Schizophrenia

Contra-indications

There are no absolute contraindications that preclude the use of ECT; however there are medical conditions that can increase the risk of negative outcomes from ECT. Further information about these can be found in The Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2006 available at:

http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CP_ECT_Guide_2006.pdf

4. Responsibilities

4.1 ECT Coordinator Responsibilities

- Ensuring that equipment is available and in good working order to administer ECT
- Ongoing liaison with Orderlies, Theatres and Anaesthetics to ensure effective interdepartmental working within Albany Health Campus in the provision of ECT
- Ensuring that the relevant documents are available to meet the legal and governance for ECT clinical record keeping
- Booking, Cancelling and Scheduling of ECT
- Produce the list of patients receiving ECT treatment and share this with relevant members of the MDT, relevant theatre staff, and relevant anaesthetic staff
- Call and/or write to patients to remind them of treatment
- Monitor the clinical governance of ECT including ensuring that clinical records are completed contemporaneously and meet legal requirements e.g. checking consent to treatment forms prior to administration of treatment.
- Ensuring that EEG's are available for examination by the treating psychiatrist in the clinical review meeting
- Escalation of any serious side effects or incidents in relation to ECT
- Statutory monthly reporting requirements to the Office of the Chief Psychiatrist
- Educate and advise patients, carers and other professionals about ECT
- Continuous quality improvement activities
- Develop/update operational policies and procedures related to ECT

- Complete a Request for Admission/Inclusion on Waitlist (MR 20A) for each outpatient ECT treatment and provide to the theatre waitlist clerk after completing the ECT list

4.2 Pre-ECT Medical Responsibilities

- Give the patient reassurance and support
- Provide information about ECT for patients and carers including facilitating watching the ECT information DVD or YouTube ECT Video
- Organic/Physical/Mental State assessment and documentation is to be completed within 7 days pre ECT and will include:
 - Blood: biochemistry/haematology (generally LFT, U&E, FBC)
 - Electrocardiogram (ECG)
 - Chest X-ray – usually routine if over 65, otherwise specific indication
 - Anaesthetic consult
 - Consider using a formal cognitive assessment (e.g.:MoCA/Mini-mental state examination)
 - Consider using a depression scale (such as MADRS)
 - Computerised Axial Tomography (CT Scan) if required,
 - Magnetic Resonance Imaging (MRI) if required
- Consent for the procedure for voluntary patients (sought by the prescribing team) or Mental Health Act Tribunal approval (in urgent cases interim approval may be sought from the Chief Psychiatrist).
- Treatment form
- Review medication that may inhibit ECT
- Discuss and document patient and carer global impressions of memory routinely for patients receiving ECT

4.3 Pre-ECT Nursing Responsibilities

- Give the patient and support persons reassurance and support including checking if there are any questions after reading information/watching the DVD or YouTube Video
- Inform the patient of effects of ECT
- Ensure the patient has fasted from midnight
- Ensure the patient has not smoked for 2 hours prior (work with the patient to write a care plan if they are a smoker)
- Check relevant medication has been given at 0600hrs - medical staff should indicate which medications should be withheld and which should be administered
- Support the patient to ensure that their hair is clean and dry with any clips removed
- Nail varnish should be removed so as not to interfere with the pulse-oximetry
- Jewellery must be removed or taped (Valuables are not to accompany patient)
- Ensure false teeth (if any) go with the patient to be worn after recovery. A mouth guard will be used during ECT treatment
- Ensure that the patient has an ID band in situ

- Complete baseline observations of vital signs (BP, Pulse, SaO2, Respirations, Temp)
- Check that the patient is oriented (TPP) at minimum as appropriate
- Make sure relevant past medical/ psychiatric notes are present
- Breakfast should be organised for when they return
- Continence – Encourage the patient to empty their bladder prior to procedure. Assess for any history of incontinence. If incontinence has occurred in previous ECT's then a discreet continence pad is recommended.
- A hospital gown is to be worn (opening at the front). Normal underwear (without under wires) can be worn but full access to the chest is essential
- Ensure that the ECT Treatment Nursing Checklist has been completed
- Ensure that the patients bed is made with covers turned down to allow for easy patient transfer after recovery

5. ECT Documentation

The ECT Coordinator/ECT Nurse should ensure relevant documents are available and completed:

- Medical record file
- Treatment form
- Consent form
- MHA Forms
- Anaesthetic form
- Medication chart
- CX- ray results
- Pathology results (iSOFT)
- ECG records
- Adult Observation and Response Chart
- Treatment Support and Discharge Plan/Management Plan
- ECT Pre-Post Treatment Check GS MR 96B

6. Preparing the Theatre for ECT

The ECT coordinator/nurse will work through the guidance in the ECT Set-Up Procedure Checklist.

7. ECT Procedure

- The patient will be escorted to theatre by orderly or nursing staff depending on need.
- Reassure the patient on arrival.
- Place on the ECG and EEG monitoring stickers. Take a baseline ECG reading. Normally 5 seconds of baseline activity will be printed for comparison with the ictal activity.
- **Team Time Out** – stop and do a safety check to be certain that it is the right patient and the right treatment.
- Anaesthetic Modification is administered.
- ECT electrodes are placed on the patient based on the prescribed positioning.

- After a verbal check that the treating Anaesthetist and Psychiatrist are in agreement that the procedure is to take place, the stimulus is administered.
- The stimulus should induce a grand-mal seizure in the patient which is recorded by the EEG readout.
- After the seizure has ended the EEG and ECG monitoring from the ECT machine are disconnected and the patient is assisted to breathe until the patient recovers to start breathing for themselves.
- After the patient can breathe for themselves they are relocated to a recovery bay where they will be continually monitored until they are able to be transferred back to the ward if an inpatient or to Stage 2 recovery area for outpatients.
- Data is entered in the Theatre Management System using the theatre suite computer following the step-by-step guide. Staff must ensure that all the team time out safety checks are comprehensively conducted and recorded.

8. Post ECT – Nursing Responsibilities

- The shift coordinator or delegate should ensure they get an ISOBAR handover from the ECT coordinator/nurse.
- The patient's BP, TPR and SaO2 should be checked following the vital signs policy and the protocols on the rainbow chart available at;
<https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/Vital%20Signs%20Procedure%20-%20Albany%20Hospital.pdf>

Post-ECT Patients as a minimum require vital signs observation:

- 15 minutely for 1 hour
- 30 minutely for 2 hours
- 60 minutely for 1 hour
- 2 hourly for 2 hours
- 4 hourly thereafter or as indicated by the clinical condition.

[Vital Signs Procedure - Albany Hospital](#)

- Re-orientate the patient to the ward environment. Assess for ongoing disorientation which may require further intervention.
- If all is well then give the patient breakfast and fluid as tolerated. Attendance at the ward activities should be based on the patient's preference and clinical presentation on the day.
- Nursing staff should observe and assess for mental state changes post treatment.
- For patients who have been experiencing suicidal ideation, the risk of acting on these thoughts can significantly increase following the commencement of treatment. This risk will need to be assessed and addressed as required
- Monitoring and reporting of side effects to the treating team

4. All ECT will be in compliance with the Standard 5 of the Chief Psychiatrists Practice Standards for the Administration of Electroconvulsive Therapy 2015

[Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy](#)

9. Definitions

ECT	“ECT is treatment involving the application of an electric current to specific areas of a person’s head to produce a generalised seizure that is modified by general anaesthesia and the administration of a muscle relaxing agent.” (Government of Western Australia Chief Psychiatrist 2015)
Course	A course of ECT, including maintenance ECT, is provided as a number of treatments and electrode placement is to be specified. It is to be expected that changes to dosages are inherent in any initial consenting process (new consent is not required for dosage change unless that dosage represents unexpected significant variation from usual titration processes).

10. Roles and Responsibilities

APU Nursing staff

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

ECT Nurses

Must have the necessary training and demonstrated experience to enable them to perform the various nursing roles required in the ECT suite, must be a Registered Nurse

with AHPRA, have current CPR competency and work within their scope of practice. Government of Western Australia Chief Psychiatrist (2015)

ECT Coordinator Nurse

Will oversee the supervision, organisation and planning of all aspects of ECT delivery, evaluation and reporting requirements in collaboration with the medical leader of the ECT

service. This must be a senior nurse who is currently a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA). In addition the person will be able

to demonstrate recent, extensive clinical experience and competence specific to this role and work within their scope of practice (Government of Western Australia Chief Psychiatrist 2015)

APU Clinical Nurse Manager

Will monitor nursing staff compliance with training requirements and adherence to policy and procedure

ECT Prescriber

Must be a psychiatrist who has a demonstrated understanding of ECT which includes:

- benefits,
- indications,
- contraindications,

- alternatives,
- the treatment methodology and process,
- any side-effects or possible adverse events, and
- what to expect, before, during and after the administration of the treatment.

Government of Western Australia Chief Psychiatrist (2015)

ECT Interventionalist

Must either be an RANZCP accredited psychiatrist trained in contemporary ECT practice, including the use of EEG monitoring, at a recognised ECT training program or a medical practitioner under supervision and will be the person administering the ECT treatment. Government of Western Australia Chief Psychiatrist (2015)

Clinical Director

The Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this procedure.

11. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

12. Records Management

[Health Record Management Policy](#)

13. Evaluation

Monitoring of compliance with this document is to be carried out annually by the Clinical Director of Great Southern Mental Health Services.

To be reviewed concurrently with Learning Management System competency package.

14. Standards

[National Safety and Quality Health Care Standards](#) 1, 3, 4, 5, 6, 9, 10

[EQulPNational Standards](#) 11, 12, 13, 14,

[National Standards for Mental Health Services](#) 1, 2, 3, 4, 6, 7, 8, 9 & 10

15. Legislation

[Mental Health Act 2014 \(WA\)](#)

16. References

Chief Psychiatrist of Western Australia (2015) *Chief Psychiatrist's Practice Standards for the Administration of Electroconvulsive Therapy*, available at; http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/12/CP_ECT_Standards_2015.pdf

Chief Psychiatrist of Western Australia (2006) *THE ECT GUIDE; The Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia 2006*, available at: http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CP_ECT_Guide_2006.pdf

Government of Western Australia Chief Psychiatrist (2015) *Clinicians' Practice Guide to the Mental Health Act 2014*, 3rd Edition, available at; http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CPG_Edition-3_25112015.pdf

Government of Western Australia Department of Health (2014) *Credentialing and Defining the Scope of Clinical Practice For Health Professionals (Nursing and Midwifery) In WA Health Services - A policy handbook* available at; <http://www.health.wa.gov.au/CircularsNew/attachments/870.pdf>

17. Related Forms

A full list of relevant documents can be found in the ECT Competency Pack

18. Related Policy Documents

[Vital Signs Procedure - Albany Hospital](#)

19. Related WA Health System Policies

[MP 0086/18 - Recognising and Responding to Acute Deterioration Policy](#)
[OD 0657/16 - WA Health Consent to Treatment Policy](#)
[Defining the Scope of Clinical Practice For Health Professionals \(Nursing and Midwifery\) In WA Health Services - A policy handbook](#)

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Contact:	Clinical Educator Great Southern Mental Health Service (S. Dinneen)		
Directorate:	Mental health	TRIM Record #	ED-CO-19-34069
Version:	1.00	Date Published:	17 June 2019

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