RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

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# The ECT Accreditation Service (ECTAS)

## Standards for the administration of ECT

*Standards and criteria have been categorised as follows:*

*Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/ or would breach the law*

*Type 2: standards that an accredited clinic would be expected to meet.*

*Type 3: standards that an excellent clinic should meet.*

*These standards relate to the process of administration of ECT and in this regard are consistent with NICE guidance. They do not relate to clinical decisions about which patients should be given ECT.*

**Fourth Edition edited by Joanne Cresswell, Lauren Rayner, Chloë Hood and John O'Sullivan**

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CCQI
CENTRE FOR QUALITY IMPROVEMENT

# Foreword

We are pleased to introduce the fourth edition of the ECTAS standards and appreciate the continuing collaborative effort to improve the quality of the administration of ECT.

These standards have been developed from a literature review and in consultation with stakeholder groups. These standards also cover the NICE Health Technology Appraisal of ECT. Attempts have been made to include information from a wide range of sources and to take into account the views of both clinic staff and service users.

The standards are intended to provide staff with a clear and comprehensive description of best practice in the administration of ECT. They are reviewed each year, so please give the project team any comments, using the form provided at the back of this booklet.

These standards will be applied each year in self- and external peer-review by ECTAS member clinics. If you work in an ECT clinic, we hope you will continue to support the network and join in the review cycle.

| | |
|---|---|
| Dr Chris Freeman | Consultant Psychiatrist and on behalf of the Royal College of Psychiatrists |
| Dr John Bowley | Consultant Anaesthetist and on behalf of Royal College of Anaesthetists |
| Sue Hinchliffe | Head of Accreditation, Royal College of Nursing |

# Contents

# Introduction

The accreditation standards have been drawn from key documents including the ECT Handbook (Royal College of Psychiatrists, 2005), the NICE Appraisal of ECT (National Institute for Clinical Excellence, 2003) and the Scottish National Audit of ECT (CRAG Working Group on Mental Illness, 2000). They have been subject to extensive consultation with all professional groups involved in ECT and with service users and their representative organisations.

The standards cover the following topics:

- The ECT Clinic and Facilities
- Staff and Training
- Assessment and Preparation
- Consent
- Anaesthetic Practice
- The Administration of ECT
- Recovery, Monitoring and Follow up
- Special Precautions
- Protocols

These standards relate to the process of administration of ECT and in this regard are consistent with NICE guidance. They do not relate to clinical decisions about which patients should be given ECT.

The full set of standards are aspirational and it is unlikely that any clinic would meet all of them. To support their use in the accreditation process, each standard has been categorised as follows:

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety or dignity and/or would breach the law;

- **Type 2:** standards that an accredited clinic would be expected to meet;

- **Type 3:** standards that an excellent clinic should meet.

This is the fourth edition of the standards. These standards were comprehensively revised by the ECTAS Reference Group meeting of 2006.

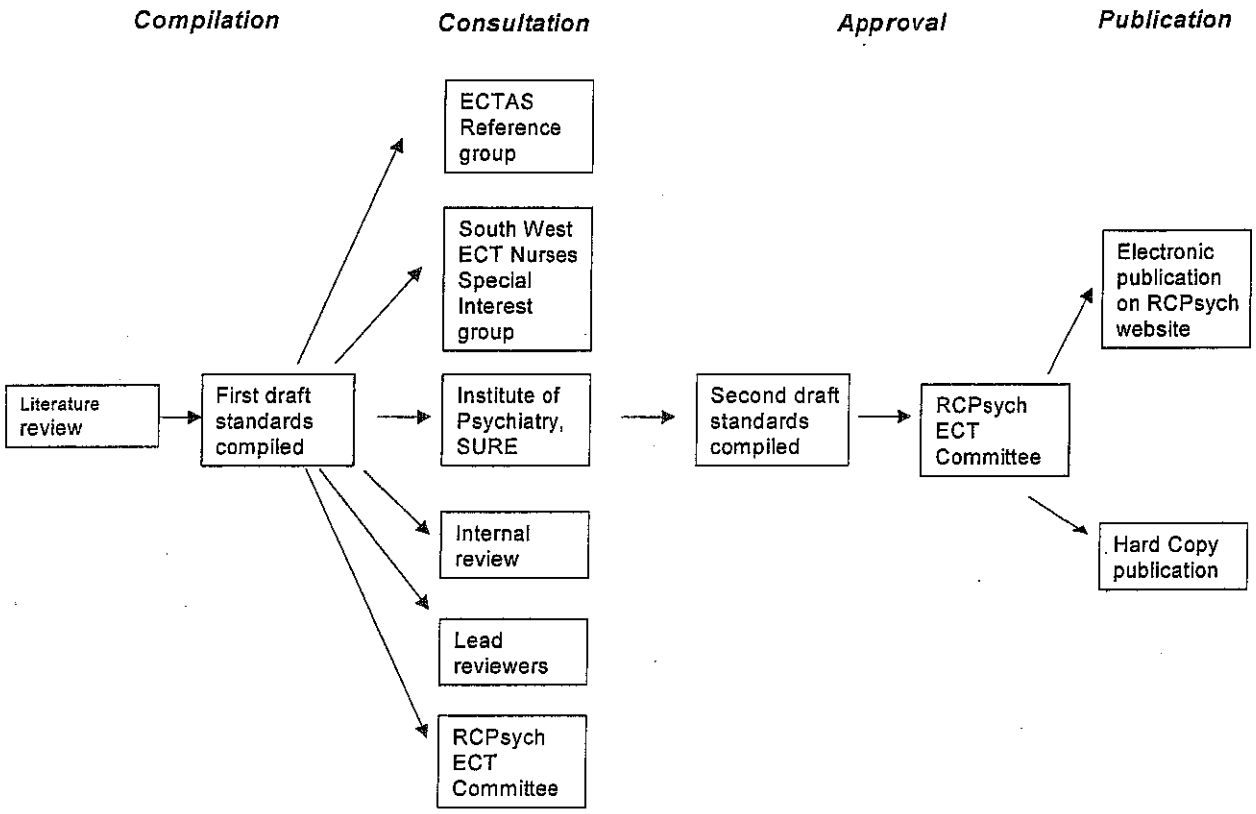
Standards prefixed 'M': Revised for 2006 edition
Standards prefixed 'N': New standards in the 2006 edition

A copy of these standards will be sent to every clinic that becomes a member of ECTAS.

The standards are also available on our website at: www.rcpsych.ac.uk/cru

# Method

**Figure 1: Compilation to publication of the ECTAS standards**




2nd Edition of the ECTAS Standards:

Revisions suggested by the email discussion group, lead reviewers and the ECTAS Accreditation Advisory Committee. These were discussed and ratified by the ECTAS Reference Group.

3rd & 4th editions of the ECTAS Standards:

Revisions suggested by the email discussion group, Service Users forum, lead reviewers and other ECT clinicians, and the ECTAS Accreditation Advisory Committee. These were discussed and ratified by the ECTAS Reference Group.

# Acknowledgements

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The ECTAS Reference Group:

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The Service Users

ECTAS Member clinics

The National Association of Lead Nurses in ECT

| Number | Type | Standard |
|---|---|---|
| | | **Section 1: The ECT clinic and facilities** |
| 1.1 | 2 | The ECT clinic consists of a minimum of three rooms, a waiting room, treatment room and recovery area |
| 1.2 | 2 | The clinic is clean, comfortable and provides a welcoming atmosphere |
| N1.2.1 | 2 | The Trust policy on infection control covers the ECT clinic |
| 1.3 | 2 | The clinic has access and facilities for disabled people |
| 1.4 | 3 | The clinic has an additional two rooms: an office for ECT staff and post-ECT waiting area |
| | | **Waiting Area** |
| 1.5 | 1 | There is access to toilet facilities |
| 1.6 | 1 | It is large enough to accommodate the throughput of patients |
| 1.7 | 2 | Patients waiting for ECT should not be able to see into the treatment area while the treatment is taking place. |
| N1.7.1 | 2 | Patients waiting for treatment are not waiting in the same room as patients in post-recovery |
| 1.8 | 3 | The area where patients wait is comfortable and quiet and has a range of distractions, for example, an outside window, pictures and magazines |
| | | **Treatment Room** |
| 1.9 | 1 | The treatment room is of an adequate size for its purpose |
| 1.10 | 1 | It has easy access to a telephone |
| 1.11 | 1 | Up to date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia are prominently displayed |
| 1.12 | 1 | If nitrous oxide is ever used, then the treatment room is equipped with scavenging equipment |
| 1.13 | 2 | It has a work surface and sink with hot and cold water |
| 1.14 | 2 | It has a clock with a second hand |
| 1.15 | 2 | It has a secure drug storage cupboard |
| 1.16 | 2 | It has a small fridge with a lock |
| 1.17 | 2 | Speech from the treatment room cannot be heard in the waiting area |

| Number | Type | Standard |
|---|---|---|
| 1.18 | 2 | Clinic staff in the treatment room are able to speak directly with staff in the recovery area, e.g. rooms are adjacent |
| 1.19 | 3 | There is good but not harsh illumination and ventilation is adequate |
| | | **Recovery Area** |
| 1.20 | 2 | This area is large enough to accommodate the throughput of patients lying on trolleys with additional space to manoeuvre |
| 1.21 | 2 | It has a doorway large enough to admit a trolley from the treatment room |
| | | **Post-ECT Waiting Area** |
| 1.22 | 3 | The post-ECT waiting area is well designed and has a suitable environment |
| 1.23 | 3 | It provides a friendly, relaxed environment |
| 1.24 | 3 | It has provision for refreshments for patients |
| | | **Office** |
| 1.25 | 3 | Staff conversations and telephone calls cannot be overheard outside the office |
| 1.26 | 3 | It has a telephone |
| 1.27 | 3 | It has a computer provided |
| | | **Equipment** |
| 1.28 | 1 | There is one tipping trolley or bed per patient which can comfortably accommodate a reclining adult, has braked wheels and can rapidly be tipped into a head down position |
| 1.29 | 1 | There is a fully equipped emergency trolley |
| 1.30 | 1 | There is an NIBP machine or sphygmomanometer and stethoscope and a means of measuring temperature |
| 1.31 | 1 | There is adequate resuscitation equipment (including a defibrillator) |
| 1.32 | 1 | Provision is made for positive pressure respiration: oxygen cylinder, mask and self-inflating bag and at least one full spare cylinder in both the treatment and recovery areas |
| 1.33 | 1 | There is at least one suction machine, preferably 1 in treatment room, 1 in recovery room. (If only one is available, treatment of a patient does not start until the previously treated patient is conscious, as assessed by the recovery practitioner or anaesthetist) |

| Number | Type | Standard |
|---|---|---|
| 1.34 | 1 | There is a pulse oximeter |
| 1.35 | 1 | There is a capnograph |
| 1.36 | 1 | There is an ECG monitor |
| 1.37 | 1 | Provision is made for assessing neuromuscular blockade, maintaining anaesthesia, ventilation and monitoring in the event that transfer to a Critical Care Area is needed |
| 1.38 | 2 | There is a means of measuring blood glucose concentration |
| 1.39 | 2 | There is moving and handling equipment, e.g. Sheet to help turn patient |
| 1.40 | 3 | There is a dedicated budget for ECT |
| | | **The following drugs are stocked in the clinic:** |
| 1.41 | 1 | An anaesthetic induction agent: Thiopental, Propofol and alternatives |
| 1.42 | 1 | A muscle relaxant: suxamethonium and alternative |
| 1.43 | 1 | Oxygen |
| 1.44 | 1 | There is a standard tray of drugs for use in the event of cardiac arrest |
| 1.45 | 1 | The emergency tray contains drugs and equipment agreed with the local pharmacy or resuscitation committee |
| 1.46 | 1 | Dantrolene, plus sterile water. This should be stored within 5 minutes of the clinic and there is a protocol in the clinic for where it is stored if not stored in the ECT clinic |
| 1.47 | 2 | Others include: Atropine, Glycopyrrolate, Midazolam as agreed with ECT anaesthetist |
| 1.48 | 2 | A supply of drugs needed to treat other unwanted autonomic, cardiovascular, respiratory or neurological effects are available |
| | | **ECT Machine and equipment** |
| 1.49 | 1 | The ECT machine is capable of providing stimuli according to current guidelines |
| 1.50 | 1 | Stimulus settings on the ECT machine may be altered easily and quickly |
| 1.51 | 1 | The ECT machine has a wide range of treatment settings |
| 1.52 | 1 | Two channel EEG monitoring facilities are available |

| Number | Type | Standard |
|---|---|---|
| 1.53 | 1 | The ECT nurse ensures that the machine function and maintenance is checked and recorded at least every year or according to machine guidance |
| 1.54 | 2 | An ECT nurse ensures that the clinic is properly prepared, organised and maintained |
| 1.55 | 1 | An ECT nurse ensures that the equipment in the clinic is well maintained |
| 1.56 | 2 | An ECT nurse is responsible for ordering and stocking drugs |
| 1.57 | 2 | An ECT nurse is responsible for ordering and stocking disposable equipment |
| 1.58 | 3 | There is a suitable back-up ECT machine/ arrangements are in place to obtain a machine from another clinic |

| Number | Type | Standard |
|---|---|---|
| | | **Section 2: Staff and Training** |
| 2.1 | 1 | There are a minimum number of staff in the ECT clinic to safely meet the needs of the patients at all times. |
| 2.2 | 1 | There is at least one trained nurse in the treatment room |
| 2.3 | 1 | There is at least one trained nurse in the recovery area |
| 2.4 | 1 | There is at least one experienced anaesthetist present during treatment and recovery |
| 2.5 | 1 | There is an ODA/ ODP or suitably trained anaesthetic assistant present during treatment and recovery whose sole responsibility is to assist the anaesthetist during the procedure |
| 2.6 | 1 | There is at least one psychiatrist present during treatment and recovery |
| 2.7 | 1 | The number of staff in the recovery area exceeds the number of unconscious patients by one |
| 2.8 | 1 | All clinical staff present during a treatment session are trained in Basic Life Support |
| 2.9 | 2 | There is one person competent in cardiopulmonary resuscitation for every unconscious patient |
| 2.10 | 2 | There is one Life Support Provider trained to at least immediate level present during the treatment session |
| 2.11 | 2 | There are back-up staff easily available to assist in an emergency situation |
| 2.12 | 2 | For clinics that treat only one patient in a session, then the same nurse may attend both treatment and recovery |
| 2.13 | 3 | There is one Life Support Provider with competence at advanced level present during the treatment session |
| | | **Lead psychiatrist** |
| 2.14 | 1 | There is a named consultant psychiatrist who leads ECT |
| 2.15 | 1 | The named consultant has dedicated sessional time for ECT and this should be included in a job plan, where such exists |
| | | *He/ she has responsibility for:* |
| 2.16 | 1 | The development of treatment protocols |
| 2.17 | 1 | The training and supervision of clinical staff |
| 2.18 | 1 | Liaising with and advising other professionals |
| 2.19 | 1 | Audit and quality assurance |

| Number | Type | Standard |
|---|---|---|
| 2.20 | 1 | Continuing professional development |
| 2.21 | 2 | ECT is administered by a small cohort of experienced psychiatrists who regularly attend the ECT clinic |
| | | **Lead Nurse** |
| 2.22 | 1 | There is a named ECT nurse who has dedicated sessional time |
| 2.23 | 1 | He/ She is of at least Band 6 (CNM2 Republic of Ireland) |
| 2.24 | 2 | He/ She has appropriate ECT and clinical experience |
| 2.25 | 2 | He/ She takes overall responsibility for the management of the clinic and care of the patient |
| | | **Lead Anaesthetist** |
| 2.26 | 1 | Anaesthesia is administered by a consultant anaesthetist, or by trainees under the supervision of a consultant anaesthetist, who attends the clinic regularly |
| 2.27 | 1 | Royal College of Anaesthetists' guidelines on supervision of those working in remote sites is followed, including a clear pathway to gain advice from a readily contactable consultant. |
| M2.28 | 1 | Anaesthetists on the rota do not include unsupervised doctors in junior training grades (including SHOs) |
| 2.29 | 2 | There is a named consultant or lead clinician responsible for anaesthetic for ECT |
| 2.30 | 2 | There is a named consultant anaesthetist who has dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT |
| | | **ECT Team** |
| 2.31 | 2 | Unit staff work effectively as a multi-disciplinary team |
| 2.32 | 3 | There is a line management structure with clear lines of accountability within the clinic |
| 2.33 | 3 | There are regular multi-disciplinary team meetings for clinical matters, and policy and administration |
| 2.34 | 3 | The roles and responsibilities of unit staff are clearly defined, e.g. in up to date job descriptions, including the appropriate grade for the position |
| 2.35 | 3 | The same team work in the clinic every week for the purposes of continuity |
| 2.36 | 3 | This team take an active role in audit, academic teaching and development of evidence based best practice of ECT |

| Number | Type | Standard |
|---|---|---|
| | | **Training –**<br><br>**All staff** |
| 2.37 | 1 | All clinic staff have received appropriate training and education<br><br>This includes training on: |
| 2.38 | 1 | Basic life support techniques |
| 2.39 | 2 | Policy and procedures |
| 2.40 | 2 | Legal frameworks, e.g.: the Mental Health Act Code of Practice |
| | | **Doctors** |
| 2.41 | 1 | ECT is only administered by psychiatrists with formal training |
| | | Administering doctors receive induction training covering the following areas: |
| 2.42 | 1 | An introduction to the theoretical basis of effective treatment with ECT |
| 2.43 | 1 | Familiarity with local ECT protocol and clinic layout |
| 2.44 | 1 | Observation of the administration of ECT prior to their first administration of ECT |
| 2.45 | 2 | Directly supervised by ECT consultant or appropriately trained deputy for at least 3 sessions prior to unsupervised administration |
| 2.46 | 2 | Supervision directly or through examination of treatment charts at least once a week whilst administering ECT |
| 2.47 | 3 | The opportunity to appraise papers on ECT |
| | | **Other staff** |
| 2.48 | 1 | Other staff involved in the administration of ECT have appropriate induction and ongoing training |
| 2.49 | 2 | ECT nurses undergo an induction programme covering ECT policies and procedures, medical equipment safety and clinic management |
| 2.50 | 2 | ECT anaesthetists undergo a course of specific training from a consultant anaesthetist with an interest in ECT |
| 2.51 | 2 | ECT anaesthetists have read departmental guidelines on the administration of anaesthesia for ECT |
| 2.52 | 2 | ECT clinic staff attend appropriate training and conference events, e.g. The Royal College of Psychiatrists' ECT training course |
| 2.53 | 2 | Anaesthetists undergo training as recommended by current guidelines from the Royal College of Anaesthetists and Association of Anaesthetists |

| Number | Type | Standard |
|---|---|---|
| 2.54 | 2 | Appropriate methods are used to ensure staff training is effective |
| 2.55 | 3 | The training needs of ECT unit staff are formally assessed, e.g. via staff appraisals |
| 2.56 | 3 | There is a budget for training related to ECT |
| 2.57 | 3 | There is evidence that staff keep up to date with best practice and latest information |

| Number | Type | Standard |
|---|---|---|
| | | **Section 3: Assessment and preparation** |
| | | **General** |
| 3.1 | 1 | All prospective ECT patients receive a formal documented assessment |
| 3.2 | 1 | A detailed medical history is recorded |
| 3.3 | 1 | The anaesthetic risk is assessed, e.g. the ASA grade of the patient is identified and assessment made on the basis of this. This is recorded on the ECT form |
| 3.4 | 1 | Any variation in the ASA grade of the patient is recorded before the treatment session |
| 3.5 | 1 | A physical examination is recorded which includes the cardiovascular, respiratory and neurological systems |
| 3.6 | 1 | Current medication and drug allergies are recorded as well as any noted drug problems |
| 3.7 | 2 | The patients ethnicity is recorded |
| 3.8 | 2 | The patients Mental Health Act status is recorded |
| 3.9 | 2 | An assessment of the risk/benefit balance of having ECT is considered and recorded |
| 3.10 | 2 | A mental state examination is recorded |
| 3.11 | 2 | An assessment of memory is recorded |
| 3.12 | 2 | An assessment of orientation is recorded |
| 3.13 | 2 | A clear statement is included on why ECT has been prescribed |
| N3.13.1 | 2 | The patient's existing drug regime is assessed prior to the course and a consistent prescription regime followed on treatment days. |
| | | **Anaesthesia** |
| 3.14 | 1 | There is a local policy, agreed with the anaesthetic department as to which investigations are needed before the first of a course of treatments.<br><br>These include: |
| 3.15 | 1 | Serum urea and electrolytes are measured for patients on diuretics, lithium, or other vaso-active/ cardiac drugs, and those with diabetes or with known renal disease |
| 3.16 | 2 | A haemoglobin level for all patients. For those suffering from diabetes, blood sugar levels are assessed immediately before each |

| Number | Type | Standard |
|---|---|---|
| | | treatment |
| 3.17 | 2 | Sickle-cell test for all Afro-Caribbean, Middle Eastern, Asian and Eastern Mediterranean patients, unless previously investigated/ known |
| 3.18 | 2 | A chest x-ray when clinically indicated: e.g. chest infection, cardiomegaly |
| 3.19 | 2 | An ECG for all patients with cardiovascular, respiratory, renal disease, irregular pulse, heart murmur, hypertension, diabetics aged > 40, all males > 45 yrs, all females > 55 yrs. |
| 3.20 | 2 | HepB status for patients known to abuse intravenous drugs |
| 3.21 | 2 | LFTs for patients with cachexia, history of alcoholism, drug abuse or recent overdose |
| | | **The Clinic Session** |
| 3.22 | 1 | The ECT nurse is responsible for ensuring that emergency resuscitation equipment is tested and checked before each ECT clinic session |
| 3.23 | 1 | The ECT nurse is responsible for ensuring that the emergency drugs tray is checked before each ECT clinic session for out of date drugs and missing items |
| 3.24 | 1 | The ECT nurse is responsible for ensuring that the ECT electrodes are checked visually before each ECT clinic session |
| 3.25 | 1 | If the machine does not self-check, an ECT nurse ensures that the output and electrical safety of the ECT machine is checked and recorded prior to each ECT session, including the testing of delivery dose |
| 3.26 | 1 | Patients are escorted to the waiting area and accompanied throughout each treatment session |
| 3.27 | 1 | The patient is escorted to the ECT clinic |
| 3.28 | 1 | Inpatients are escorted from the waiting room through ECT and recovery and back to the ward. The escort should be a registered nurse, ODA or doctor. (NB - *If the escort is delegated to an unqualified member of staff/ Care Assistant then it is the nurse who will be accountable for the consequences of that delegation).* |
| 3.29 | 2 | The escort is known to the patient, is aware of the patient's legal and consent status and has an understanding of ECT |
| 3.30 | 2 | The escort acts as an advocate, assessing concerns and feeding these back to the members of the team |
| 3.31 | 2 | The arrival of patients at the ECT clinic is managed to minimise waiting time |
| N3.31.1 | 2 | The clinic has a planned and regular starting time, pre-anaesthetic fasting time is adjusted to this |

| Number | Type | Standard |
|---|---|---|
| 3.32 | 2 | The ECT nurse plans the arrival times of patients by liaising with the wards, outpatient department and day hospitals |
| 3.33 | 2 | Waiting time is no longer than half an hour |
| 3.34 | 2 | Before ECT is administered, the patient is given any further information they may need and is introduced to the clinical team |
| 3.35 | 2 | The patient is introduced to all those who will be present during treatment |
| 3.36 | 2 | The psychiatrist explains what he/ she is going to do and why |
| 3.37 | 2 | The ECT nurse explains the procedure to the patient again, gives reassurance and spends time with relatives answering questions |
| 3.38 | 2 | The ECT nurse provides information about the safekeeping of valuables, location of toilets and arrangements for further appointments |
| 3.39 | 2 | The patient is asked if he/ she have all the information they need and whether they have any more questions or queries |
| 3.40 | 3 | The escort ensures that the patient's belongings and valuables are documented and properly stored |
| | | **The following documentation is available for clinic staff's reference:** |
| 3.41 | 1 | The patient's consent form, Mental Health Act documentation and a copy of any other supporting documentation relating to consent |
| 3.42 | 2 | The patient's pre ECT assessment including medical examination, drug history and other investigations |
| | | |
| | | **Before each treatment, the following checks are carried out and recorded:** |
| 3.43 | 1 | The patient is asked when he or she last ate and last drank and this should concord with the length of time required for 'fasting' agreed with the local anaesthetic department |
| 3.44 | 1 | The patient's identity is checked and the patient wears an identity bracelet. (It is recognised that in exceptional circumstances an identity bracelet may not be worn e.g. risk of self harm) |
| 3.45 | 2 | All metal objects are removed from the patients hair and the patient is asked if he/ she is wearing any make up or nail polish, or whether he/ she has lacquer or cream in his/ her hair |
| 3.46 | 2 | The patient is asked to remove his/ her dentures |
| 3.47 | 2 | The patient's record is checked to confirm that he/ she is not allergic to anything effecting the treatment or anaesthetic. The patient also wears an allergy bracelet if appropriate |
| 3.48 | 2 | The ECT nurse ensures that the patient's blood pressure, pulse, temperature and weight are taken and recorded and the patient is encouraged to empty their bladder |

| Number | Type | Standard |
|---|---|---|
| 3.49 | 2 | The anaesthetist checks that there have been no problems with previous anaesthetics |

| Number | Type | Standard |
|---|---|---|
| | | **Section 4: Consent and information giving** |
| 4.1 | 1 | Patients are provided with appropriate information to allow them to give consent<br><br>**This covers:** |
| 4.2 | 1 | The nature of the treatment and a description of the process |
| 4.3 | 1 | The purpose and benefits of treatment, including likelihood of success |
| 4.4 | 1 | The risks and likelihood of adverse effects, including cognitive impairment |
| 4.5 | 2 | The likely consequences of not having ECT |
| 4.6 | 2 | Treatment alternatives and confirmation that these will be available if patient decides not to have ECT |
| 4.7 | 2 | The patients rights |
| | | **Information** |
| 4.8 | 1 | A fact sheet is given to all patients, including patients unable to consent, that explains key information |
| 4.9 | 1 | The Mental Health Act Commission leaflet 3 is provided to all detained patients (England and Wales only) in addition to local ECT information |
| 4.10 | 1 | The patient is informed about how to obtain additional information and access to independent advocacy |
| 4.11 | 2 | Information is provided to patients verbally and in written formats |
| M4.12 | 2 | Before treatment commences day patients are advised and / or given specific guidelines relating to driving, drinking alcohol and being accompanied home after each treatment |
| 4.13 | 2 | Information when necessary, is available in languages other than English and in a format which people with sight, learning and other disabilities can use |
| 4.14 | 2 | If a person has difficulty communicating in English then information is provided through an interpreter and this is recorded in the patients notes |

| Number | Type | Standard |
|---|---|---|
| 4.15 | 2 | The doctor obtaining consent asks patients what additional information they might need |
| 4.16 | 3 | The fact sheet is clearly and simply written, explains key information, is up to date and was developed with service user consultation |
| 4.17 | 3 | Fact sheets with key information are on clear display and are readily available |
| N4.17.1 | 3 | Information about post anaesthetic risks [driving, operating machinery, need for supervision, alcohol, signing documents] should be provided to all patients |
| 4.18 | 1 | The patient completes a consent form or there is an equivalent process if consent cannot be given |
| 4.19 | 1 | The consent form contains confirmation that the health professional has explained the procedure to the patient, in particular the intended benefits, serious/ frequent occurring risks and transient side-effects |
| 4.20 | 1 | For adults who are unable to consent to treatment, the relevant Mental Health Act documents (or photocopies) are attached to the consent form (England and Wales only) |
| 4.21 | 1 | Consent is obtained by a psychiatrist with adequate knowledge of the nature and effects of ECT and with respect to patient's rights |
| 4.22 | 1 | The referring consultant assesses the patient to determine whether he/ she can give valid consent |
| 4.23 | 1 | The patient's consent is never obtained through any form of coercion, e.g. implying the Mental Health Act will be applied if the patient refuses |
| 4.24 | 1 | In detained patients not able to give valid consent, a second opinion is obtained within the appropriate legislative framework |
| 4.25 | 1 | Where ECT is administered under the Mental Health Act, clinicians comply with the Code of Practice and the relevant documentation is completed |
| 4.26 | 1 | The doctor administering the treatment, the anaesthetist and the ECT nurse check the consent form or other relevant documentation before the first treatment |
| 4.27 | 2 | The doctor administering the treatment, the anaesthetist and the ECT nurse check the consent form or other relevant documentation before subsequent treatments |
| 4.28 | 2 | Consent form states whether the course is for bilateral or unilateral treatment |
| M4.29 | 2 | The consent form contains confirmation that the consultant psychiatrist or nominated deputy has discussed with the patient what the procedure is likely to involve, the benefits and risks of any alternative available treatments (including no treatment) and any particular concerns of the patient |
| 4.30 | 2 | A statement from an interpreter when appropriate |

| Number | Type | Standard |
|---|---|---|
| 4.31 | 2 | A section specifying whether the patient continues to consent before each treatment |
| 4.32 | 2 | The clinic's consent policy and all consent forms used comply with Department of Health guidelines for design and use |
| 4.33 | 2 | A written record is kept of the assessment of competence and details of the process of consent |
| 4.34 | 2 | The decision to prescribe ECT is based on a documented assessment of the risks and potential benefits to the individual |
| 4.35 | 2 | Except in an emergency, the patient is given at least 24 hours to reflect on information about ECT and discuss with relatives, friends or advisers before making a decision regarding consent |
| 4.36 | 2 | The referring psychiatrist informs the patient that consent can be withdrawn at any time, and that fresh consent is then required before further treatment can be given |
| 4.37 | 2 | The patient is asked by the referring psychiatrist to give consent at the beginning of each course of ECT |
| 4.38 | 2 | A maximum number of treatment sessions in a course is stipulated |
| 4.39 | 2 | In situations where valid consent is difficult the individual's advocate and / or carer is consulted and advance directives are taken into account |
| 4.40 | 2 | The patient's relatives are informed about the treatment unless issues of patient confidentiality preclude this |
| 4.41 | 2 | The patient's original and on-going consent is checked before each treatment is administered |
| 4.42 | 2 | Clinic staff confirm that informal patients continue to give their valid consent before each treatment |
| 4.43 | 2 | For patients detained under the Mental Health Act and unable to consent to treatment, a certificate of second opinion, form 39 is available for inspection |
| 4.44 | 2 | For patients detained under the Mental Health Act who are able to consent to treatment, a form 38 is available for inspection |
| 4.45 | 3 | The consent form details what written information has been provided to the patient |
| 4.46 | 3 | The consent form details what procedures the treatment will involve, including anaesthesia |
| N4.47 | 3 | The referring psychiatrist has indicated that the referral is within NICE guidelines, or indicated the reason for any exception. |

| Number | Type | Standard |
|---|---|---|
| | | **Section 5: Anaesthetic Practice** |
| 5.1 | 1 | 'Recommendations for standards of monitoring during anaesthesia and recovery' Association of Anaesthetists of Great Britain and Ireland (2000) are followed |
| 5.2 | 1 | The anaesthetist checks the anaesthetic and suction equipment and prepares the anaesthetic agents |
| 5.3 | 1 | Oxygen is normally administered before ECT in order to produce optimum oxygen saturation |
| 5.4 | 1 | Anaesthesia is administered on a trolley or bed that can be swiftly tipped to a head down position |
| 5.5 | 1 | Before induction, the anaesthetist or assistant checks that any dentures have been removed or are secure |
| 5.6 | 2 | There are up to date guidelines relating to the induction of anaesthesia for ECT |
| 5.7 | 2 | The anaesthetist explains what he/ she is doing and why |
| 5.8 | 2 | The anaesthetist ensures that the patient is protected during the seizure |
| 5.9 | 2 | When the patient is induced, the anaesthetist or assistant inserts a bite block as appropriate |
| 5.10 | 3 | A short period of hyperventilation can be administered before stimulation if this is deemed appropriate |

| Number | Type | Standard |
|---|---|---|
| | | **Section 6: The administration of ECT** |
| 6.1 | 1 | In routine cases, the administering doctor uses a constant-current (brief pulse) stimulus |
| 6.2 | 2 | The seizure duration is monitored by the direct observation of the resulting motor effects and two channel EEG monitoring |
| 6.3 | 2 | Except in an emergency, patients are given ECT two times a week at most |
| 6.4 | 2 | The clinical team assess the patient before each treatment with attention to possible adverse side effects and to see if further application is necessary |
| 6.5 | 2 | The administering doctor ensures that the stimulus dose and administration technique are optimal |
| 6.6 | 2 | The administering doctor ensures that an appropriate seizure is induced |
| 6.7 | 2 | There is adequate contact between the electrodes and the scalp of the patient |
| 6.8 | 2 | The seizure induced is a typical generalised tonic clonic convulsion |
| 6.10 | 2 | The clinical team reviews the dose on the basis of the patient's documented clinical response and adverse effects before each treatment |
| 6.11 | 2 | Adequate records are kept of treatment and incidents |
| 6.12 | 2 | There is a separate ECT record which includes:<br>The anaesthetic induction agent dose; muscle relaxant dose; any ancillary medication; nature of ventilation; cardiorespiratory changes; seizure quality and duration; time to recover and postprocedural problems; current delivered; bilateral/ unilateral seizure; and immediate side effects |
| 6.13 | 2 | Adverse incidents and near misses are recorded, reported and investigated |
| 6.14 | 3 | The referring psychiatrist prescribes no more than two treatments at a time before reviewing and renewing the prescription |

| Number | Type | Standard |
|---|---|---|
| | | **Section 7: Recovery, monitoring and follow-up** |
| 7.1 | 1 | The recovery practitioner is present as the patient recovers consciousness |
| 7.2 | 1 | Patients are adequately monitored and supported immediately after ECT |
| 7.3 | 1 | The recovery practitioner is competent in caring for the unconscious patient, and is fully conversant with aspiration/suction techniques, resuscitation procedures, including basic life support, and informs the anaesthetist of any cause for concern. |
| 7.4 | 2 | Pulse, blood pressure and pulse oximetry readings are documented by the recovery practitioner |
| 7.5 | 2 | As the patient recovers consciousness the recovery practitioner reassures gently and repeatedly and cares for the patient until they are fully orientated |
| 7.6 | 2 | The anaesthetist remains in the building and contactable until all patients recover full consciousness and are physiologically stable |
| 7.7 | 2 | The ECT nurse ensures that patients are not discharged until fully recovered |
| 7.8 | 3 | The psychiatrist remains in the building and contactable until all patients recover full consciousness and are physiologically stable |
| 7.9 | 3 | The patient is offered something to eat and drink before they are taken back to the ward |
| | | **Monitoring** |
| M7.10 | 2 | Treatment outcome is adequately monitored and recorded between treatment sessions for patients receiving ECT and treatment appropriately adjusted in the light of this |
| 7.11 | 2 | The patient's clinical status/ symptomatic response is assessed and recorded between each treatment session |
| 7.12 | 2 | The patient's orientation and memory is assessed before and after the first ECT, and re-assessed at intervals throughout the treatment course |
| M7.13 | 2 | The patient has a clinical interview at the end of a course of treatment to establish any autobiographical memory loss, and this is documented. |
| 7.14 | 2 | Non-cognitive side effects are assessed and recorded between treatment sessions |
| 7.15 | 2 | The patient's subjective experience of treatment side effects and objective cognitive side effects are recorded between treatment sessions, for example, using a memory log |
| | | **Follow up** |
| 7.16 | 2 | Treatment outcome is adequately monitored and recorded after course of ECT |

| Number | Type | Standard |
|---|---|---|
| 7.17 | 2 | Appropriate actions are taken to ensure that benefits from ECT are maintained |
| 7.18 | 3 | The patient's clinical status/ symptomatic response is recorded 3 and 6 months after treatment |
| 7.19 | 3 | The patient's memory and cognitive functioning is recorded 3 and 6 months after a treatment course is finished |
| 7.20 | 3 | The patient's subjective experience of treatment side effects and objective cognitive side effects are recorded 3 and 6 months after a treatment course has finished, for example, using a memory log |

| Number | Type | Standard |
|---|---|---|
| | | **Section 8: Special Precautions (also see PROTOCOLS)** |
| 8.1 | 1 | High risk patients are considered for treatment in an environment allowing rapid intervention should complications occur, for example, a theatre suite or its recovery area |
| 8.2 | 1 | The ECT machine used is able to give flexible doses, including very low stimuli |
| 8.3 | 2 | Wherever practical, ECT is administered to patients in a clinic close to a base hospital with identifiable critical care provision |
| 8.4 | 2 | For bilateral ECT, the initial stimulus given to adolescents and children is at the bottom end of the range |
| 8.5 | 2 | ECT sessions for people under 18 are held separately from sessions involving adults |
| 8.6 | 3 | Special arrangements are made when patients are given ECT in a clinic remote from a base hospital, e.g. patients have an individual trained nurse escort and commuting patients are treated at the beginning of the session to allow maximum time for recovery |
| | | **Day patients** |
| 8.7 | 1 | Discharge criteria which includes assessment before discharge are agreed with the local anaesthetic department |
| 8.8 | 1 | Day patients and / or their carers sign a form which confirms:<br>They will not drive for at least the next 24 hours or a longer period as advised by the anaesthetist concerned,<br>They will not drink alcohol during this period,<br>They will be accompanied home,<br>They will have appropriate supervision by a responsible adult for the night after each ECT treatment (or for 24 hours following treatment) |
| | | **Clinic activity** |
| N8.9 | 3 | If activity falls below 10 cases a year there is a CPD process to ensure adequate practice is undertaken in an adjacent or neighbouring facility. |

| Number | Type | Section 9 - PROTOCOLS |
|---|---|---|
| 9.1 | 1 | There is a protocol for how and where Dantrolene is stored |
| 9.2 | 1 | There is a protocol for the management of cardiac arrest |
| 9.3 | 1 | There is a protocol for the management of anaphylaxis |
| 9.4 | 1 | There is a protocol for the management of malignant hyperthermia |
| 9.5 | 1 | There is a protocol that addresses the needs of day patients including preparation for leaving hospital |
| 9.6 | 1 | There is a protocol addressing what information staff should give to day patients before they are discharged |
| 9.7 | 2 | There is a protocol on maintenance/continuation ECT |
| 9.8 | 2 | There is a protocol on the choice of laterality of treatment. |
| 9.9 | 2 | There is a protocol relating to preparing patients for ECT |
| 9.10 | 2 | There is a protocol relating to who may obtain consent in the clinical team who refer to the clinic |
| 9.11 | 2 | The clinic has a protocol or checklist for monitoring patients immediately after ECT |
| 9.12 | 2 | There is an up to date protocol relating to the patients' medication during and after treatment |
| 9.13 | 2 | The clinic has a protocol relating to the treatment of elderly people. This includes reference to cognitive side effects, seizure threshold and choice of anaesthetic induction agent |
| 9.14 | 2 | The clinic has a protocol relating to the treatment of young people under 18. This includes reference to cognitive side effects, and seizure thresholds |
| 9.15 | 2 | There is a protocol about when to discontinue treatment when no clinical response is seen |
| 9.16 | 2 | There is a local protocol about the quality and timing of an adequate seizure |
| 9.17 | 2 | There is a protocol about the management of a prolonged or tardive seizure |
| 9.18 | 2 | There is a local protocol about when to restimulate a patient after a brief or missing seizure |
| 9.19 | 2 | There is a stimulus dosing protocol |
| 9.20 | 2 | There is a protocol on the use of EEG monitoring |

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## ECTAS Standards Feedback Form

We hope that you have found the ECTAS standards useful and would very much appreciate your feedback. Your comments will be incorporated, with the approval of the ECTAS members, into future editions of this publication.

1. Have you found these standards useful? ☐ Yes ☐ No

Comments:

_____

_____

2. Do you have suggestions for new sections or topic areas you would like to see included in future versions?

_____

_____

3. Do you have suggestions for new standards or criteria you would like to see included in future versions?

_____

_____

4. Do you have any general suggestions about this document that would improve its usefulness?

_____

_____

5. What is your profession?

_____

Thank you for taking the time to complete this form. Your comments will be considered carefully. Please photocopy and return to: ECTAS, Royal College of Psychiatrists' Research Unit, 4th Floor, Standon House, 21 Mansell Street, London, E1 8AA. Fax: 020 7481 4831

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Gloucestershire Partnership NHS
NHS Foundation Trust

# Electro Convulsive Treatment (ECT)

## Care Pathway (GPT -E4..5-07)

PAS Label

Patient details

| | |
|---|---|
| Surname | Title |
| First Name(s) | |
| NHS Number | |
| Date Of Birth | D D / M M / Y Y Y Y |
| Consultant | |
| Named Nurse/ Care coordinator | |
| Special Requirements<br>Eg language / communication needs | |
| Circle as required | **Male** **Female** |

All professionals recording information in this pathway must complete their full name, designation, full signature and initials below before they write in this pathway

| Name | Profession | Signature | Initials |
|---|---|---|---|
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**To be retained in the patients notes**

Name ..... NHS Number | | | | | | | | | | |

## Patent Information & Legal Issues

To be completed and kept by the persons named / associate nurse or care coordinator. If they are not available to complete this section it should be kept updated by another member of the team

| | Yes (initial & Date) | No (initial & Date) | If yes give details |
|---|---|---|---|
| 1 Does the person have an advanced decision? | | | |

| 2 Pre Treatment Information | Met (initial & Date) | Not Met (initial & Date) | Variance / Comments Action taken |
|---|---|---|---|
| 1. Information Leaflet given to person | | | |
| 2. Information Leaflet explained | | | |

| 2 Day patient considerations | Yes (initial & Date) | No (initial & Date) | |
|---|---|---|---|
| 1. Is the person being considered for out patient treatment | | | If YES continue with this section, If NO go to section 3 |
| 2. Has the Day patient pathway been completed | | | |

3. **Mental Health / Legal Status** Tick the appropriate statement and complete any missing details (no recordable variances this section)

- [ ] Informal & Consenting, consent form signed
- [ ] Detained under section ____ , and giving valid consent
- [ ] Detained under section ____, not / unable to consent, second opinion, form 39 signed
- [ ] Detained under section ____, emergency treatment, and not consenting (section 62) form GPT P16 signed

completed by Date

3A **Change in Mental Health / Legal Status** This section must be completed if there is a change in the person legal status or consent

- [ ] Informal & Consenting, consent form signed
- [ ] Detained under section ____ , and giving valid consent
- [ ] Detained under section ____, not / unable to consent, second opinion, form 39 signed
- [ ] Detained under section ____, emergency treatment, and not consenting (section 62) form GPT P16 signed

completed by Date

Name ..... NHS Number

## Medical Consent to treatment-
Doctors Section (Consent From 1)

Name of proposed procedure or course of treatment - **Electro Convulsive Treatment**

(Include brief explanation if medical term not clear)

.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy ie Consultant Psychiatrist or Doctor)

I have explained the procedure to the patient. In particular, I have explained:

B - Electrode placement ie Bilateral v Unilateral, likely number of treatments and monitoring frequency

.....

This procedure will involve general anaesthesia

.....

C - A - The intended benefits

.....

D - Serious or frequently occurring risks and side effects – (Including risks to dental tissues etc) -

.....

.....

Any extra procedures which may become necessary during the procedure

☐ other procedure *(specify) i.e. Airway maintenance, Heart Monitoring, treatment of any drug reactions, Intravenous Fluids*

.....

I have also discussed what the procedure is likely to involve, the benefits and the risks of any available alternative treatments *(including no treatment)* and any particular concerns of this patient. I have also explained to them the precautions that should be followed if they are or become an outpatient whilst receiving treatment including the need to refrain from alcohol and drugs, avoiding driving or operating equipment and being accompanied by a friend or relative for 24 hours after receiving treatment and the need to fast for 6 hours prior to treatment.

☐ The following leaflet/tape has been provided .....

Consultant Doctor Signed:..... Job title ..... Date ..

**Contact details** *(if patient wishes to discuss options later)*

.....

**Statement of interpreter** *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date ..

Consent

Name ..... NHS Number | | | | | | | | | | |

Consent

## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 3, which describes the benefits, and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and consent to receiving -
(delete as appropriate) **- Either Bilateral or Unilateral treatment**
**- Only Bilateral Treatment**
**- Only Unilateral Treatment**

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I acknowledged** the risks as described by the prescribing consultant / doctor.

**I under stand** that if I receive any part of this treatment whilst as an outpatient or if I go on leave from hospital after treatment that I must not drink alcohol, or take non prescribed drugs, drive or operate machinery, or be on my own for 24 hours afterwards. I also understand that I must fast for 6 hours before receiving any treatment.

Patient's signature ..... Date .....

Name *(PRINT)*.....

Withdrawal / Change of consent *(delete as appropriate)*
*(If the patient wishes to withdraw consent at any after completing the above even during treatment then complete this section*

Patients Statement - *(delete as appropriate)*
**I wish to withdraw consent from having the above procedure**
**I wish to change consent from**..... **to**..... (ie Unilateral to Bilateral)

Patient's signature ..... Date .....
Name *(PRINT* .....

Name ..... NHS Number | | | | | | | | | | |

*Complete all sections. This information is needed to adequately assess the patient prior to treatment and to provide a baseline to assess the effectiveness of ECT for the individual post treatment – to be completed by a Doctor*

**ASSESSMENT**
**Mental State**

Assessment

***Diagnosis***

Depression – unipolar ☐
Puerperal psychosis ☐
Hypomania ☐
Schizoaffective – depressed ☐
Delusional disorder ☐

Depression -Bipolar ☐
Catatonia ☐
Mania ☐
Schizoaffective - mania ☐
Mixed affective ☐
Schizophrenia ☐
Schizophrenia with marked depressive features ☐
Schizophrenia with catatonia ☐

***Indication for ECT***

Emergency life-saving procedure ☐
Failed Drug Treatment *(specify)* ☐

First Choice Treatment *(Specify)* ☐
other *(specify)* ☐

***Target Symptoms***

| *Name of Assessment Tool(s)* | *Date* | *Score* |
|---|---|---|
| CGI (Clinical Global Impressions Scale) see page 23 for score sheet | | Item 1 |
| | | |
| | | |
| | | |
| | | |

Previous Episodes of ECT

*Has the patient received ECT before* ***Yes/No*** *If yes state date and center where ECT was given and any known clinical response*

Seizure Threshold Risk Factors (tick)

Over 65 ☐
Male ☐
Baldness ☐
ECT in last month ☐

Benzodiazepines (now or in last month) ☐
Carbamazepine (now or in last month) ☐
Other anticonvulsants ☐
L-tryptophan ☐
Beta blockers ☐

Name .....

NHS Number

Assessment

**ASSESSMENT** *Complete all parts. This part is intended to act as the assessment for suitability for*
**Physical** *anesthetic, and to provide a baseline to monitor the physical effects of ECT treatment*
Medical History / Operations / Allergies

| | | | | | |
|---|---|---|---|---|---|
| BP | | Pulse | | Temp | |
| Weight | | Height | | BMI | |
| Illicit Drugs | | Alcohol | | Smoker | |

Jaundice, Pallor, Clubbing, Oedema,

Diabetes, Epilepsy, CVS Disease, Asthma

General Appearance

Specific Features

State Of Nutrition

Bruises & Scars

Skin: Mouth & Throat; Teeth; As Charted
Thyroid;

CVS:

Name .....

NHS Number

Assessment

JVP;

Heart Sounds;

Cardiac Impulse;

Any Other Features

RS:

Respiratory Rate:

Trachea:

Nodes:

Air Entry:

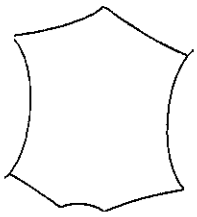
Chest Expansion:

Percussion:

Breath Sounds:

Any Other Feat...

GIT:



Liver:

Spleen:

Kidneys:

Masses:

Bowel Sounds:

Any Other Features:

CNS:

Gait:

Tremor:

Speech:

Fundi:

Cranial Nerve:

Motor Power:

Sensations

Tone:

Name .....

NHS Number

*Reflexes:*

***Any Other Features:***

**INVESTIGATIONS**

**ACTIVE PROBLEMS**

**INACTIVE PROBLEMS**

| | | Yes (initial & Date) | No (initial & Date) | Comments Action taken |
|---|---|---|---|---|
| 1 | Any Abnormalities Noted | | | |
| 2 | If yes Anesthetist informed of abnormalities | | | |

Current Medication

Name ..... NHS Number



| Drug | Dose | Frequency | Route | Date Commenced |
|---|---|---|---|---|
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Medication Discontinued within last month

| Drug | Dose | Frequency | Reason for stopping | Date Stopped |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Assessment completed by -

Signature ..... Date .....

**To be completed by Anathematise if necessary**

A.S.A. Grade

Comments

Signature ..... Date .....

Name ..... NHS Number

## Pre ECT Checklist

*Please mark √(correct) , X (incorrect), R (refused) or NA (not applicable) or circle the correct answer ie Yes/No*

Dentures ☐ Capped Teeth ☐ Contact lenses ☐ Spectacles ☐ Hearing Aid ☐ Artificial Limbs ☐

**This Section to be completed by the member of staff preparing the patient prior to treatment either ion the ward or in the community**

| Session no | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | |
| Is the person a Day Patient | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Is **Yes** to the above question has the Day Patient Pathway been completed? | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| ID Band fitted & Correct | | | | | | | | |
| Correct case notes | | | | | | | | |
| ECT record complete with valid consent forms or MHA documentation? | | | | | | | | |
| ECT PX signed and valid | | | | | | | | |
| Is the person still consenting? | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Investigation results filed in case notes | | | | | | | | |
| BP | | | | | | | | |
| Pulse | | | | | | | | |
| Temperature | | | | | | | | |
| BM (if required) | | | | | | | | |
| When did the patient last pass urine? | | | | | | | | |
| Time of last meal? | | | | | | | | |
| Time of last fluids? | | | | | | | | |
| Has makeup Jewellery & hairpins been removed? | | | | | | | | |
| Hearing aid/spectacles/ contact lenses/dentures removed? | | | | | | | | |
| ECT clinic nurse informed of abnormalities from pre assessment? | | | | | | | | |
| Signature of member of staff preparing patient | | | | | | | | |

**This section to be completed by ECT staff**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Above rechecked? | | | | | | | | |
| Hearing aid/spectacles/ contact lenses/dentures removed? | | | | | | | | |
| Mini Mental Score | | | | | | | | |
| Anesthetist informed of any abnormalities? | | | | | | | | |
| Signature ECT staff | | | | | | | | |

Name ..... NHS Number

Treatment

## ECT PRESCRIPTION

No more then two ECT's to be prescribed at one time. Treatment to be reviewed weekly. *Prior to prescribing ECT reassessment including a **Clinical Global Impressions Scale (CGI)** items 1-3 should be completed.*

| | Session 1 Date | Session **2** Date |
|---|---|---|
| Date Prescribed | | |
| Type R, L, Bi | | |
| Prescribed By | | |
| Prescribes Signature | | |
| Anesthetic agent, dose:<br>Muscle relaxant, dose: | | |
| Comments/ Complications | | |
| Post Treatment Oxygen Prescriptions | Give oxygen at rate of 5-7lts/per minute during recovery as required | Give oxygen at rate of 5-7lts/per minute during recovery as required |
| Anesthetist Signature | | |
| Stimulation **#1**<br>Electrode Placement<br>Dose setting/dose level<br>Impedance test<br>Seizure pattern<br>Seizure duration<br>EEG Seizure duration | | |
| Stimulation **#2**<br>Electrode Placement<br>Dose setting/dose level<br>Impedance test<br>Seizure pattern<br>Seizure duration<br>EEG Seizure duration | | |
| Stimulation **#3**<br>Electrode Placement<br>Dose setting/dose level<br>Impedance test<br>Seizure pattern<br>Seizure duration<br>EEG Seizure duration | | |
| Plan For Next Session/ Post ECT side effects | | |
| Administering Doctors Signature | | |

Name ..... NHS Number | | | | | | | | | | |

**Re Assessment – 1**

Treatment

After each 2 prescriptions / treatments the following assessment must be completed before further treatments may be given. No variances are possible for this section. To be completed by a member of the medical team.

**Patient Self Report**

How do you feel compared with how you felt before ECT? *(circle)*

*Worse, No change, Bit better, Much better, 100% well*

What is your memory like now compared with before ECT? *(circle)*

*Much worse, Bit worse, No change, Better*

Are you happy to continue with ECT Treatment ? **Yes / No**

**Clinical Assessment**
**Complete at least one standardized assessment**

| *Name of Assessment Tool(s)* | *Date* | *Score* |
|---|---|---|
| CGI (Clinical Global Impressions Scale) see page 23 for score sheet | | |
| | | |
| | | |

Reported / Observable side effects

Effects on Target Symptoms

**Cognitive function -** *Worse, No change, Improved*

**Have there been any changes in the patient's physical health?** Comment

Plan – continue with ECT - **YES/NO**

Completed by ..... Date .....

Name ..... NHS Number

Treatment

## ECT PRESCRIPTION

No more then two ECT's to be prescribed at one time. Treatment to be reviewed weekly. *Prior to prescribing ECT reassessment including a **Clinical Global Impressions Scale (CGI)** items 1-3 should be completed.*

| | Session 3 Date | Session 4 Date |
|---|---|---|
| Date Prescribed | | |
| Type R, L, Bi | | |
| Prescribed By | | |
| Prescribes Signature | | |
| Anesthetic agent, dose: Muscle relaxant, dose: | | |
| Comments/ Complications | | |
| Post Treatment Oxygen Prescriptions | Give oxygen at rate of 5-7lts/per minute during recovery as required | Give oxygen at rate of 5-7lts/per minute during recovery as required |
| Anesthetist Signature | | |
| Stimulation #1 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation #2 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation #3 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Plan For Next Session/ Post ECT side effects | | |
| Administering Doctors Signature | | |

Name ..... NHS Number



***Re Assessment – 2***

After each 2 prescriptions / treatments the following assessment must be completed before further treatments may be given. No variances are possible for this section. To be completed by a member of the medical team.

**Patient Self Report**

How do you feel compared with how you felt before ECT? *(circle)*

*Worse, No change, Bit better, Much better, 100% well*

What is your memory like now compared with before ECT? *( circle)*

*Much worse, Bit worse, No change, Better*

**Clinical Assessment**
**Complete at least one standardized assessment**

| *Name of Assessment Tool(s)* | *Date* | *Score* |
|---|---|---|
| CGI (Clinical Global Impressions Scale) see page 23 for score sheet | | |
| | | |
| | | |

Reported / Observable side effects

Effects on Target Symptoms

**Cognitive function** - *Worse, No change, Improved*

**Have there been any changes in the patient's physical health?** Comment

Plan – continue with ECT - **YES/NO**

Completed by ..... Date

Name ..... NHS Number

Treatment

## ECT PRESCRIPTION

No more then two ECT's to be prescribed at one time. Treatment to be reviewed weekly. *Prior to prescribing ECT reassessment including a **Clinical Global Impressions Scale (CGI)** items 1-3 should be completed.*

| | Session **5** Date | Session **6** Date |
|---|---|---|
| Date Prescribed | | |
| Type R, L, Bi | | |
| Prescribed By | | |
| Prescribes Signature | | |
| Anesthetic agent, dose: Muscle relaxant, dose: | | |
| Comments/ Complications | | |
| Post Treatment Oxygen Prescriptions | Give oxygen at rate of 5-7lts/per minute during recovery as required | Give oxygen at rate of 5-7lts/per minute during recovery as required |
| Anesthetist Signature | | |
| Stimulation **#1** Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation **#2** Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation **#3** Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Plan For Next Session/ Post ECT side effects | | |
| Administering Doctors Signature | | |

Name ..... NHS Number



## Re Assessment – 3

After each 2 prescriptions / treatments the following assessment must be completed before further treatments may be given. No variances are possible for this section. To be completed by a member of the medical team.

**Patient Self Report**

How do you feel compared with how you felt before ECT? *(please circle)*

*Worse, No change, Bit better, Much better, 100% well*

What is your memory like now compared with before ECT? *(please circle)*

*Much worse, Bit worse, No change, Better*

Are you happy to continue with ECT Treatment ? **Yes / No**

**Clinical Assessment**
**Complete at least one standardized assessment**

| *Name of Assessment Tool(s)* | *Date* | *Score* |
|---|---|---|
| CGI (Clinical Global Impressions Scale) see page 23 for score sheet | | |
| | | |
| | | |

Reported / Observable side effects

Effects on Target Symptoms

**Cognitive function -** *Worse, No change, Improved*

**Have there been any changes in the patient's physical health?** Comment

Plan – continue with ECT - **YES/NO**

Completed by Date

Name ..... NHS Number

Treatment

## ECT PRESCRIPTION

No more then two ECT's to be prescribed at one time. Treatment to be reviewed weekly. *Prior to prescribing ECT reassessment including a **Clinical Global Impressions Scale** (CGI) items 1-3 should be completed.*

| | Session 7 Date | Session 8 Date |
|---|---|---|
| Date Prescribed | | |
| Type R, L, Bi | | |
| Prescribed By | | |
| Prescribes Signature | | |
| Anesthetic agent, dose: Muscle relaxant, dose: | | |
| Comments/ Complications | | |
| Post Treatment Oxygen Prescriptions | Give oxygen at rate of 5-7lts/per minute during recovery as required | Give oxygen at rate of 5-7lts/per minute during recovery as required |
| Anesthetist Signature | | |
| Stimulation #1 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation #2 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Stimulation #3 Electrode Placement Dose setting/dose level Impedance test Seizure pattern Seizure duration EEG Seizure duration | | |
| Plan For Next Session/ Post ECT side effects | | |
| Administering Doctors Signature | | |

Name ..... NHS Number

## Re Assessment – 4

Treatment

After each 2 prescriptions / treatments the following assessment must be completed before further treatments may be given. No variances are possible for this section. To be completed by a member of the medical team.

**Patient Self Report**

How do you feel compared with how you felt before ECT? *(e circle)*

*Worse, No change, Bit better, Much better, 100% well*

What is your memory like now compared with before ECT? *( circle)*

*Much worse, Bit worse, No change, Better*

Are you happy to continue with ECT Treatment ? **Yes / No**

**Clinical Assessment**
**Complete at least one standardized assessment**

| *Name of Assessment Tool(s)* | *Date* | *Score* |
|---|---|---|
| CGI (Clinical Global Impressions Scale) see page 23 for score sheet | | |
| | | |
| | | |

Reported / Observable side effects

Effects on Target Symptoms

**Cognitive function -** *Worse, No change, Improved*

**Have there been any changes in the patient's physical health?** Comment

Plan – continue with ECT - **YES/NO**

Completed by ..... Date .....

Recovery

Name ..... NHS Number

# Anesthetic Recovery Observation

*Post ECT observations should be completed to assess the physical recovery of the patient post anesthetic and to provide information to assist with prescribing of anesthetic and a Stimulation dose for future treatments. The person receiving the patient from the ECT suite should sign to indicate that they have received the patient and will continue to observe, or remain with the patient until they have fully recovered. If a prescribed set of observations is either completed at a different time from identified or missed for any reason this should be noted in the comments box.*

*Session no 1* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr | 6 hr |
|---|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | | |
| Time Completed | | | | | | | | | |
| BP | / | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | | |
| Respiration | | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | | |
| Airway | | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | | |
| Do they have a headache? | | | | | | | | | |
| Have they vomited? | | | | | | | | | |
| Is the patient agitated? | | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | | |
| Cannula Removed | | | | | | | | | |
| Comments | | | | | | | | | |
| Signed | | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time .....<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time .....<br>Signed ..... |

*Session no 2* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr |
|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | |
| Time Completed | | | | | | | | |
| BP | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | |
| Respiration | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | |
| Airway | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | |
| Do they have a headache? | | | | | | | | |
| Have they vomited? | | | | | | | | |
| Is the patient agitated? | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | |
| Cannula Removed | | | | | | | | |
| Comments /Variance | | | | | | | | |
| Signed | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time<br>Signed | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time<br>Signed |

Name .....

NHS Number

# Anesthetic Recovery Observation

*Post ECT observations should be completed to assess the physical recovery of the patient post anesthetic and to provide information to assist with prescribing of anesthetic and a Stimulation dose for future treatments. The person receiving the patient from the ECT suite should sign to indicate that they have received the patient and will continue to observe, or remain with the patient until they have fully recovered. If a prescribed set of observations is either completed at a different time from identified or missed for any reason this should be noted in the comments box.*

*Session no 3* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr | 6 hr |
|---|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | | |
| Time Completed | | | | | | | | | |
| BP | / | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | | |
| Respiration | | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | | |
| Airway | | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | | |
| Do they have a headache? | | | | | | | | | |
| Have they vomited? | | | | | | | | | |
| Is the patient agitated? | | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | | |
| Cannula Removed | | | | | | | | | |
| Comments | | | | | | | | | |
| Signed | | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time .....<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time .....<br>Signed ..... |

*Session no 4* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr |
|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | |
| Time Completed | | | | | | | | |
| BP | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | |
| Respiration | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | |
| Airway | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | |
| Do they have a headache? | | | | | | | | |
| Have they vomited? | | | | | | | | |
| Is the patient agitated? | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | |
| Cannula Removed | | | | | | | | |
| Comments /Variance | | | | | | | | |
| Signed | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time<br>Signed |

Name ..... NHS Number

# Anesthetic Recovery Observation

*Post ECT observations should be completed to assess the physical recovery of the patient post anesthetic and to provide information to assist with prescribing of anesthetic and a Stimulation dose for future treatments. The person receiving the patient from the ECT suite should sign to indicate that they have received the patient and will continue to observe, or remain with the patient until they have fully recovered. If a prescribed set of observations is either completed at a different time from identified or missed for any reason this should be noted in the comments box.*

*Session no 5* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr | 6 hr |
|---|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | | |
| Time Completed | | | | | | | | | |
| BP | / | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | | |
| Respiration | | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | | |
| Airway | | | | | | | | | |
| $O^2$ | lts. | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | | |
| Do they have a headache? | | | | | | | | | |
| Have they vomited? | | | | | | | | | |
| Is the patient agitated? | | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | | |
| Cannula Removed | | | | | | | | | |
| Comments | | | | | | | | | |
| Signed | | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time .....<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time .....<br>Signed ..... |

*Session no 6* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr |
|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | |
| Time Completed | | | | | | | | |
| BP | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | |
| Respiration | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | |
| Airway | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | |
| Do they have a headache? | | | | | | | | |
| Have they vomited? | | | | | | | | |
| Is the patient agitated? | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | |
| Cannula Removed | | | | | | | | |
| Comments /Variance | | | | | | | | |
| Signed | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time<br>Signed | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time<br>Signed |

Name .....

NHS Number

# Anesthetic Recovery Observation

*Post ECT observations should be completed to assess the physical recovery of the patient post anesthetic and to provide information to assist with prescribing of anesthetic and a Stimulation dose for future treatments. The person receiving the patient from the ECT suite should sign to indicate that they have received the patient and will continue to observe, or remain with the patient until they have fully recovered. If a prescribed set of observations is either completed at a different time from identified or missed for any reason this should be noted in the comments box.*

*Session no 7* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr | 6 hr |
|---|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | | |
| Time Completed | | | | | | | | | |
| BP | / | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | | |
| Respiration | | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | | |
| Airway | | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | | |
| Do they have a headache? | | | | | | | | | |
| Have they vomited? | | | | | | | | | |
| Is the patient agitated? | | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | | |
| Cannula Removed | | | | | | | | | |
| Comments | | | | | | | | | |
| Signed | | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time .....<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time .....<br>Signed ..... |

*Session no 8* *Treatment Date:* *Treatment Time:*

| Interval | Pre ECT | 5 min | 10 mins | 15 mins | 20 mins | 30 mins | 1 hr | 3 hr |
|---|---|---|---|---|---|---|---|---|
| Time Due | | | | | | | | |
| Time Completed | | | | | | | | |
| BP | / | / | / | / | / | / | / | / |
| Pulse | | | | | | | | |
| Respiration | | | | | | | | |
| $SAO^2$ | % | % | % | % | % | % | % | % |
| State of Consciousness | | | | | | | | |
| Airway | | | | | | | | |
| $O^2$ | lts | lts | lts | lts | lts | lts | lts | lts |
| Nausea /Vomiting | | | | | | | | |
| Orientation In Time Place & Person | | | | | | | | |
| Do they have a headache? | | | | | | | | |
| Have they vomited? | | | | | | | | |
| Is the patient agitated? | | | | | | | | |
| Abnormalities reported to anesthetist / duty doctor? | | | | | | | | |
| Cannula Removed | | | | | | | | |
| Comments /Variance | | | | | | | | |
| Signed | | | | | | | | |

| | | | |
|---|---|---|---|
| Patient meets criteria for discharge from the ECT Clinic | Time .....<br>Signed ..... | Person receiving the patient from the clinic and taking responsibility for ongoing observation, | Time .....<br>Signed ..... |

Name ..... NHS Number

## Notes on the Clinical Global Impressions Scale- CGI

**Item 1 Severity of Illness** - rate the severity of the patient's illness at the time of assessment, relative to the clinician's past experience with patients who have the same diagnosis. Considering total clinical experience, a patient is assessed on severity of mental illness at the time of rating.

Score

1 normal (not at all ill)
2 borderline mentally ill
3 mildly ill
4 moderately ill
5 markedly ill
6 severely ill
7 extremely ill.

**Item 2 Global Improvement** - rate how much the patient's illness has improved or worsened relative to a baseline state. Compared to condition at baseline, a patient's illness is compared to change over time, and rated accordingly

Score

1 very much improved
2 much improved
3 minimally improved
4 no change
5 minimally worse
6 much worse
7 very much worse.

| **Item 3 Efficacy Index** | None | Do not significantly interfere with patient's functioning | Significantly interfere with patient's functioning | Outweigh therapeutic effect |
|---|---|---|---|---|
| **Therapeutic effect** | **1** | **2** | **3** | **4** |
| 4. Marked<br>Vast improvement. Complete or nearly complete remission of all symptoms | 4.00 | 2.00 | 1.33 | 1.00 |
| 3. Moderate<br>Decided improvement. Partial remission of symptoms. | 3.00 | 1.50 | 1.00 | 0.75 |
| 2. Minimal<br>Slight improvement which doesn't alter status of care of patient | 2.00 | 1.00 | 0.67 | 0.50 |
| 1. Unchanged or Worse | 1.00 | 0.50 | 0.33 | 0.25 |

Name ..... NHS Number

*ECT treatment record, Version 11 document code GPT-E4.3-07 , 2007, Denis Martin, Carol Allaway-Martin, Jonathan Hill,*

special article

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HELEN CAIRD, ADRIAN WORRALL AND PAUL ELLIOTT

# The Electroconvulsive Therapy Accreditation Service

The Electroconvulsive Therapy Accreditation Service (ECTAS) was launched in May 2003. Its purpose is to assure and improve the quality of the administration of electroconvulsive therapy. Participating clinics undergo a process of self- and peer-review. The Royal College of Psychiatrists' Court of Electors will award an accreditation rating to clinics that meet essential standards; this accreditation will last for 3 years, subject to annual self-review. Participating clinics will also receive feedback and advice about local strengths and areas for improvement. The accreditation service is endorsed by the Royal College of Nursing and the Royal College of Anaesthetists and has the support of the Healthcare Commission in relation to English services. Clinics that participate in ECTAS will be listed on the College website, with the accreditation rating awarded.

## The need for a quality assurance system

Although electroconvulsive therapy (ECT) remains controversial, evidence supports its effectiveness in treating depression (UK ECT Review Group, 2003). The National Institute for Clinical Excellence (NICE) has endorsed its value, albeit with recommendations restricting the type and severity of conditions for which it should be prescribed (National Institute for Clinical Excellence, 2003). The major threat to the continued use of this therapy is not doubt about whether it is a useful treatment option, but concern about how it is administered. A warning from an editorial in *The Lancet* in 1981 is as relevant today as it was nearly 25 years ago: 'If ECT is ever legislated against or falls into disuse it will not be because it is an ineffective or dangerous treatment, it will be because [of a failure] to supervise and monitor it correctly' (Lancet, 1981).

Regulation or accreditation of ECT was first proposed after the last national audit (Duffett & Lelliott, 1997, 1998) which, like an earlier survey (Pippard, 1992), found deficits in the quality of administration of this therapy. The potential impact of these deficits has been highlighted by the NICE guidance linking efficacy and side-effects of ECT to the method of its delivery (National Institute for Clinical Excellence, 2003). Shortcomings have also been found in the way in which information is provided to patients and consent is obtained; half of those undergoing ECT reported that they had not been given an adequate explanation (Rose *et al*, 2003). These problems in quality are in the context of testimonials that suggest that many ECT clinic staff work in isolation, with little communication with other clinics.

The Royal College of Psychiatrists Special Committee on ECT has been active in improving the administration of ECT for more than a decade. It published the *ECT Handbook* in 1995 (Royal College of Psychiatrists, 1995), and provides training and advice. The Committee is a multiprofessional group, including anaesthetists and nurses as well as psychiatrists.

## Aims of ECTAS

The ECT Accreditation Service will accredit both National Health Service and independent clinics in England, Ireland, Northern Ireland and Wales that meet explicit standards. The service also aims to foster learning and communication between clinics, and to create a national network to support working in the clinics, by involving them in the process of peer review and by:

- maintaining a database of standards in the administration of ECT;
- facilitating an e-mail discussion group;
- organising an annual members' forum.

## The standards

The accreditation standards for electroconvulsive therapy have been drawn from the *ECT Handbook* (Royal College of Psychiatrists, 1995), the NICE Technology appraisal (National Institute for Clinical Excellence, 2003), the Scottish national audit (CRAG Working Group on Mental Illness, 2002), the systematic review of the efficacy and safety of ECT in depressive disorders (The UK ECT Review Group, 2003) and the systematic review of patients' perspectives by Rose *et al*, 2003. The standards have been the subject of extensive consultation with all professional groups involved in this therapy and with service users and their representative organisations, and have been piloted during 'mock' visits to two clinics. The current

Clinics in this category will have the opportunity to take action over a 6-month period to demonstrate that they now meet the criteria for category 2 approval.

*Category 4*

Category 4 is 'not approved'. The clinic:

- fails to meet one or more type 1 standards and does not demonstrate the capacity to meet these within a short time;
- fails to meet a substantial number of type 2 standards and does not demonstrate the capacity to meet these within a short time.

Clinics in this category will be advised that, in the opinion of ECTAS, electroconvulsive therapy should not be administered in the clinic until these standards have been met.

## Accreditation period

Clinics that satisfactorily complete the initial self- and peer review process are accredited for 3 years. Maintenance of a clinic's approved status is conditional on the satisfactory completion of annual self-review.

## Organisation of ECTAS

The Royal College of Psychiatrists provided funding to establish ECTAS, and the College Research Unit manages the initiative. The ECTAS team is advised and supported by a reference group which has cross-representation from the ECT committee. The Accreditation Advisory Committee, which receives reports and makes recommendations about accreditation status, is chaired by Dr Chris Freeman. Both the reference group and the Committee are multiprofessional, with representatives from the Royal College of Nursing and Royal College of Anaesthetists.

As well as the endorsement of the Royal College of Nursing and Royal College of Anaesthetists, ECTAS has support of the Healthcare Commission. The latter recommends that independent-sector psychiatric hospitals in England that have ECT clinics should participate in ECTAS. The Irish College of Psychiatrists is actively involved in promoting ECTAS to services in Ireland, and similar links are being established in Northern Ireland and Wales.

## Progress

The Accreditation Service was launched on the same platform as the NICE Technology Appraisal of ECT (National Institute for Clinical Excellence, 2003), on 1 May 2003. Twenty-five clinics subscribed to the first wave of accreditation. This commenced in October 2003, with the first peer review taking place in January 2004 and the first clinics being accredited in late spring 2004.

## Benefits of membership

Membership of ECTAS is voluntary. In keeping with successful quality improvement initiatives, the impetus for the first wave of members came from the staff working in the clinics, not from senior managers. Accreditation recognises the achievement of the clinical team, and the local reports provide clear advice about areas for improvement. Membership of the e-mail discussion group and the annual forum will promote better communication between services, while the peer review process allows staff to visit and learn from other services. As it develops and more clinics become accredited, regulatory bodies – including the College, which approves training schemes – may come to expect that services that provide electroconvulsive therapy meet ECTAS standards.

In time, ECTAS should also help inform patients' treatment decisions. An accreditation rating will reassure patients, and referrers, that an ECT clinic not only meets certain standards but is also striving to improve. To support this, all clinics participating in ECTAS will be listed on the Royal College website, with the accreditation rating awarded.

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Clinics in this category will have the opportunity to take action over a 6-month period to demonstrate that they now meet the criteria for category 2 approval.

*Category 4*

Category 4 is 'not approved'. The clinic:

- fails to meet one or more type 1 standards and does not demonstrate the capacity to meet these within a short time;
- fails to meet a substantial number of type 2 standards and does not demonstrate the capacity to meet these within a short time.

Clinics in this category will be advised that, in the opinion of ECTAS, electroconvulsive therapy should not be administered in the clinic until these standards have been met.

## Accreditation period

Clinics that satisfactorily complete the initial self- and peer review process are accredited for 3 years. Maintenance of a clinic's approved status is conditional on the satisfactory completion of annual self-review.

## Organisation of ECTAS

The Royal College of Psychiatrists provided funding to establish ECTAS, and the College Research Unit manages the initiative. The ECTAS team is advised and supported by a reference group which has cross-representation from the ECT committee. The Accreditation Advisory Committee, which receives reports and makes recommendations about accreditation status, is chaired by Dr Chris Freeman. Both the reference group and the Committee are multiprofessional, with representatives from the Royal College of Nursing and Royal College of Anaesthetists.

As well as the endorsement of the Royal College of Nursing and Royal College of Anaesthetists, ECTAS has support of the Healthcare Commission. The latter recommends that independent-sector psychiatric hospitals in England that have ECT clinics should participate in ECTAS. The Irish College of Psychiatrists is actively involved in promoting ECTAS to services in Ireland, and similar links are being established in Northern Ireland and Wales.

## Progress

The Accreditation Service was launched on the same platform as the NICE Technology Appraisal of ECT (National Institute for Clinical Excellence, 2003), on 1 May 2003. Twenty-five clinics subscribed to the first wave of accreditation. This commenced in October 2003, with the first peer review taking place in January 2004 and the first clinics being accredited in late spring 2004.

## Benefits of membership

Membership of ECTAS is voluntary. In keeping with successful quality improvement initiatives, the impetus for the first wave of members came from the staff working in the clinics, not from senior managers. Accreditation recognises the achievement of the clinical team, and the local reports provide clear advice about areas for improvement. Membership of the e-mail discussion group and the annual forum will promote better communication between services, while the peer review process allows staff to visit and learn from other services. As it develops and more clinics become accredited, regulatory bodies – including the College, which approves training schemes – may come to expect that services that provide electroconvulsive therapy meet ECTAS standards.

In time, ECTAS should also help inform patients' treatment decisions. An accreditation rating will reassure patients, and referrers, that an ECT clinic not only meets certain standards but is also striving to improve. To support this, all clinics participating in ECTAS will be listed on the Royal College website, with the accreditation rating awarded.

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