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|  <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> | <p align="center">ELECTROCONVULSIVE THERAPY (ECT): STAFF ROLES & RESPONSIBILITIES</p> | <p align="center">Protocol CPM.M8.3</p> |
| <p align="center">CLINICAL PRACTICE MANUAL</p> | | |

PURPOSE

- To ensure that treatment administered to Bay of Plenty District Health Board (BOPDHB) Tangata Whaiora / service users , prior to, during and after Electroconvulsive Therapy (ECT), is comprehensive, individualised and consistent.
- To ensure Tangata Whaiora / service user safety throughout the ECT process.
- To ensure this care is acceptable to both consumer / Tangata Whaiora and family / whānau.
- To ensure all ECT is appropriately and consistently prescribed and administered within prevailing clinical, cultural, ethical and legal guidelines.
- To ensure the Tangata Whaiora / service user and their family / whānau are fully informed on planned care and therefore able to make informed decisions.

STANDARDS TO BE MET

1. Community Case Managers Responsibilities

For Tangata Whaiora / service users receiving ECT as community based treatments:

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| <p>Prior To Treatment:</p> <ul style="list-style-type: none"> • In conjunction with the ECT Nurse health education of the Tangata Whaiora / service users family / whānau and relevant others involving issues surrounding ECT is provided. • Organise a responsible carer / support person to transport the Tangata Whaiora / service user to and from treatment and spend the first 24 hours post treatment with him / her. • If no support person available, organise alternative accommodation and transport such as respite or admission to the relevant ward if this is available. • Ensure health record is available and forwarded to DSU / Ward the day before the procedure. • Educate Tangata Whaiora / service user and their family / whānau on the management of nil by mouth (NBM) procedure. • Complete MADRS, HoNOS and ACE-III and forward scores to ECT coordinator • Communicate with the ECT Nurse Co-ordinator any issues of concern and keep him / her informed on progress / decisions made. <p>During The Course Of Treatments:</p> <ul style="list-style-type: none"> • Communicate with the ECT Nurse Co-ordinator any issues of concern and keep him / her informed on progress of Tangata Whaiora / service user's decisions made and change in treatment plans. <p>POST TREATMENT MONITORING AND FOLLOW UP:</p> <ul style="list-style-type: none"> • Complete monitoring of mood via MADRS, and cognition via ACE-III as well as HONoS, and forward scores to ECT Co-ordinator for audit purposes. • Monitoring to be completed: <ul style="list-style-type: none"> - 1 week after index treatment completed - 3 months after index course completed - 6 months after index course completed - 12 months after index course completed • For those Tangata Whaiora / service users receiving maintenance ECT; <ul style="list-style-type: none"> - MADRS and HoNOS should be completed 3 monthly - ACE-III 6 monthly with results forwarded to the ECT Co-ordinator. |
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2. Inpatient Nurse Responsibilities

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| <p>Prior to Treatment</p> <ul style="list-style-type: none"> • Following the appropriate prescription of ECT treatment, the primary nurse must offer health education, for the Tangata Whaiora / service user and their family / whānau. • Complete MADRS, HoNOS and ACE-III and forward results to ECT Co-ordinator • ECT Nurse Co-ordinator is available for assistance and support of the Tangata Whaiora / service user and their family / whānau. <p>Documentation</p> <ul style="list-style-type: none"> • Ensure documentation is correctly completed prior to commencement of treatment: • Valid Informed Consent; including Section 60 of MHA if relevant. • Prescription and Treatment form, including ECT prescription by prescribing clinician. • Current medications have been reviewed and documented. • Results of current blood studies, ECG and Chest x-ray are available. • Pre-anaesthetic assessment and anaesthetic consent are completed. • ECT Checklist signed by relevant parties. • Ensure all relevant documents are in the health record including medication chart and 10 identification sticky labels. • Mental health and medical health record accompany the Tangata Whaiora./ service user to theatre. |
| <p>Day Of Procedure</p> <p>Escort nurse to ensure:</p> <ul style="list-style-type: none"> • NBM orders have been followed. • Mane medications administered at 0600 hours, per ECT Plan. • TPR, BP, SaO2 and weight in ECT Anaesthetic & PACU record • Attend to oral hygiene / hair and skin clean and dry / dentures in situ. • Tangata Whaiora is dressed in comfortable, loose fitting clothing. • Identification bracelet in place. • Valuables are stored as per policy / protocol. • Current blood glucose results for NIDDM / IDDM • Ensure Tangata Whaiora / service user has an empty bladder before transporting to theatre. • Reassure Tangata Whaiora / service user and give emotional support. |
| <p>Transfer To Theatre</p> <ul style="list-style-type: none"> • The escort nurse must be a registered nurse with a valid CPR certificate. • Students may not accompany Tangata Whaiora / service users to and from procedures alone. • Tangata Whaiora / service users to be taken to theatre in the order of the clinic booking list, to minimise waiting periods before treatment. • The nurse will assess the Tangata Whaiora / service user's mood, degree of impulsivity and mobility and may call for assistance to safely transfer the patient. • Relevant information about the Tangata Whaiora / service users physical and mental status must be communicated to the clinical team. • Support the patient at all times. |

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| <p>Issue Date: Sep 2021 Review Date: Sep 2024</p> | <p>Page 2 of 6 Version No: 5</p> | <p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p> |
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Post ECT

- Assist recovery staff where needed.
- Do not transfer Tangata Whaiora / service users until they are released by recovery staff.

Transfer To Ward

- Transfer of Tangata Whaiora / service users post anaesthetic must be by a registered nurse (RN).
- Arrange for assistance of an Orderly or another nurse, with the transfer of the Tangata Whaiora / service user back to the ward.
- Orientate the Tangata Whaiora / service user to time and place and give reassurance.

Post ECT Nursing Care

- TPR, BP and SaO2 are recorded in the health record.
- Settle to bed on the ward and offer food and fluids and reassure.
- Complete ECT Checklist form.
- Administer medications withheld at 0600 hours. Paracetamol as ordered, prn.
- Ensure valuables are returned once Tangata Whaiora / service user is fully orientated.

3. Day Stay Unit (DSU) Responsibilities Towards ECT Clients

ADMISSION

Reception staff:

- Tangata Whaiora / service user presents to DSU by 0730 hours.
- Receptionist admits Tangata Whaiora / service user and checks personal details recorded on the admission sheet of health record.

Nursing staff:

Documentation

- Ensure documentation is correct prior to treatment.
- Valid Informed Consent; including Section 60 of MHA if relevant.
- Prescription and Treatment form, including ECT prescription by prescribing clinician.
- Recent pre-anaesthetic assessment and anaesthetic consent are completed.
- ECT Checklist signed by relevant parties.
- TPR, BP, pulse, SaO2 and weight in ECT Anaesthetic & PACU record.
- Ensure all relevant documents are in the health record including medication chart and 10 identification sticky labels.
- Mental Health & Addiction Services (MH&AS) and medical health record accompany the Tangata Whaiora / service user to theatre, as available.

Procedure

Admitting nurse to ensure:

- Transport home and a caregiver have been organised for following 24 hours.
- NBM orders have been followed.
- Mane medications have been administered at 0600 hours, per ECT plan.
- Note: oral hygiene / hair and skin are clean / dentures in situ.
- Tangata Whaiora / service user dressed in comfortable loose-fitting clothing.

- Identification bracelet is in place.
- Valuables are stored as per policy / procedure.
- Current blood glucose results for NIDDM / IDDM
- Ensure Tangata Whaiora / service user has an empty bladder before transporting to theatre.
- Reassure Tangata Whaiora / service user and give emotional support.

Transfer To Theatre:

- The escort nurse must be a RN with a valid CPR certificate.
- Students may not accompany consumers to and from procedures alone.
- Tangata Whaiora / service user to be taken to theatre in the order of the clinic booking list, to minimise waiting periods before treatment.
- The nurse will assess the Tangata Whaiora / service user mood, degree of impulsivity and mobility and may call for assistance to safely transfer the Tangata Whaiora / service user .
- Relevant information about the patient's physical and mental status must be communicated to the clinical team.
- Support the patient at all times.
- Hand over to the Recovery Nurse.

Post ECT

- Tangata Whaiora / service user is transferred to DSU, assisted by recovery staff, once fully orientated and medically stable.
- TPR, BP and SaO2 are recorded in the health record.
- Complete Post ECT Nursing Checklist (form 7564).
- Administer Paracetamol as ordered prn.
- Ensure valuables are returned once Tangata Whaiora / service user is fully orientated.

Discharge From DSU

- Ensure Tangata Whaiora / service user is fully orientated and medically stable before discharge.
- Transport arrangements to and from procedure will be in place, Tangata Whaiora / service user must be discharged into the care of a responsible person who must offer support and assistance for the following 24 hours.
- The Tangata Whaiora / service user must be advised not to drive a vehicle, operate electrical equipment or machinery or make decisions involving testamentary capacity for 24 hours after anaesthesia.
- If any concerns are raised, contact firstly, the Tangata Whaiora / service users Community Case Manager or the ECT Nurse Co-ordinator.

4. Guidelines For ECT Patient Flow In The Perioperative Unit

- When there is more than one (1) Tangata Whaiora / service user requiring ECT on any of the given treatment days (Monday, Wednesday and Fridays) the ECT Co-ordinator will stagger the start time in an effort to decrease waiting times for Tangata Whaiora / service user. The first ECT treatment will commence at 0800 hours.

Existing Patients from Mental Health Services

- Tangata Whaiora / service users will enter through SAU reception and be shown

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|---|--------------------------------------|--|
| Issue Date: Sep 2021 | Page 4 of 6 | NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version. |
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to the consulting room accompanied by the RN. The RN from the MH&AS will stay with the Tangata Whaiora / service user throughout the procedure.

- Documentation will be checked by a RN from PACU.
- Tangata Whaiora / service users escorted to the Procedure room by the escorting RN and the PACU nurse. Anaesthetic and ECT administered (Anaesthetist and Psychiatrist) with the PACU Nurse in attendance to monitor the Tangata Whaiora / service users throughout the procedure.
- Tangata Whaiora / service users on bed transferred to 2nd stage PACU. Once discharge criteria met Tangata Whaiora / service user is discharged to appropriate area with the RN accompanying the Tangata Whaiora / service user.

REFERENCES

- Code of Health and Disability Services Consumers' Rights Act, 1994
- Health & Disability Services Standards NZS 8134:2008 Standards New Zealand
- Human Rights Act, 1993
- Mental Health (Compulsory Assessment and Treatment) Act, 1992
- Mental Health (Compulsory Assessment & Treatment Amendment Act, 1999
- Ministry of Health Draft Audit and Recommendations on ECT, 2003
- Privacy Act, 2020
- Protection of Personal and Property Rights Act, 1988
- The ECT Handbook – Royal College of Psychiatrists, 2nd ed. (2005)
- The Practice of ECT, American Psychiatric Association, 2nd ed. (2001), Washington D.C
- The Royal Australian and New Zealand College of Psychiatrists. Clinical Memoranda #12 (ECT)

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.1.1 Informed Consent](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.33 Electroconvulsive Therapy](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.1 ECT and Written Consent to Treatment](#)
- BOP DHB ECT Booklet -Information for you, your family/whānau
- [ECT 2nd Opinion \(section 60\) report](#)
- [ECT Checklist](#)
- ECT Committee: Terms of Reference
- [ECT Consent form](#)
- [ECT Prescription and Treatment Form](#)
- [ECT Treatment Review Form](#)
- ECT Outcomes Rating Scale 11/05
- ECT Evaluation 7591 9/04.
- FM.E11.1 [ECT – Request for Anaesthesia Services for ECT](#)

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|---|--------------------------------------|--|
| Issue Date: Sep 2021 | Page 5 of 6 | NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version. |
| Review Date: Sep 2024 | Version No: 5 | |
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ECT Administration Staff Booking System

