



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT ELECTROCONVULSIVE THERAPY (ECT)	POLICY NO. 202.12	EFFECTIVE DATE 09/01/05	PAGE 1 of 14
APPROVED BY:  <div style="text-align: right;">Director</div>	SUPERSEDES 102.12	ORIGINAL ISSUE DATE 04/18/88	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To provide guidelines for obtaining written informed consent for electroconvulsive therapy (ECT).
- 1.2 To identify legal requirements specific to the following categories: Voluntary patients, patients under guardianship or conservatorship, involuntary patients, and minors.
 - 1.2.1 This policy does not describe additional requirements specific to persons eligible for regional center services who may require electroconvulsive therapy for mental disorder. For information on requirements specific to this group, please see California Code of Regulations, Title 17, Section 50801 et seq.
- 1.3 To identify State and local reporting requirements related to ECT.

DEFINITIONS

- 2.1 ECT is the planned induction of a seizure through electrical means for therapeutic purposes. (Title 9, California Code of Regulations (**9 CCR**), Section 836(a))
- 2.2 “Written informed consent” means that the person knowingly and intelligently, without duress or coercion, clearly and explicitly manifests consent to the proposed therapy to the treating physician and in writing on a standard consent form (Attachments I-A & I-B). (Welfare and Institutions Code (**WIC**), Section 5326.5(a))

POLICY

3.1 NECESSITY AND NATURE OF WRITTEN INFORMED CONSENT

- 3.1.1 No ECT shall be performed if the patient, whether admitted to the facility as a voluntary or involuntary patient, is deemed to be able to give written informed consent and refuses to do so. (WIC 5326.85)
 - 3.1.1.1 If the patient is deemed by the physician to have capacity to give informed consent, but refuses to do so, the physician shall indicate in the



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clinical record that the treatment was refused despite the physician's advice and that the physician has explained to the patient the patient's responsibility for any untoward consequences of his/her refusal. (WIC 5326.85)

- 3.1.2 A person shall be deemed to have capacity to consent or to refuse to consent if it is determined that such person has actually understood and can knowingly and intelligently act upon the information specified in 4.1.1. (9 CCR 840(a))
 - 3.1.2.1 Understanding of the potential benefits and risks of the proposed treatment is the primary factor in determining such capacity to consent or refuse to consent. (9 CCR 840(a))
 - 3.1.2.2 A person shall not be deemed to lack capacity to consent or refuse consent solely by virtue of any psychiatric or medical diagnosis. (9 CCR 840(b))
- 3.1.3 Consent shall be for a specified maximum number of treatments over a specified maximum period of time not to exceed thirty (30) days (See 7.1.1). Additional treatment in number or time, not to exceed 30 days, shall require a renewed written informed consent. (WIC 5326.7(d) and 5326.75(a))
 - 3.1.3.1 Consent shall be revocable by the patient at any time before or between treatments. Withdrawal of consent may be either oral or written and shall be effective immediately. (WIC 5326.7(d) and 5326.75(a))
- 3.1.4 The physician may urge the proposed treatment as the best one, but may not use, in an effort to gain consent, any reward or threat, expressed or implied, nor any other form of inducement or coercion, including, but not limited to, placing the patient in a more restrictive setting, transfer of the patient to another facility, or loss of the patient's hospital privileges. No one shall be denied any benefits for refusing ECT. (WIC 5326.5(b))
 - 3.1.4.1 Transfer of the patient to another facility, loss of hospital privileges or placement in a more restrictive setting may subsequently be justified for medical or psychiatric reasons, but shall not be a direct consequence of the patient's refusal to consent to the proposed treatment. (9 CCR 841)



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PROCEDURE

4.1 OBTAINING WRITTEN INFORMED CONSENT

4.1.1 The treating physician shall utilize the standard State Department of Mental Health ECT consent form “*Informed Consent for Electroconvulsive Treatment (ECT) MH #300 (11/90)*” and, in writing, supplement it with those details which pertain to the particular patient being treated (WIC 5326.3). The treating physician shall present the supplemented form to the patient and orally, in a language or modality understood by the person giving the consent (9 CCR 839(b)), clearly and in detail explain the following: (WIC 5326.4)

- 4.1.1.1 The reason for the ECT, i.e., the nature and seriousness of the patient's illness, disorder or defect. (WIC 5326.2(a))
- 4.1.1.2 The nature of the procedures to be used in the proposed treatment, including its probable frequency and duration. (WIC 5326.2(b))
- 4.1.1.3 The probable degree and duration (temporary or permanent) of improvement or remission, expected with and without such treatment. (WIC 5326.2 (c))
- 4.1.1.4 The nature, degree, duration, and the probability of side effects and significant risks, commonly known by the medical profession, of such treatment, including its adjuvants, especially noting the degree and duration of memory loss (including its irreversibility) and how and to what extent they may be controlled, if at all. (WIC 5326.2(d))
- 4.1.1.5 That there exists a division of opinion as to the efficacy of the proposed treatment, why and how it works, and its commonly known risks and side effects. (WIC 5326.2(e))
- 4.1.1.6 The reasonable alternative treatments and why the physician is recommending this particular treatment. (WIC 5326(f))
- 4.1.1.7 The supplemental information pertaining to this particular patient. (WIC 5326.3)



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- 4.1.1.8 That the patient has the right to accept or refuse the proposed treatment and that, if the patient consents, the patient has the right to revoke his/her consent for any reason, at any time prior to or between treatments. (WIC 5326.2(g))

- 4.1.2 The fact of the oral explanation shall be entered into the patient's treatment record including the date and time when the required information was discussed. (WIC 5326.4)

- 4.1.3 Written informed consent shall be given only after 24 hours have elapsed from the time the information in Section 4.1 has been given. (WIC 5326.5(e))
 - 4.1.3.1 The fact that the written consent form was executed shall be entered into the patient's treatment record, as shall a copy of the consent itself. (WIC 5326.4)

 - 4.1.3.2 The consent form must be dated and witnessed (WIC 5326.4). The witness must be someone other than the treating physician who explained and presented the consent form.

 - 4.1.3.3 The consent form shall be available to the person and to his/her attorney, guardian, and conservator and, if the patient consents, to a responsible relative of the patient's choosing. (WIC 5326.4)

5.1 **REQUIREMENTS SPECIFIC TO VOLUNTARY PATIENTS**

ECT may be administered to a voluntary patient when all of the following conditions are met:

- 5.1.1 The attending or treating physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered, and that the treatment is definitely indicated and is the least drastic alternative available for this patient at this time. (WIC 5326.75(a))
 - 5.1.1.1 Such statement in the treatment record shall be signed by the attending **and** treating physician or physicians. (WIC 5326.7(a))

- 5.1.2 The attending physician believes the patient has the capacity to give written informed consent.



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5.1.2.1 If the attending physician believes the patient does not have the capacity to give a written informed consent:

- A review of the patient’s treatment record shall be performed as described in 5.2.2 (WIC 5326.75(c));
- An oral explanation is given to a responsible relative as described in 5.1.4 (WIC 5326.75(a)); **and**
- A petition shall be filed in Superior Court to determine the patient’s capacity to give written informed consent. (WIC 5326.75(c))

5.1.3 The patient gives written informed consent (WIC 5326.75(c)) as defined in Section 4.1.

5.1.4 A responsible relative of the patient’s choosing has been given an oral explanation of the contents of the consent (See Section 4.1) by the attending physician. (WIC 5326.75(a))

5.1.4.1 In this context, “responsible relative” includes the spouse, parent, adult child, or adult brother or sister of the patient. (WIC 5326.6(d))

5.1.4.2 Should the patient desire not to inform a relative or should such chosen relative be unavailable, this requirement is dispensed with. (WIC 5326.7(c))

5.1.5 A board-certified or board-eligible psychiatrist or a board-certified or board-eligible neurologist other than the patient’s attending or treating physician has examined the patient and verifies the patient has the capacity to give and **has given** written informed consent. (WIC 5326.75(b))

5.1.5.1 Such verification shall be documented in the patient’s treatment record (Attachment II) and signed by the treating physician. (WIC 5326.75(b))

5.1.5.2 If no verification required by 5.1.5:

- A review of the patient’s treatment record shall be performed as described in Section 5.2.2 (WIC 5326.75(c));
- An oral explanation is given to a responsible relative as described in Section 5.1.4 (WIC 5326.75(a)); and
- A petition shall be filed in Superior Court (Department 95) to determine the patient’s capacity to give written informed consent. (WIC 5326.75(c))



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5.2 REQUIREMENTS SPECIFIC TO INVOLUNTARY PATIENTS AND PERSONS UNDER GUARDIANSHIP OR CONSERVATORSHIP

Persons with guardians or conservators and persons detained under Welfare and Institutions Code, Sections 5150, 5250, 5260, 5270.10, or 5300 may be administered ECT when **ALL** of the following conditions are met:

- 5.2.1 The attending or treating physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered and that treatment is definitely indicated and is the least drastic alternative available for this patient at this time. (WIC 5326.7(a))
 - 5.2.1.1 Such statement in the treatment record shall be signed by the attending **and** treating physician or physicians. (WIC 5326.7(a))

- 5.2.2 A review of the patient's treatment record is conducted by a committee of two physicians, at least one of whom shall have personally examined the patient. One physician shall be appointed by the facility and one shall be appointed by the local mental health director. Both shall be either board-certified or board-eligible psychiatrists or board-certified or board-eligible neurologists. (WIC 5326.7(b))
 - 5.2.2.1 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC 5326.55)
 - 5.2.2.2 It shall be the responsibility of the local mental health director to promulgate a list of physicians eligible to serve as local mental health director appointees to pre-treatment review committees. The facility shall select one physician from this list. The physician selected from this list is considered "appointed by the local mental health director" (Los Angeles County Department of Mental Health **(DMH)**).
 - 5.2.2.3 This review committee must unanimously agree with the treating physician's determinations described in Section 5.2.1 (WIC 5326.7(b)). Such agreement shall be documented in the patient's treatment record and on the Pre-Treatment Review Committee Statement (Attachment III) signed by both physicians. (WIC 5326.7(b))



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- 5.2.3 A responsible relative of the person's choosing and the person's guardian or conservator, if there is one, have each been given an oral explanation of the contents of the consent (See Section 4.1) by the attending physician. (WIC 5326.7(c))
 - 5.2.3.1 In this context, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the patient. (WIC 5326.6(d))
 - 5.2.3.2 Should the patient desire not to inform a relative or should such chosen relative be unavailable, this requirement is dispensed with. (WIC 5326.7(c))
- 5.2.4 The attending physician believes the patient has the capacity to give written informed consent.
- 5.2.5 The patient gives written informed consent as defined in Section 4.1 (WIC 5326.7(d)).
 - 5.2.5.1 If the attending physician believes the patient does not have the capacity to give a written informed consent, then a petition shall be filed in Superior Court (Department 95) to determine the patient's capacity to give written informed consent. (WIC 5326.7(f))
- 5.2.6 The patient's attorney, or, if none, a public defender appointed by the Court, agrees as to the patient's capacity to give written informed consent and that the patient has given written informed consent. (WIC 5326.7(e))
 - 5.2.6.1 If the attorney believes the patient does not have the capacity to give a written informed consent, then a petition shall be filed in Superior Court (Department 95) to determine the patient's capacity to give written informed consent. (WIC 5326.7(f))
 - 5.2.6.2 When Section 5326.7(e) of the Welfare and Institutions Code requires a person's attorney make a determination as to the person's capacity or incapacity to give written informed consent, the attorney shall make an independent judgment of capacity. (9 CCR 840(c))
- 5.2.7 If the Court determines the patient does not have the capacity to give written informed consent, then treatment may be performed upon gaining the written informed consent (described in Section 4.1) from the responsible relative or the guardian or conservator of the patient. (WIC 5326.7(g))



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5.2.8 At any time during the course of treatment of a person who has been deemed incompetent, that person shall have the right to claim regained competency. Should the person do so, the person's competency must be reevaluated according to Sections 5.2.6, 5.2.5.1, 5.2.6.1, and 5.2.7. (WIC 5326.7(h))

5.3 REQUIREMENTS SPECIFIC TO MINORS FROM 12 to 25 YEARS OF AGE

Under no circumstances shall convulsive treatment be performed on a minor under 12 years of age. (WIC 5326.8)

Persons 12, 13, 14, or 15 years of age may be administered convulsive treatment if all requirements specific to involuntary patients and patients under guardianship or conservatorship (See Section 5.2) have been met per CCR 845(b) **and** the following conditions are met:

5.3.1 It is an emergency situation and convulsive treatment is deemed a lifesaving treatment. (WIC 5326.8(a))

5.3.2 This fact and the need for and appropriateness of the treatment are unanimously certified by a review board of three board-certified or board-eligible child psychiatrists appointed by the local mental health director. (WIC 5326.8(b))

5.3.2.1 The treatment physician or the facility must contact the Office of the Medical Director, Los Angeles County Department of Mental Health (DMH) for information on assembling this pre-treatment review board.

5.3.2.2 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC 5326.55)

5.3.2.3 Review board agreement shall be documented in the patient's treatment record and signed by all three physicians. (*Accord* WIC 5326.7(b))

5.3.3 If substituted consent is authorized by the court and the minor is not emancipated, the custodial parent or parents or the individual or agency with legal custody, shall be considered the guardian for the purposes of granting or withholding substituted consent. (9 CCR 845(c))

5.3.4 ECT is otherwise performed in full compliance with the regulations promulgated by the Director of the State Department of Mental Health. (WIC 5326.8)

5.3.5 The treatment is thoroughly documented and reported immediately to the Director of the State Department of Mental Health. (WIC 5326.8(d))



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5.4 REQUIREMENTS SPECIFIC TO MINORS 16 and 17 YEARS OF AGE

5.4.1 Persons aged 16 and 17 who are voluntary patients may themselves grant or withhold consent for convulsive treatment to the same extent as adults who are voluntary patients (See Section 5.1). (9 CCR 845(d))

5.4.1.1 The oral explanation described in Section 5.1.4 may not be given without the minor's consent. (Health and Safety Code, Section 123115(a))

5.4.2 Persons aged 16 and 17 who are detained under WIC, Sections 5250, 5260, 5270.15, 5300 or 5585.50 are subject to Section 5.2. (9 CCR 845(b))

5.4.2.1 The oral explanation described in Section 5.2.3 may not be given without the minor's consent. (Health and Safety Code, Section 123115(a))

5.4.2.2 If substituted consent is authorized by the court and the minor is not emancipated, the custodial parent or parents or the individual or agency with legal custody, shall be considered the guardian for purposes of granting or withholding substituted consent. (9 CCR 845(c))

5.4.3 Persons aged 16 and 17 who have conservators or court appointed guardians are subject to Section 5.2. (9 CCR 845(b))

5.4.3.1 The oral explanation described in Section 5.2.3 may not be given without the minor's consent. (Health and Safety Code, Section 123115(a))

6.1 POST-TREATMENT REVIEW COMMITTEES

6.1.1 Any facility in which ECT is performed, whether on a voluntary or an involuntary patient, shall designate a qualified committee of three psychiatrists and/or neurologists knowledgeable about the treatment and its effect to verify the appropriateness and need for such treatment. (9 CCR 847(a))

6.1.1.1 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC 5326.55)



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6.1.1.2 This committee shall review all convulsive treatments given in that facility on a quarterly basis. (9 CCR 847(a))

6.1.1.3 If treatments are initiated in a facility and then continued outside that facility, the physician who continues treatments shall report the total number of treatments to the facility. Any such treatments shall be reviewed by the facility's review committee. (9 CCR 847(a))

6.1.2 For ECT not included under Section 6.1.1 (including outpatient programs), the local mental health director shall approve the establishment of a post ECT treatment review committee by the entity providing ECT. (9 CCR 847(b))

6.1.2.1 This committee shall consist of three psychiatrists and/or neurologists and shall meet on a quarterly basis to verify the appropriateness and need for such treatment. (9 CCR 847(b))

6.1.2.2 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC 5326.55)

6.1.2.3 Records submitted to these committees shall have the identifying data on the patient deleted, except where disclosure is otherwise authorized by WIC, Section 5328, et seq. (9 CCR 847(b))

6.1.2.4 Records of these committees will be subject to availability in the same manner as are the records of other hospital utilization and audit committees and to such other regulations as are promulgated by the Director of Mental Health. (WIC 5326.91)

6.1.3 Persons serving on review committees described in Sections 6.1.1 and 6.1.2 will enjoy the same immunities as other persons serving on utilization, peer review, and audit committees of health care facilities. (WIC 5326.91)

6.1.4 Refusal by any facility or physician to submit ECT cases for review shall be reported by the review committees to the Director of the State Department of Mental Health who may take any or all of the actions specified in Section 10.1.2.2. (9 CCR 847(c))

7.1 **EXCESSIVE ECT**



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- 7.1.1 Convulsive treatments shall be considered excessive if more than fifteen (15) treatments are given to a patient within a thirty (30) day period, or a total of more than thirty (30) treatments are given to a patient within a one-year period. (9 CCR 849(a))
- 7.1.2 If, in the judgment of the attending physician, more than the above limits are indicated, prior approval must first be obtained from the review committee of the facility (See Section 6.1.1) or the county (See Section 6.1.2), whichever is appropriate (9 CCR 847(b)). Requests for approval shall include the following:
 - 7.1.2.1 Documentation of the diagnosis (9 CCR 847(b));
 - 7.1.2.2 The clinical findings leading to the recommendation for the additional treatments (9 CCR 847(b));
 - 7.1.2.3 The consideration of other reasonable treatment modalities and the opinion that additional treatments pose less risk than other potentially effective alternatives available for the particular patient at the present time (9 CCR 847(b)); and
 - 7.1.2.4 The maximum number of additional treatments sought (9 CCR 847(b)).
- 7.1.3 The review committee shall act upon any such request within seven (7) days of its receipt and shall document the maximum number of additional treatments approved. All applicable informed consent procedures shall also be followed. (9 CCR 847(b))

8.1 **STATE REPORTING REQUIREMENTS**

- 8.1.1 Quarterly, any such facility that has performed ECT during the prior quarter, or that considers ECT a part of the facility's program, shall report to the local mental health director. These reports shall be made regardless of whether or not any of these treatment methods were used during the quarter. (9 CCR 838(b))
 - 8.1.1.1 The local mental health director shall transmit reports received to the Director of the State Department of Mental Health, or to the office designated by the Director, by the last day of the month following the end of the quarter. (9 CCR 838.3)
- 8.1.2 Likewise, any physician who considers ECT a service that he/she provides, and whose use of ECT is not included in any facility's report, must submit a quarterly report to the local mental health director even if such treatment was not administered during that particular quarter. (9 CCR 383(b))



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- 8.1.2.1 The local mental health director shall transmit reports received to the Director of the State Department of Mental Health, or to the office designated by the Director, by the last day of the month following the end of the quarter. (9 CCR 838.3)
- 8.1.3 When more than one seizure is induced in a single treatment session, each seizure shall be considered a separate treatment for records-keeping and reporting purposes. (9 CCR 836(a))
- 8.1.4 Quarterly, the Director of Mental Health shall forward to the Medical Board of California any records or information received from the quarterly ECT reports indicating violation of the law and the regulations that have been adopted thereto. (WIC 5326.15(b))

9.1 **LOCAL REPORTING REQUIREMENTS**

- 9.1.1 All ECT performed in Los Angeles County must be reported on a Monthly Report of Convulsive Treatments Administered form (Attachment IV) on a monthly basis to the Director of the local Department of Mental Health (DMH).
- 9.1.2 Monthly reports must be submitted on forms promulgated by the Director of DMH.
- 9.1.3 All deaths occurring during the administration of ECT must be reported to the Office of the Coroner.
 - 9.1.3.1 If an autopsy is performed, a report of the coroner's findings should accompany the monthly report.
 - 9.1.3.2 If autopsy findings are unavailable, this fact and the reason for this fact must be documented in the monthly report.

10.1 **REGARDING VIOLATION OF STATUTORY REQUIREMENTS**

- 10.1.1 Any physician who intentionally violates statutory requirement described in Sections 3.1 to 5.4, inclusive, shall be subject to a civil penalty of not more than five thousand dollars (\$5,000) for each violation. Such penalty may be assessed and collected in a civil action brought by the Attorney General in a Superior Court.
 - 10.1.1.1 Such intentional violation shall be grounds for revocation of license. (WIC 5326.9(c))



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10.1.2 Any alleged or suspected violation of an individual’s statutory rights related to ECT shall be investigated by the local director of mental health or his/her designee. Violations of requirements described in Sections 3.1 to 5.4, inclusive, shall also be investigated by the Director of State Department Mental Health or his/her designee. (WIC 5326.9(a))

10.1.2.1 If it is determined by the local director of mental health or the Director of State Department of Mental Health that a right has been violated, a formal notice of violation shall be issued. (WIC 5326.9(a))

10.1.2.2 Upon issuing a notice of violation, either director may take any or all of the following actions:

- Assign a specified time period during which the violation shall be corrected. (WIC 5326.9(b)(1))
- Refer the matter to the Medical Board of California or other professional agency. (WIC 5326.9(b)(2))
- Refer any violation of law to a local District Attorney or the Attorney General for prosecution. (WIC 5326.9(b)(4))
- Revoke a facility’s designation and authorization under WIC 5404 to evaluate and treat persons detained involuntarily. (WIC 5326.9(b)(3))

10.1.3 A facility, clinic, or physician who fails to submit the reports described in Sections 8.1.1 and 8.1.2, by the 15th of the month following completion of the quarter, shall be notified by the local mental health director of the legal obligation to submit these reports. (9 CCR 838.2)

10.1.3.1 Failure to comply within fifteen (15) days after such notification shall be reported to the Director of the State Department of Mental Health who may take any or all of the actions specified in Section 10.1.2.2. (9 CCR 838.2)

REFERENCES

Welfare and Institutions Code, Sections 5326.2 to 5326.95
 Health and Safety Code, Section 123115
 California Code of Regulations, Title 9, Sections 835 to 849

ATTACHMENTS

- | | |
|----------------|---|
| Attachment I-A | Informed Consent for Electroconvulsive Treatment (ECT) English |
| Attachment I-B | Informed Consent for Electroconvulsive Treatment (ECT) Spanish |
| Attachment II | Consulting Physician Verification of Consent to Electroconvulsive Treatment |
| Attachment III | ECT Pre-Treatment Review Committee Statement |
| Attachment IV | Monthly Report of Convulsive Treatments Administered |



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REVIEW DATE

This policy shall be reviewed on or before August 2007.

DO NOT SIGN THIS FORM UNTIL YOU HAVE ALL THE INFORMATION YOU DESIRE CONCERNING ELECTROCONVULSIVE TREATMENT (ECT).

The nature and seriousness of my mental condition, for which ECT is being recommended, is _____

RECOMMENDATION: I understand that ECT involves passage of an electrical stimulus across my brain for a few seconds, sufficient to induce a seizure. In my case the treatments will probably be given _____ times per week for _____ weeks, not to exceed a total of _____ treatments and not to exceed 30 days from the first treatment. Additional treatments cannot be given without my written consent.

Reasonable alternative treatments (such as psychotherapy and/or medication) have been considered and are not presently recommended by my doctor because _____

IMPROVEMENT: I understand that ECT may end or reduce depression, agitation and disturbing thoughts. In my case there may be permanent improvement, no improvement, or the improvement may last only a few months. Without this treatment my condition may improve, worsen or continue with little or no change.

SIDE EFFECTS AND RISKS: I understand there is a division of opinion as to the effectiveness of this treatment as well as uncertainty as to how this procedure works.

I also understand this treatment may have brief side effects: headaches, muscle soreness and confusion.

There may be some memory loss which could last less than an hour or there may be a permanent spotty memory loss. Memory loss and confusion may be lessened by the use of unilateral (one-sided) electrical brain stimulation rather than bilateral (two-sided) stimulation.

Anesthesia and muscle relaxants will be used during these treatments to prevent accidental injury. Oxygen will be administered to minimize the small risk of heart, lung, brain malfunction or death as a result of the anesthesia or treatment procedures.

My physician states I have the following medical condition(s) which increase the risk in my case, as follows: _____

I HAVE THE RIGHT TO ACCEPT OR REFUSE THIS TREATMENT. IF I CONSENT, I HAVE THE RIGHT TO REVOKE MY CONSENT FOR ANY REASON AT ANY TIME PRIOR TO OR BETWEEN TREATMENTS.

Dr. _____ has explained the above information to my satisfaction. At least 24 hours have elapsed since the above information was explained to me. I have carefully read this form or had it read to me and understand it and the information given to me.

I HEREBY CONSENT TO ECT _____
Signature Date and Time

Witness Signature

**Electroconvulsive Treatment (ECT),
Informed Consent For**

NO FIRME ESTE FORMULARIO SINO HASTA QUE TENGA TODA LA INFORMACION QUE DESEA CON RESPECTO AL TRATAMIENTO ELECTROCONVULSIVO (ECT - *ELECTROCONVULSIVE TREATMENT*).

La naturaleza y gravedad de mi estado mental para el cual se ha recomendado el ECT, es _____

RECOMENDACION: Entiendo que el ECT es el proceso de pasar estimulación (corriente) eléctrica a través del cerebro por unos segundos de modo adecuado para producir una convulsión. En mi caso, es posible que los tratamientos se me darán _____ veces por semana durante _____ semanas, que no excedan de un total de _____ tratamientos y sin que transcurran más de 30 días del primer tratamiento. No se me darán tratamientos adicionales sin mi consentimiento por escrito.

Se han considerado otros métodos de tratamiento y alternativas (tales como sicoterapia y/o medicamentos) y, al presente, mi doctor no los recomienda porque

MEJORAMIENTO: Entiendo que el ECT puede acabar con o reducir la depresión, agitación y pensamientos inquietantes. En mi caso, es posible que la mejoría sea permanente; que no haya mejoría, o que la mejoría dure sólo unos cuantos meses. Sin este tratamiento, mi estado puede mejorar, empeorar o continuar con un ligero cambio o sin cambio alguno.

RIESGOS Y EFECTOS SECUNDARIOS: Entiendo que hay división de opiniones en lo que respecta a la eficacia de este tratamiento así como dudas de cómo funciona este procedimiento.

Entiendo, igualmente, que este tratamiento puede tener efectos secundarios breves: dolores de cabeza, dolencia de los músculos y confusión.

Puede haber pérdida de la memoria que puede durar menos de una hora o es posible que resulte una pérdida de la memoria esporádica permanentemente. La pérdida de la memoria y la confusión pueden aminorarse con el uso unilateral (de un sólo lado) de estimulaciones (corrientes) eléctricas en el cerebro, en vez de recibir la estimulación (corriente) de forma bilateral (en los dos lados).

Durante estos tratamientos se utilizarán anestesia y relajantes musculares para evitar lesiones o daños accidentales. Se administrará oxígeno para reducir al mínimo el riesgo pequeño que existe de que pudiera ocurrir un malfuncionamiento del corazón, pulmón, o cerebro o inclusive la muerte, como resultado de la anestesia o el tratamiento.

Mi doctor indica que yo tengo las siguientes condiciones que aumentarán los riesgos en mi caso:

TENGO EL DERECHO DE ACEPTAR O RECHAZAR ESTE TRATAMIENTO. SI DOY MI CONSENTIMIENTO, TENGO EL DERECHO DE REVOCAR ESTE CONSENTIMIENTO POR CUALQUIER RAZON, Y EN CUALQUIER TIEMPO ANTES DE, O ENTRE TRATAMIENTOS.

El doctor _____ me ha explicado la información que aparece arriba a mi satisfacción. Por lo menos han transcurrido 24 horas desde que la información arriba mencionada me fue explicada. He leído cuidadosamente, o se me ha leído este formulario y lo entiendo así como la información que se me ha proporcionado.

POR LA PRESENTE DOY MI CONSENTIMIENTO PARA ECT

Firma

Fecha y hora

Firma del testigo

CONSULTING PHYSICIAN VERIFICATION OF CONSENT TO ECT

(For voluntary patients and patients without guardians or conservators.)

Based on my personal examination of _____,
(Patient)

I agree with _____, MD, that
(Treating Physician)

_____ has the capacity to give informed consent
(Patient)

and I certify that the above named patient has, in fact, executed written informed consent to ECT.

(Date)

(Consulting Physician)

(Date)

(Treating Physician)

**ECT
PRE-TREATMENT REVIEW COMMITTEE STATEMENT**

(For involuntary patients, persons under guardianship/conservatorship,
voluntary patients without capacity, and voluntary patients without verification of capacity)

We, the undersigned physicians, have reviewed the treatment record of patient

_____, which included the
(Patient)

psychiatric history and examination by _____, MD, as well
(Treating Physician)

as specific statements by _____, MD, indicating
(Treating Physician)

the reasons for the choice of ECT, that all reasonable treatment modalities have
been carefully considered, that convulsive treatment is definitely indicated, and that
ECT is the least drastic alternative available for this patient at this time.

Based on personal examination of the patient by _____, MD,
(Consulting Physician)

and our review of the patient's treatment record, we agree with the opinion and
recommendation of _____, MD, that ECT is the treatment
(Treating Physician)

of choice for the welfare of this patient.

(Date)

(Consulting Physician – Appointed by the Facility)

(Date)

(Consulting Physician -- Appointed by Local Mental Health
Director)

