NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: ELECTROCONVULSIVE THERAPY (ECT)

NUMBER: NN-PC-PL-10

ORIGINAL DATE: 02/21/90

REVIEW/REVISE DATE: 08/14/91, 06/08/95, 11/05/98, 01/03/02, 04/07/05, 03/06/08, 11/18/10

APPROVAL: Rosalyne Reynolds /s/ , Agency Director

~~~~~~

I. PURPOSE

The purpose of this policy is to set out the procedures for obtaining and providing Electroconvulsive Therapy (ECT) for consumers at or under the auspices of Northern Nevada Adult Mental Health Services (NNAMHS).

II. DEFINITION

Electroconvulsive Therapy: The intentional initiation of seizure activity with an electrical impulse as a form of somatic treatment for major psychiatric disorders.

III. POLICY

It is the policy of the NNAMHS to arrange for ECT for NNAMHS consumers who clinically are in need of such treatment.
~~~~~~

IV. REFERENCES

1. Consent to Electroconvulsive Therapy (Appendix I).
2. NNAMHS Policy & Procedure # IM-PS-02 entitled, “Release of Consumer Information.”

V. PROCEDURE

1. Electroconvulsive Therapy (ECT) is not administered at NNAMHS, but rather at hospitals in the community.
2. The consumer's record should contain a note by the attending psychiatrist detailing the indications for ECT and discussion of this form of treatment with the consumer, including an opinion regarding the consumer's capacity to give informed consent. If the consumer has a legal guardian of person, the guardian will be involved in the consent process.
3. Written consultation regarding the appropriateness of ECT, as the treatment of choice and the consumer's understanding of this option should be obtained from one (1) other staff psychiatrist.
4. The physician must notify the NNAMHS Agency Director of his/her intent to pursue ECT; the Agency Director shall notify Division of Mental Health Disability Services (MHDS) on the matter.
5. To obtain a court order for emergency treatment, the attending physician must call the Deputy Attorney General (DAG) for the NNAMHS at 684-1131 and relay the request and the medical substantiation for it. The DAG will prepare documentation for the attending physician's signature and proceed to present it to the proper judiciary. On occasion, the judge may wish to have the attending physician appear in person. Every accommodation needs be given in that circumstance. A supportive note in the medical record is appropriate. A copy of the court order shall remain in the consumer's NNAMHS medical record.
6. To obtain a guardian for the limited purpose of administration of urgent medical treatment, including ECT, the attending physician must complete a Guardian

Referral Form and submit to the Office of Public Administrator. This form can be obtained from the NNAMHS Information Management Department. The completed Guardian Referral form will be forwarded to the Office of the Public Administration by the NNAMHS Agency Director's office. The attending should also phone the Washoe County Public Administrator, at (775) 861-4000 or Carson City Public Administrator at (775) 887-2260 and relay the request verbally. A supportive note in the medical record is appropriate. A copy of the court order shall remain in the consumers' NNAMHS medical record.

7. Informal consultation regarding the consumer's condition and ECT, as the treatment of choice, should occur upon obtaining appropriate signed consents, between the attending psychiatrist and the receiving physician at the community hospital. The attending and consulting physicians will discuss issues including medication holidays as appropriate.
8. A signed and witnessed consent form should be on the medical record prior to transfer of the consumer unless a court order for emergency treatment has been obtained.
9. A copy of the consumer's record, including psychiatric assessment, progress notes, informed consent, copy of proof of guardianship or court order as may be appropriate, physical examination, and any lab or test results requested by receiving physician should accompany the consumer at the time of transfer.
10. If the consumer is determined to lack the capacity to give informed consent, ECT may only be given by a court order or by consent of a court appointed guardian over the person.
11. After receiving a series of ECT, the consumer is expected to return to NNAMHS for further treatment and/or aftercare planning. Also, the consumer may return to NNAMHS between treatments if such arrangements are made between the attending psychiatrist and the receiving physician.

I hereby authorize my physician, _____, to refer me to _____for the purpose of obtaining electro-convulsive therapy.

I authorize Northern Nevada Adult Mental Health Services to release the following information to the above prior to the electro-convulsive therapy:

Psychiatric Assessment
Progress Notes
Physical Examination
X-ray and Laboratory reports
Proof of Guardianship, if applicable
Court Order, if applicable
Other:_____
___

This authorization is effective immediately and is subject to revocation in writing, at any time, except to the extent that action has already been taken in reliance there on. Otherwise, this authorization expired ninety (90) days from the date of signing.

I realize that this is a required consent and must be signed before any information can be released. I certify that I have read and fully understand the consent for transfer and release of information for the purpose of electro-convulsive therapy and that my signature is given willingly. I also understand that I may revoke this consent at any time.

_____ _____
Witness Consumer or Legal Guardian

_____ _____
Date and Time Date and Time

NORTHERN NEVADA ADULT MENTAL HEALTH **CONSENT FOR REFERRAL AND RELEASE** **OF INFORMATION FOR ELECTRO-CONVULSIVE THERAPY** MR 176 08/91	