ELECTROCONVULSIVE TREATMENT (ECT)

1. **Purpose**: To establish uniform procedures for the management of residents requiring electroconvulsive treatment (ECT).

2. **Scope**: This operating procedure is applicable to all Florida State Hospital treatment units and departments, and supersedes all previous policies and procedures.

3. **Training Requirements**: Physicians, Advanced Registered Nurse Practitioners, and nurses will be trained on this operating procedure upon hire into the position during Discipline-Specific Education and by their supervisor each time the operating procedure is revised.

4. **References**:

5. **General**: Health and Rehabilitative Services Manual 130-3B sets forth the standards and requirements for the operation of state owned mental health facilities. This specific requirement is numbered in the Manual 2-33 and occurs on page 2-84.1. The mental health facility administrator is specifically given the responsibility for assuring that this policy is followed.

6. **Guidelines for Electroconvulsive Treatment (ECT)**: The therapy may only be used in the following two cases:
   a. when there is an immediate life threatening situation in which electroconvulsive treatment emerges as the preferable treatment modality, or
   b. when all other treatment modalities have failed and electroconvulsive treatment emerges as the treatment of last resort.

7. **Mandatory Prerequisites**: Whenever electroconvulsive treatment (ECT) is used, the following must occur:
   a. a current physical examination must assure that the expected benefit of electroconvulsive treatment will outweigh any possible negative physical side effects;
b. a review of the resident’s history is completed;

c. the diagnosis is confirmed;

d. contraindications have been considered.

8. Provision of Electroconvulsive Treatment (ECT): Electroconvulsive treatment (ECT) will not be performed at Florida State Hospital. Electroconvulsive treatment (ECT) will be provided through a purchase of service agreement with a medical provider, who shall be a psychiatrist, not operating under the administration of Florida State Hospital. The purchase of service agreement will assure that the medical provider will follow all applicable state and federal statutes, rules and regulations. The medical provider to whom the resident is referred will perform his own assessments, and will make a final decision as to whether the treatment shall be administered.

9. Electroconvulsive Treatment (ECT) Review Committee: A decision to recommend this treatment for any individual resident shall only be made after complete review of the resident’s history, present status, psychiatric condition, and physical condition, by the subject committee which will be chaired by the Clinical Director. The committee shall consist of the attending psychiatrist, a physician who has had specialty training in general medicine, and a lay person not employed by Florida State Hospital. In all cases that are referred to the Electroconvulsive Treatment (ECT) Review Committee, the respective Medical Service Director (MSD) shall send a notification to the Florida Local Advocacy Counsel (FLAC) through the Hospital’s Resident Advocacy Office. Minutes of the Electroconvulsive Treatment (ECT) Review Committee will be kept and will provide a brief description of the resident and will specify why Electroconvulsive Treatment (ECT) is justified. The minutes will describe all other treatment modalities which have been tried with the resident and will indicate that Electroconvulsive Treatment (ECT) is indicated for immediate life threatening situation or the treatment of last resort. These minutes will be written in the form of a recommendation to the Hospital Administrator. When approved, arrangements for treatment will be completed as soon as possible.

The Clinical Director will perform a Quarterly Follow-Up Review on all residents who have received electroconvulsive treatment (ECT) within the past year. These minutes and reviews will be kept in a central file. Copies of the minutes and reviews will be attached to the Quarterly Report which is sent by the Hospital to the Program Office.

10. Specific Indications for the Use of Electroconvulsive Treatment (ECT):

a. Major Depressive Disorder

   (1) where medications or other treatments have failed or are not tolerated;

   (2) where symptoms are markedly severe including psychosis, acute suicidality or homicidality, or marked symptoms of psychomotor agitation, psychomotor retardation or stupor.

b. Manic Episodes

   (1) where specific contraindications limit the use of medications;

   (2) where the manic behavior has produced dangerous levels of exhaustion.
c. Schizophrenia
   (1) where there is marked acute positive symptom(s),
   (2) where catatonic stupor is present and/or,
   (3) where there is a comorbid acute medical condition.

d. Other Indications:
   (1) Catatonia;
   (2) psychosis during pregnancy or depressed suicidal pregnant women who require treatment but where medications are contraindicated;
   (3) medical conditions precluding the use of psychotropic medications;
   (4) suicidal children and adolescents where other treatment modalities have failed.

11. Relative Contraindications to Electroconvulsive Treatment (ECT): There are no absolute contraindications to electroconvulsive treatment (ECT). The Electroconvulsive Treatment (ECT) Review Committee will generally exclude residents with the following conditions:
   a. space-occupying lesions in the central nervous system;
   b. increased intracerebral pressure or risk for cerebral bleeding (e.g., cerebrovascular diseases and aneurysms);
   c. recent myocardial infarction.

12. Informed Consent: Electroconvulsive treatment (ECT) shall not be administered without informed consent. All rights of the resident will be safeguarded in compliance with state and federal statutes, rules and regulations.

   If a resident is legally incompetent and has no guardian, or the resident is legally competent, but not accessible to reason, then a court order authorizing electroconvulsive treatment (ECT) will be obtained.

13. Standards for Treatment: The electroconvulsive treatment (ECT) shall be administered in accordance with the highest quality standards of medical treatment by the medical provider who shall be psychiatrist, trained and experienced in the administration of electroconvulsive therapy.

14. Quality Assessment and Planning: A case review on each resident evaluated for electroconvulsive treatment (ECT) and each resident given electroconvulsive treatment (ECT) will become a regular part of the Quality Assessment and Planning Program. The Quality Assessment Plan will assure that all evaluations for, and usages of, electroconvulsive treatment (ECT) will be reviewed by the Hospital’s Quality Assessment and Planning Team for compliance with all of the items of this procedure.

(Signed original on file in Central Health Information Services)

DIANE R. JAMES
Hospital Administrator
SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL
This procedure has been revised to use current terminology and create a smoother flow.