

Steps for Initiating Electroconvulsive (ECT) Therapy Treatment

PSYCHIATRISTS CAN REFER PATIENTS FOR ECT TREATMENT AT EL CAMINO HEALTH BY CALLING THE ECT COORDINATOR AT 650-962-5795

- Once the referral has been made, we will schedule the patient for an appointment with a physician who specializes in ECT treatment. The physician will evaluate the patient and conduct an assessment to see if they meet the criteria for receiving treatment.
- Patients will require to get labs and EKG. ECT physician will order them at El Camino Health or they can provide the order slip to patient to be done elsewhere.
- Patients will also see medical physician on staff at El Camino Health, who will make the determination that the patient is medically cleared for the procedure after reviewing the patient's labs and ekg results.
- ECT is offered at the Mountain View Campus. For additional information about the program, contact the ECT coordinator:650-962-5795
- For more information about ECT at El Camino Health visit:
elcaminohealth.org/services/specialty-programs/electroconvulsive-therapy
- The referral form to be completed by the patient's attending psychiatrist follows this page.



2500 Grant Road, Mountain View, CA 94040-4378
815 Pollard Road, Los Gatos, CA 95032

EL CAMINO HOSPITAL

Patient Label

BEHAVIORAL HEALTH SERVICES

Electroconvulsive Therapy (ECT) Referral by the Community/Attending Psychiatrist

Date: _____ Time: _____ (referral valid for 30 days)

Patient: _____ Date of Birth: _____
 Private Phone #: _____

Referring Psychiatrist: MD/DO: _____
 Phone: _____ Fax: _____ Email: _____

Are translation services required? Yes No

- Please include a copy of your **last progress note** that includes a complete mental status exam, safety assessment, and current treatment plan.
- Please include a copy of patient's updated **demographics** form and/or insurance card.
- Please sign the attached Informed Consent Review for Electroconvulsive Therapy (ECT) as the Community Psychiatrist ("**Form A**"). Your signature indicates you have evaluated the patient, considered alternative treatments, and determined that ECT is the least drastic option available to the patient at this time.
- Your patient is not taking medications (**anticonvulsants/benzodiazepines**) that will interfere with ECT treatments or you will work with the patient to taper off these medications after the assessment but prior to starting ECT.
- You have reviewed the **ECT Welcome List** with the patient, who has verbalized an understanding of the requirements.

If your patient's acuity increases or you assess that the patient needs inpatient level care at any time during this process, contact the inpatient unit admissions coordinator at El Camino Hospital (650-940-7291) or send the patient to the emergency room. Evaluations for ECT can be arranged while the patient is admitted to the inpatient unit.

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Identifying Data:

Current and Past Psychiatric Diagnoses (circle appropriate specifiers):

- MDD: single episode / recurrent, moderate / severe, with / without psychotic features
- Bipolar I / II: current episode depressed / manic / mixed, with / without psychotic features
- Schizophrenia: _____
- Schizoaffective Disorder: _____
- Active CD / Substance Use Disorders: _____

- History of CD / Substance Use Disorders: _____

- PTSD GAD OCD Personality Disorders: _____
- Dementia MCI Other: _____

Active Psychosocial Stressors: None

Cognitive Functioning: Intact Evidence of Impairment (please elaborate)



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Past Psychiatric History (hospitalizations, suicide attempts, ECT, Transcranial Magnetic Stimulation, Dialectical Behavioral Therapy, Partial Hospitalization Programs, and other therapies, including treatments considered and rejected):

Social History (including current work status):

Family Psychiatric History: None

Current Medical Problems / Past Medical History / Past Surgical History: None

Patient Label

BEHAVIORAL HEALTH SERVICES

Current Psychiatric Medications: <input type="checkbox"/> None	Current Dose	Adequate Trial	Benefits / Side Effects
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process	

Current Non-Psychiatric Medications/Vitamins/OTCs <input type="checkbox"/> None	Current Dose

Current Non-Psychiatric Medications/Vitamins/OTCs	Current Dose

BEHAVIORAL HEALTH SERVICES

Past Psychiatric Medication Trials: <i>Antidepressants</i> <input type="checkbox"/> None	Adequate Trial	Highest Dose Tolerated (if known)	Benefits / Side Effects
Fluoxetine (Prozac)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sertraline (Zoloft)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paroxetine (Paxil)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Escitalopram (Lexapro)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Citalopram (Celexa)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fluvoxamine (Luvox)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vilazodone (Viibryd)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vortioxetine (Trintellix)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Venlafaxine (Effexor)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Desvenlafaxine (Pristiq)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duloxetine (Cymbalta)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Levomilnacipran (Fetzima)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bupropion (Wellbutrin)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mirtazapine (Remeron)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Selegiline (Deprynl, Emsam)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tranylcypromine (Parnate)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phenylzine (Nardil)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clomipramine (Anafranil)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Amitriptyline (Elavil)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Desipramine (Norpramin)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Imipramine (Tofranil)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		

Past Psychiatric Medication Trials: <i>Mood Stabilizers / Antipsychotics</i> <input type="checkbox"/> None	Adequate Trial	Highest Dose Tolerated (if known)	Benefits / Side Effects
Lamotrigine (Lamictal)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Valproic acid (Depakote)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lithium	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Carbamazepine (Tegretol)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Oxcarbazepine (Trileptal)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Aripiprazole (Abilify)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ziprasidone (Geodon)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Risperidone (Risperdal)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paliperidone (Invega)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Quetiapine (Seroquel)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Olanzapine (Zyprexa)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lurasidone (Latuda)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Asenapine (Saphris)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
iloperidone (Fanapt)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Brexpiprazole (Rexulti)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clozapine (Clozaril)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
Haloperidol (Haldol)	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Medication Trials	Benefits / Side Effects
Psychostimulants:	
Ativan / Klonopin / Xanax / Valium	
Gabapentin (Neurontin)	
Buspirone (Buspar)	
Hydroxyzine (Atarax / Vistaril)	
Trazodone	



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Any additional Information you would like us to know:

The ECT physicians will be consultants in the care of your patient. During the process of ECT your patient will be instructed to contact you for issues related to medication management and psychiatric emergencies. If you have questions about medications, ECT side effects or management of your patient during the treatment series, please feel free to contact our team at 650-962-5795.

Attending or Community Psychiatrist Signature Date Time

Print Name Attending or Community Psychiatrist

Return by **FAX** to **650-962-5715** / Attention: ECT Program Coordinator.
If you have questions you can reach the ECT Program Coordinator at 650-962-5795



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A Consent: INFORMED CONSENT REVIEW – ELECTROCONVULSIVE THERAPY TREATMENT (FOR VOLUNTARY PATIENTS)

I, the undersigned physician, have examined the patient _____
and believe that all reasonable treatment modalities have been carefully
considered, and that Electro Convulsive Therapy is indicated and is the least
drastic alternative available for this patient at this time.

A: _____ MD/DO/NP
Signature, Attending or Community Psychiatrist _____ **Date** _____ **Time**

A: _____ MD/DO/NP
Print, Attending or Community Psychiatrist



Scrivner Center for Mental Health and Addiction Services Electroconvulsive Therapy Program Guidelines

Please read each guideline and put your initials next to each one to show you understand.

- _____ You need to come to all your treatments. If you are sick, please still come in so we can examine you. If you can't make it, call 650-940-7180 as soon as possible (staff are there from 5 AM).
- _____ Missing treatments can slow down your recovery and may cause your illness to get worse. Do not plan any non-refundable trips or time away for at least 4-5 months.
- _____ Do not eat or drink anything after 10 PM the night before your treatment. This includes any food, drinks, mints, and gum. Smoking is allowed but discouraged as it can increase risks with anesthesia.
- _____ You must have a responsible adult pick you up after your treatment and stay with you for 24 hours. Sometimes, you may need help for longer than 24 hours.
- _____ You cannot drive for 14 days after your last treatment in the series of 3 times a week. After any future single treatments, you cannot drive for 24 hours. Do not drive if you or your family feels you are confused or not safe to drive.
- _____ There is not a set number of treatments. The number of treatments you get depends on your symptoms and how you are doing. Your psychiatrist can give you an estimate on your number of treatments and will talk with you about your treatment plan based on your symptoms and side effects.
- _____ The state of California has laws about ECT procedure. For example, if you need more than 30 treatments in a year or 15 in a month, three other psychiatrists must approve it.
- _____ One of these California state requirements is that you must come to two Electroconvulsive Therapy (ECT) clinics every four weeks to sign consent forms. These are usually on Tuesdays and Thursdays, in person at the Mental Health and Addiction Services outpatient clinic, or by telehealth. If you miss these appointments, your treatment will be stopped.
- _____ Before every treatment, the nurse will ask for your current medication list. Please have it ready and include any changes, including herbal or over-the-counter medicines. Do not take any new medicines without talking to your doctor to prevent using medications that might interfere with ECT or anesthesia.



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- _____ Arrive for your treatment between 5:45 AM and 6:00 AM. We try to honor requests but cannot promise a certain day for the treatment.

- _____ You must have an outpatient psychiatrist or psychiatric nurse practitioner to get ECT. Keep seeing your regular outpatient provider for medications, paperwork, and/or therapy. We will send reports of your ECT clinic visits to your psychiatrist or psychiatric nurse practitioner. We recommend continuing therapy with your therapist as well.

- _____ You will need a medical check-up once a month on the morning of treatment from an internal medicine doctor at El Camino Hospital before your treatment to clear you to have anesthesia. If you have an HMO, you may need to pay for this if it's not covered.

- _____ If you want to talk more with the treatment team outside of your procedure, call the ECT office at 650-962-5795 to set up an appointment.

- _____ We will check your memory and thinking with a "MOCA" test 3 times during ECT. The first will be before you start ECT. The second will be in the week after the acute phase. The third will be 6 weeks after the 2nd MOCA. This helps us track the side effects of the treatment.

- _____ To check for long-term memory problems, we will call or email you 3 months after your main treatments to ask about any changes.

- _____ If you take GLP-1 medicines (like tirzepatide or semaglutide), stop them at least 7 days before your treatment. This lowers the risk of problems with anesthesia. You cannot get ECT if you have taken these medicines in the last 7 days. Talk to your doctor about how to stop them and what to do instead while you are off them.

- _____ If your insurance changes, tell the ECT team right away. Most insurance needs approval before treatment, and you may have to pay if we are not told in time.

- _____ Your ECT doctors may or may not be in network with your insurance. We do our best to get your insurance to cover the treatments. Your help may be needed to work with your insurance.

 Patient Signature

 Date

 Time

 Support Person Signature

 Date

 Time

