

BEHAVIORAL HEALTH SERVICES

# Steps for Initiating Electroconvulsive Therapy Treatment

**PSYCHIATRISTS CAN REFER PATIENTS FOR ECT TREATMENT AT EL CAMINO HOSPITAL BY CALLING THE ECT NURSE 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 also see a medical physician on staff at El Camino Hospital, who will perform a physical, order labs and an EKG. The physician will then make the determination that the patient is medically cleared for the procedure.
- ECT is offered at the Mountain View campus.
- For additional information about the program, contact the ECT nurse coordinator: 650-962-5795.
- For more information about ECT at El Camino Hospital visit [www.elcaminohospital.org/ECT](http://www.elcaminohospital.org/ECT)
- The referral form to be completed by the attending psychiatrist follows this page.



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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (referral valid for 30 days)

<b>Patient:</b> _____ Date of Birth: _____ Private Phone #: _____
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<b>Referring Psychiatrist:</b> MD/DO: _____ Phone: _____ Fax: _____ Email: _____
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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.



Patient Label
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Identifying Data:

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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

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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):

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Social History (including current work status):

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Family Psychiatric History:  None

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

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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





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<b>Past Psychiatric Medication Trials:</b> <i>Antidepressants</i> <input type="checkbox"/> None	<b>Adequate Trial</b>	<b>Highest Dose Tolerated (if known)</b>	<b>Benefits / Side Effects</b>
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		

<b>Past Psychiatric Medication Trials:</b> <i>Mood Stabilizers / Antipsychotics</i> <input type="checkbox"/> None	<b>Adequate Trial</b>	<b>Highest Dose Tolerated (if known)</b>	<b>Benefits / Side Effects</b>
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)	
Bupirone (Buspar)	
Hydroxyzine ( Atarax / Vistaril )	
Trazodone	







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Any additional Information you would like us to know:

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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.

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*Print Attending or Community  
Psychiatrist name*

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*Attending or Community  
Psychiatrist signature*

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*Date*

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*Time*

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

We, the undersigned physicians, have examined the patient \_\_\_\_\_ and believe that all reasonable treatment modalities have been carefully considered, and that convulsive treatment is indicated and is the least drastic alternative available for this patient at this time.

**A:** \_\_\_\_\_ **MD** \_\_\_\_\_  
**Signature, Attending or Community Psychiatrist**      **Date**      **Time**

**A:** \_\_\_\_\_ **MD**  
**Print, Attending or Community Psychiatrist**

**B:** \_\_\_\_\_ **MD** \_\_\_\_\_  
**Signature, ECT Treating Psychiatrist**      **Date**      **Time**

**B:** \_\_\_\_\_ **MD**  
**Print, ECT Treating Psychiatrist**

I have examined this patient, and he/she has the capacity to give, and has given, informed consent.

**C:** \_\_\_\_\_ **MD** \_\_\_\_\_  
**Signature**      **Date**      **Time**  
**Consulting Board Certified or Board Eligible Psychiatrist or Neurologist**

**C:** \_\_\_\_\_ **MD**  
**Print**  
**Consulting Board Certified or Board Eligible Psychiatrist or Neurologist**



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## Welcome to the El Camino Hospital Electroconvulsive Therapy Program

**The following guidelines apply to your participation in the program:**

*Patient Initials*

- \_\_\_\_\_ We will need you to come to all of your treatments. If you are ill we would still like you to arrive for your treatment to be assessed. If you are unable to make it to your treatment, please call the following numbers as soon as possible: 650-940-7180 (There will be pre op staff there to take your call at 5:00 AM).
  
- \_\_\_\_\_ Please understand that missed treatments can cause significant disruption in your progress and recovery from your illness, leading to relapse. We do not recommend nonrefundable vacations or absences be scheduled for at least 4-5 months.
  
- \_\_\_\_\_ You are to be “NPO after 10 PM” the night before your treatment. This means no food, fluids, mints or gum after 10 in the evening. Smoking is not prohibited, but it can increase gastric secretions, thus increasing risks of anesthesia.
  
- \_\_\_\_\_ You will need a responsible adult to pick you up from the hospital and then stay with you for 24 hours after the treatment. Some people need additional support even after the first 24 hours, although this is rare.
  
- \_\_\_\_\_ You will not be allowed to drive until 14 days have passed since completing the acute treatment series. At that time, you are no longer prohibited from driving due to ECT, but you or your family may feel you still need more time to recover from the illness or ECT. You should not drive when you are feeling unsafe to drive. Even once the 14 day period has elapsed after the acute series, you cannot drive for 24 hours after subsequent ECTs.
  
- \_\_\_\_\_ The number of treatment you receive is determined by your clinical progress rather than by a predetermined number. Your ECT treating psychiatrists can estimate the number of treatments or discuss average length of treatment for other patients at El Camino; the final determination of your treatment plan, however, is personalized and is made weekly in consultation with the entire ECT team, based on your symptoms and side effects.



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\_\_\_\_\_ When you are treated, you may require more than one seizure if the first seizure is not sufficiently long enough to be therapeutic. Permission from at least three other psychiatrists on the El Camino Hospital ECT Committee is required to exceed 30 treatments in a year or 15 treatments in a month.

\_\_\_\_\_ You will need to attend two ECT clinics every four weeks to sign consent forms that are required by the State of California. The consent clinics are on Tuesdays and Thursdays. You will be reminded Thursday the week prior to the week your clinics occur. The clinics take place in the Behavioral Health Services outpatient area in Mountain View. These visits are not optional, and treatment will be suspended if they are missed due to California State-mandated regulations.

\_\_\_\_\_ You will be asked for your list of medications before every treatment by the pre-operative Nurses. Please have your current medication list prepared in advance to reflect any changes. Make sure to note any changes in medical, psychiatric, herbal and over-the-counter medications. Please do not take any medications that you have not previously discussed with your doctor in order to prevent using medications that might interfere with ECT or anesthesia.

\_\_\_\_\_ Arrival time for treatments is 5:45 AM to 6:00 AM. Although we try to accommodate some requests, we are not able to guarantee a particular day, or time of treatment given a number of considerations.

\_\_\_\_\_ You will need to continue seeing your community psychiatrist for medication management and/or therapy while undergoing ECT. Reports of clinic visits are sent to your outpatient psychiatrist.

\_\_\_\_\_ In order to be cleared for anesthesia, you will be scheduled to get medical clearance once a month from one of the internal medicine consultants at El Camino Hospital on the morning of treatment. If you have an HMO, you may be required to cover that fee yourself if accommodations cannot be arranged.

\_\_\_\_\_ If you feel you would like to have further discussions with the treatment team outside of the procedure itself, please feel free to contact Tamara Malcolm RN to schedule an appointment, which are usually available on Tuesday afternoons 650-962-5795.

\_\_\_\_\_ As part of our ongoing evaluation of the memory and cognitive effects of ECT, we would like to contact you and schedule a re-test three months after the completion of the acute phase of treatment. Your testing results will be shared with you and your community provider if desired.



**El Camino Hospital**<sup>®</sup>  
THE HOSPITAL OF SILICON VALLEY

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***Patient Signature***

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Date

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Time

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***Support Person Signature***

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Date

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Time