

CONSENT FOR ELECTROTHERAPY

I, _____ M.D.,
recommend electrotherapy (brain stimulation, electroconvulsive
therapy) for your present mental symptoms. These treatments have
been given to thousands of mentally ill patients since 1938, with
many improvements in the treatments and greater success in helping
patients since then.

Treatments are given in the mornings before breakfast, in the
Recovery Room. You will be attended by an anesthesiologist, a
nurse, and a physician psychiatrist.

A needle will be placed in your vein (like you may have had when
samples were taken for blood tests) and a mild, short acting
anesthetic will be injected. You will become drowsy and fall
asleep. Other medicines will be given to relax your muscles and
reduce the irritability to your heart. The anesthesiologist will
help you breathe with pure oxygen through a mask.

The treatment is given while you are asleep. Momentary electric
currents are passed through electrodes on the scalp to stimulate
the brain. When the brain is stimulated, there is a seizure
induced, along with muscular contractions for up to a minute; but
with proper relaxation, the contractions are barely measurable.

The treatment takes only a few minutes. You will stay in the
Recovery Room where you will gradually wake up as after a short but
deep sleep. You may feel groggy, probably have some muscular aches
like after a lot of exercise, and some headache. You will return
to your room, usually within an hour of the treatment. You may be
hungry and will be given your breakfast.

Treatments are given every other day for about 6 to 12 treatments.
Many patients improve rapidly and require only 6 treatments; some
require more than 12.

There are some risks in the treatment, most are related to the
anesthesia, and treatments are given in a room where special
equipment and supplies for emergencies are available. Patients
often become confused, and may not know where they are when they
awaken. This may be frightening, but the confusion usually
disappears within a few hours. Memory for recent events may be
disturbed; dates, names of new friends, public events, telephone
numbers and addresses may be difficult to recall.

MARTIN MEMORIAL HOSPITAL
Stuart, FL

CONSENT FOR ELECTROTHERAPY

In most patients, the memory difficulty (amnesia) is gone within 4 weeks after the last treatment, but occasionally the problems remain for months. Death is rare; complication occurring once in 40,000 treatments. Equally uncommon with modern anesthesia are bone fractures and spontaneous seizures after their treatment is over, but these may occur.

You may discontinue the treatments at any time, although you will be encouraged to continue until an adequate course is completed. There are risks too in not taking a course of electrotherapy; these are the likely consequences of remaining ill. These risks include your likely need for supervision and observation by others, and your exposure to the continuing physical stress of your illness.

I consent to the admittance of medical observers to the Recovery Room for the purpose of advancing medical education.

I have read the description of the treatments and they have been explained to me by my physician. I am aware of the risks associated with this treatment and my questions have been fully answered to my satisfaction. I do hereby consent and agree to have this treatment as recommended by my physician.

By execution of this consent, I agree to hold harmless the facility, it's trustees, officers, staff and employees, and the attending physician from any claim(s) for damage or injury resulting from the treatment.

Patient's Signature

Date

Witness's Signature

Date

Witness's Signature

Date

Relationship to Patient: _____

CONSENT FOR ELECTROCONVULSIVE THERAPY

Because of your condition, which is _____

(DESCRIPTION OF CONDITION AND NEED FOR TREATMENT)

your physician, Dr. _____ has determined that electroconvulsive treatment or ECT is the most effective course of treatment for you. This is generally a safe and comfortable treatment which has been given to hundreds of thousands of patients since 1938. The risks are comparable to minor surgical procedures in which a general anesthetic is used. Three medications are used in conjunction with ECT. The first is Atropine, which is given either shortly before or at the time of treatment to reduce the irritability of your heart. You will likely experience some dryness of the mouth as a result of this medication. The second medication is usually Methohexine Pentothal, given intravenously, which acts as a sedative and which will cause you to fall asleep. The third medication is Succinylcholine, which causes body muscles to relax, so that there is little movement during the treatment. Without this drug, there would be strong muscular contractions as a result of the electrical stimulus.

You will not eat breakfast on the day of the treatment. Approximately 45 minutes before the treatment, you will be given the first drug, Atropine. At the time of treatment, you will receive an anesthetic or a sleeping drug, intravenously, which will cause you to fall asleep. At that point the third drug, succinylcholine, is administered to relax the body muscles. A controlled amount of electricity is then applied for a second or less, through two electrodes, which have been placed on your head. You will receive bilateral or unilateral ECT. In bilateral ECT one electrode is placed on the left side of the head, the other on the right side. In unilateral ECT both electrodes are placed on the right side. Your doctor will discuss with you which type is best for you. After the electrical charge, there is a period of muscle tension and continuing muscle activity lasting approximately 30-60 seconds. This is then followed by a period of sleep lasting from 10-30 minutes. After you awake, there is usually a brief period of confusion following the treatment, but this generally clears quite rapidly. Sometimes a headache, muscle soreness, or nausea may occur, but generally a mild pain reliever such as tylenol is given. You may have breakfast when you awaken.

There are few complications with ECT. However, as in any treatment, there may be unforeseen risks. The more common risks are from the general anesthetic and include cardiac and respiratory problems such as cough, spasm of the larynx or bronchi, cardiac arrhythmias or allergic reactions to the medications. Death is a rare complication, occurring once in approximately 10,000 treatments. Equally uncommon with modern anesthesia techniques are bone fractures and spontaneous seizures after the treatment is over, but these may occur. The most

(over)

common side effect is temporary memory difficulty, which normally corrects itself in approximately two to four weeks. Memory functioning disruption is more likely related to the number of treatments and whether they are unilateral or bilateral. A small minority of patients report severe problems in memory that can remain for months or in rare cases years. Because each patient is different, your condition may present special risks: (list special risks, if any)

ECT is not the only treatment for psychiatric illnesses. There are other alternatives available, such as:

Drug therapy is also often effective. However, the risks of drug therapy in certain individuals may be greater than the risk of electroconvulsive therapy. Furthermore, drugs have not proven to be effective in all cases.

You may discontinue the treatments at any time simply by stating verbally or in writing to your doctor. You will be encouraged to continue until an adequate course is completed. There are risks too in not taking a course of electroconvulsive therapy; these are the likely consequences of remaining ill. These risks include your likely need for supervision and observation by others, and your exposure to the continuing physical stress of your illness.

I have read the above information concerning ECT and understand the purpose and the need for the treatment. I understand that I have the right to request a second opinion from a physician of my choice or consult with legal counsel or guardian prior to deciding. I have discussed any question I had with

Doctor _____, and give my consent.

This consent is for _____ treatment(s). This consent expires _____ (six (6) months).

DATE _____ TIME _____ A.M.
P.M. SIGNATURE OF PATIENT _____

I have relayed the above information to the patient and the patient appears to me to understand the procedure as described and be giving his/her consent knowingly and voluntarily. I will provide a copy of this consent for the patient to keep.

DATE _____ TIME _____ A.M.
P.M. SIGNATURE OF PHYSICIAN AS WITNESS TO CONSENT _____