

ECT CONSENT FORM

Information:

After examination and considering all aspects of your condition we opine that you would require ECT as a form of treatment. The treatment is given under anaesthesia so that you do not experience any discomfort. You will be required to be on empty stomach in the mornings of ECT. The anaesthesia is given as an intravenous injection, after which we will administer a small and safe dose of electricity using a well-controlled electrical circuitry. This stimulates the brain cells and produces a brief seizure that will last less than a minute. You will recover consciousness within thirty minutes till such time you will be under the supervision of medical team. The treatment is given on alternate days or possibly twice a week as decided by the treating doctor till sufficient improvement occurs – usually less than 12 sessions.

The treatment causes some temporary side effects such as headache and or a little confusion, for sometime on the day of ECT. You may notice some lapses in memory for events occurring on the days of ECT, rest of the memory including all you have learnt earlier will never be affected by ECT. ECT with anaesthesia has few serious side effects, which are very rare. (If the patient is under 16 years no harm to his / her growth or development is known to occur as a result of ECT). Over all, the advantages of ECT will outweigh the risks.

ECT will be given to you only if you only if you consent for the treatment. You have a right to refuse consent now as well as withdraw the same during the course of the treatment. In either case, the best available alternative treatments will be offered without prejudice. You are also free to reconsider the matter and request ECT if need be. Please feel free to discuss.

DECLARATION OF CONSENT FOR ECT

Having been advised that my present condition requires Electro Convulsive Therapy (ECT), sufficiently informed about the procedure with its risks and benefits and that I have the right to refuse this treatment now or at any time during the course of treatment without compromising my right to obtain all other services,

I _____

(Name of the Patient)

hereby solemnly declare my consent for the administration of ECT as required to myself.

I own the full responsibility for consent and exonerate NIMHANS for any consequences.

(Name & Signature of the Relative)

(Patient's Signature)

(Name of the Doctor)

(Doctor's signature)

In the event the patient cannot comprehend the information and consent

I, _____ having understood the nature of the illness and treatment (ECT) offered to _____ who is my _____ give my consent for the treatment.

I own the full responsibility for the consent and exonerate NIMHANS for any consequences.

Date: _____

(Signature of Relative)



National Institute of Mental Health and Neurosciences, Bangalore-560029

ECT CONSENT FORM

(for the relative in case the patient is considered not competent to provide consent)

Please feel free to ask for clarification if you do not understand any part of this form

INFORMATION:

Considering all aspects of the mental and physical health condition of your relative Mr./ Mrs./ Ms _____, we believe that he/she would benefit from Electro Convulsive Therapy (ECT) as a form of treatment. In this treatment, a controlled dose of electricity will be passed through the patient's head and a brief-lasting convulsion is produced. It is administered under anaesthesia so that he/she doesn't experience any discomfort. The treatment will be given in morning in a specially equipped area. The patient will be required not to eat or drink anything, including water since last night for at least 6-8 hours. To provide anaesthesia, the doctors will give him/her an injection and after he/she put to sleep, they will apply a small electric current to his/her head. He/she would wake up after a few minutes. A team of doctors and nurses supervise his/her condition throughout this time. Your relative will receive ECT on alternate days or twice a week for about 2 - 3 weeks. We will observe him/her daily for the effects of ECT and, with your consent, decide on the number of treatments that he/she may require.

ECT is expected to improve your relative's health. It is not expected to cure his/her illness. The improvement achieved with ECT should be sustained with the help of medications, counselling (psychotherapy) and/or other treatments. We will attempt to reduce the side-effects of ECT by careful evaluation before and through the course of ECT and by adjusting your relative's medications. The side-effects are usually mild and temporary: e.g., headache and confusion for some time following ECT session. The patient may notice some lapses in memory for events around the course of ECT. Memory for the past including all he/she has learnt weeks or months before the ECT will not be affected in any major way. Overall, the advantages of ECT are expected to outweigh the risks in your relative's case.

The **Information Leaflet** providing more information on ECT is available. We urge you to go through it and seek clarification if you have questions. You may also discuss with us about alternative treatments suitable for your relative's case and possible course of his/her illness with and without ECT. We urge you to make a decision about ECT for your relative considering all these aspects. ECT will be administered to your relative only after you provide consent for it. You can refuse your consent now as well as withdraw it during the course of the treatment. In either case, the best available alternative treatments will be provided to your relative without any prejudice.

Information about high-risk (*Strike off if not applicable*): As you may be aware, in addition to the psychiatric problem for which we have suggested ECT, your relative is suffering from (name of the high-risk condition/s). In this background, administration of anaesthesia and ECT may have additional risks to your relative's health. The team of doctors and nurses will do their best to minimize these risks by taking appropriate precautions and measures. Please be informed that your relative's doctors have suggested ECT to him/her with the full knowledge of his/her above-mentioned condition and have consulted the anaesthetists in this regard.



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DECLARATION OF CONSENT FOR ECT

I have been advised that present health condition of my _____ (Relation and name of the patient) requires ECT. I have been sufficiently informed about the procedure of ECT with its benefits and possible risks. I am aware that I have the right to refuse this treatment for my relative now or at any time during the course of treatment without compromising my right to obtain all other services in the hospital. I, Mr./ Mrs./ Ms _____ (Name of the relative) hereby provide my consent for the administration of ECT to my _____ (Relation and name of the patient). I have received a copy of this informed consent for my record.

High-risk consent (strike off if not applicable):

I am aware that my _____ (Relation and name of the patient) have _____ in addition to my psychiatric condition. The doctors have explained to me that administration of anesthesia and ECT in this background may have additional risks to my relative's health and that they will be taking additional precautions and measures to minimize these risks. I hereby declare that the doctors have explained to me the additional risks involved in providing ECT to my _____ (Relation with the patient) and I am consenting with full knowledge of these risks.

(Signature and Name of the Relative)

(Signature and Name of the witness) (Preferably Nursing Staff)

(Name of the Doctor) (Doctor's signature) (Designation of the Doctor)

Date:

Place:



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ECT CONSENT FORM

(for patients after gaining competence to provide consent for ECT)

Considering all aspects of your mental and physical health, we believed that you would benefit from Electro Convulsive Therapy (ECT) as a form of treatment. Since you were unable to comprehend the information about ECT and decide regarding ECT because of your condition, your relative, _____ (Name of the relative who gave consent for patient's ECT) was explained about your situation, and risks and benefits of ECT. He/she has consented for ECT. We believe that you are now in a position to understand the information regarding ECT and to make a decision about continuing this treatment.

Please feel free to ask for clarification if you do not understand any part of this form.

INFORMATION:

In this treatment, a controlled dose of electricity will be passed through your head and a brief-lasting convulsion is produced. It is administered under anaesthesia so that you do not experience any discomfort. The treatment will be done in morning in the ECT suite. You will be required not to eat or drink anything, including water, for 8 hours before the procedure. To provide anaesthesia, the doctors would give you an injection and after you are put to sleep, they would apply a small electric current to your head. You would wake up after a few minutes. A team of doctors and nurses supervise your condition throughout this time. You receive ECT on alternate days or twice a week for a total of about 2 – 3 weeks. We observe you daily for the effects of ECT and, with your consent, will decide on the number of treatments that you may require.

ECT is expected to improve your health. It is not expected to cure your illness. The improvement achieved with ECT should be sustained with the help of medications, counselling (psychotherapy) and/or other treatments. We attempt to reduce the side-effects of ECT by careful evaluation before and through the course of ECT and by adjusting your medications. The side-effects are usually mild and temporary: e.g., headache and confusion for some time following ECT session. You might have noticed minor lapses in memory for events around the course of ECT. Memory for your past, including all you have learnt weeks or months before the ECT will not be affected in any major way. Overall, the advantages of ECT are expected to outweigh the risks in your case.

The **Information Leaflet** providing more information on ECT is available. We urge you to go through it and seek clarification if you have questions. You may also discuss with us about alternative treatments suitable for your case and possible course of your illness with and without ECT. We urge you to make a decision about further ECT considering all these aspects. ECT will be administered from now onwards to you only after you provide consent for it. You can refuse your consent now as well as withdraw your consent during the course of the treatment. In either case, the best available alternative treatments will be provided to you without any prejudice.

Information about high-risk *(Strike off if not applicable)*: As you may be aware, in addition to the psychiatric problem for which we have suggested ECT, you are suffering from



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..... (name of the high-risk condition/s). In this background, administration of anesthesia and ECT may have additional risks to your health. The team of doctors and nurses will do their best to minimize these risks by taking appropriate precautions and measures. Please be informed that your doctors have suggested ECT to you with the full knowledge of your above-mentioned condition and have consulted the anesthetists in this regard. And the ECTs you have received till now has not led to untoward consequences to your physical health.

DECLARATION OF CONSENT FOR ECT

I have been advised that my present health condition requires further ECT. I have been sufficiently informed about the procedure of ECT with its benefits and possible risks. I am aware that I have the right to refuse this treatment now or at any time during the course of treatment without compromising my right to obtain all other services in the hospital. I, Mr./ Mrs./ Ms _____ (Name of the patient) hereby provide my consent for the administration of further ECT to me. I have received a copy of this informed consent for my record.

High-risk consent (strike off if not applicable):

I am aware that I have _____ in addition to my psychiatric condition. The doctors have explained to me that administration of anesthesia and ECT in this background may have additional risks to my health and that they will be taking additional precautions and measures to minimize these risks. I hereby declare that the doctors have explained to me the additional risks involved in providing ECT to me and I am consenting with full knowledge of these risks.

(Signature of the Patient)

(Signature and Name of the relative)

(Signature and Name of the witness) (Preferably Nursing Staff)

(Name of the Doctor) (Doctor's signature) (Designation of the Doctor)

Date:

Place:



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Continuation/ Maintenance ECT CONSENT FORM
(for Patient)

After examination and considering all aspects of your mental and physical condition we opine that you would require ECT (Electro Convulsive Therapy) beyond the sessions you have received till date. You would be aware of the procedure of ECT. This is to inform you again its details and to discuss about continuation of ECT.

Please feel free to ask for clarification if you do not understand any part of this form

INFORMATION:

In this treatment, a controlled dose of electricity will be passed through your head and a brief-lasting convulsion is produced. It is administered under anaesthesia so that you do not experience any discomfort. The treatment will be done in morning in the ECT suite. You will be required not to eat or drink anything, including water, for 8 hours before the procedure. To provide anaesthesia, the doctors would give you an injection and after you are put to sleep, they would apply a small electric current to your head. You would wake up after a few minutes. A team of doctors and nurses supervise your condition throughout this time.

Initially, ECT is given on alternate days or twice a week for a total of about 2 – 3 weeks. As in your situation, further ECTs would be given on possibly twice a week and gradually would be spaced out up to once a month. We would observe you regularly for the effects of ECT and, with your consent, decide on the number of treatments that you may require. Presently, the continuation of ECT is required for you as there is further scope of improvement with it and/or possibility of re-emergence of symptoms if ECT is stopped at this stage, even if medications, counselling (psychotherapy) and other required treatments are given concurrently. We hope that further ECTs would lead to a situation where improvement can be sustained with the help of other treatments.

Concurrent with your experience, the side-effects are usually mild and temporary: e.g., headache and confusion for some time following ECT session. You might have noticed minor lapses in memory for some events around ECT. Memory for your past, including all you have learnt earlier and yours learning capacity will not be affected in any major way. Overall, the advantages of ECT are expected to outweigh the risks in your case.

The **Information Leaflet** providing more information on ECT is available. We urge you to go through it and seek clarification if you have questions. You may also discuss with us about alternative treatments suitable for your case and possible course of your illness with and without ECT. We urge you to make a decision about further ECT considering all these aspects. ECT will be administered from now onwards to you only after you provide consent for it. You can refuse your consent now as well as withdraw your consent during the course of the treatment. In either case, the best available alternative treatments will be provided to you without any prejudice.



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DECLARATION OF CONSENT FOR ECT

Information about high-risk (*Strike off if not applicable*): As you may be aware, in addition to the psychiatric problem for which we have suggested ECT, you are suffering from (name of the high-risk condition/s). In this background, administration of anesthesia and ECT may have additional risks to your health. The team of doctors and nurses will do their best to minimize these risks by taking appropriate precautions and measures. Please be informed that your doctors have suggested ECT to you with the full knowledge of your above-mentioned condition and have consulted the anesthetists in this regard. And the ECTs you have received till now has not led to untoward consequences to your physical health.

DECLARATION OF CONSENT FOR ECT

I have been advised that my present health condition requires further ECT. I have been sufficiently informed about the procedure of ECT with its benefits and possible risks. I am aware that I have the right to refuse this treatment now or at any time during the course of treatment without compromising my right to obtain all other services in the hospital. I, Mr./ Mrs./ Ms _____ (Name of the patient) hereby provide my consent for the administration of further ECT to me. I have received a copy of this informed consent for my record.

High-risk consent (*strike off if not applicable*):

I am aware that I have _____ in addition to my psychiatric condition. The doctors have explained to me that administration of anesthesia and ECT in this background may have additional risks to my health and that they will be taking additional precautions and measures to minimize these risks. I hereby declare that the doctors have explained to me the additional risks involved in providing ECT to me and I am consenting with full knowledge of these risks.

(Signature of the Patient)

(Signature and Name of the relative)

(Signature and Name of the witness) (Preferably Nursing Staff)

(Name of the Doctor) (Doctor's signature) (Designation of the Doctor)

Date:

Place:

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES.
BENGALURU**

Department of Neuroanaesthesia & Neurocritical care

Consent Form for Anaesthesia for Electroconvulsive Therapy(ECT)

Patient: _____ Age: _____ UHID: _____

Patient information

ECT is a multi-session therapy in which current is applied to the brain by holding metal electrodes over your head. During each session, the current will be applied only for a brief period in seconds. This is performed to treat your psychiatric condition. Anaesthesia is required during each ECT session to put you to sleep, to make you unaware of the experience and to relax your muscles to avoid injury to the body.

The anaesthetist will provide general anaesthesia by administering medicines through your veins, which includes muscle relaxant. During the procedure, your vital signs (heart rate, blood pressure, and oxygen saturation) will be monitored, and appropriate measures will be taken to maintain the same. Additional monitoring may be performed if medical condition warrants. Anaesthetic drugs can interact with your existing medications and may occasionally lead to side effects.

The risks and potential complications during anaesthesia for ECT include, but are not limited to (a) frequent/minor - nausea, vomiting, confusion, headache, body ache, muscle stiffness, memory problems, airway secretions, changes in heart rate and blood pressure and (b) rare/major problems - awareness, inability to breathe or difficulty in breathing, lip/tongue/teeth injury, delayed recovery, aspiration pneumonia, anaphylaxis (potentially fatal allergic reaction), organ failure (heart, lung, liver, and kidney) and very rarely, death.

Complications may also arise as a result of the patient's condition. All/any of these factors may lead to a decline in medical status. In the event of any complication, physicians and staff of NIMHANS will administer all necessary treatments, including cardiopulmonary resuscitation if needed. The severity of complications may warrant transfer to ward/casualty/ICU to continue the necessary care.

Some of the equipment/monitors/sensors used for patient care and procedures are re-used after appropriate sterilization procedure. It is deemed necessary, considering the cost effectiveness and uniqueness of the equipment.

Informed Consent

The benefits, risks and anaesthesia procedure details have been discussed with me in my language, and I understand the implications of the same. Being a teaching hospital, I understand that medical/paramedical trainee may be present during anaesthesia administration and I consent for the same. Having understood the above, I at this moment give my consent to receiving anaesthesia for each ECT session.

Additional Remarks:

Patient		Name	Signature	Date
Authorized guardian	Relationship	Name	Signature	Date
Anaesthetist		Name	Signature	Date
Witness		Name	Signature	Date