

# FM455 REFERRAL FOR ECT & CARE BACKGROUND DATA

## Patient Label or ID details

Name:  
Patient MRN:  
Admission date:

## REFERRAL

Referral to (ECT Procedure Psychiatrist): \_\_\_\_\_

Referral from (ECT Prescribing Psychiatrist): \_\_\_\_\_

## ADMISSION STATUS & CONSENT

### Admission status:

- Voluntary
- Involuntary

### Consent for ECT:

- Informed consent \_\_\_\_\_ No. of ECT \_\_\_\_\_ /12
- MHRT \_\_\_\_\_  Emergency order?

## DIAGNOSIS & INDICATION

### Primary diagnosis (mark one only)

#### Major depressive disorder

- Unipolar major depression
- Unipolar psychotic depression

#### Bipolar disorder:

- Major depression
- Psychotic depression
- Mania  Mixed

#### Schizoaffective:

- Major depression
- Mania  Mixed

#### Schizophrenia/Schizoaffective:

- Positive psychotic symptoms

#### Catatonia:

- Unipolar depression
- Bipolar
- Schizophrenia
- Organic
- Neurodevelopmental

#### Other

- Neuroleptic malignant syndrome
- Other (specify): \_\_\_\_\_

### Other diagnoses (mark all applicable)

- Major depressive disorder
- Bipolar disorder
- Schizoaffective disorder
- Schizophrenia
- Personality disorder
- Substance-related disorder
- Anxiety disorder
- PTSD
- Obsessive-compulsive disorder
- Feeding and eating disorder
- Other (specify): \_\_\_\_\_

### Reason for ECT - your primary reason for prescribing ECT (mark one only)

- Failure of medication
- High suicide risk
- Severe aggression/agitation
- Inadequate oral intake
- Previous good ECT response
- Patient preference
- Intolerable medication s/effects

### Duration of current episode (mark one only)

- Acute ( 12 months)
- Sub-acute (13-24 months)
- Chronic (>24 months)

### Previous episodes of illness

- 0
- 1-3
- >3

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## MANAGEMENT

### Treatment Resistance - depression

No. of failed antidepressant trials - current episode

- 0 medications
- 1-2 medications
- 3-4 medications
- 5-6 medications
- 7-10 medications
- >10 medications

Augmentation used – current episode:  
*eg lithium, olanzapine, thyroxine, other*

- NO
- YES \_\_\_\_\_

### Treatment Resistance - psychosis

No. of failed antipsychotics trials - across illness

- 0 medications
- 1-2 medications
- 3-4 medications
- 5-6 medications
- 7-10 medications
- >10 medications

Use of clozapine:

- YES – with partial/good response
- YES – with no/minimal response
- NO

## PROCEDURE

Previous ECT:  NO

- YES –partial/good response
- YES –no/minimal response
- Complications/side effects \_\_\_\_\_

### Concurrent medications

(mark all applicable)

- Antidepressants
- Antipsychotics other than clozapine
- Clozapine
- Lithium
- Benzodiazepines
- Anticonvulsants
- Stimulants

### Medications to give in AM (pre ECT)

- Asthma \_\_\_\_\_
- BP \_\_\_\_\_
- Cardiac \_\_\_\_\_

### Medications to withhold if < 12hrs pre ECT

- Benzodiazepine/Z class
- Anticonvulsant
- Magnesium (including multivitamin)
- Omega 3 fish oil
- Lithium

### Anaesthetic Issues

#### Anaesthetic Risks

- Airway/Respiratory (OSA, asthma) \_\_\_\_\_
- Cardiac/BP \_\_\_\_\_
- Other (GORD, BMI, Diabetes) \_\_\_\_\_

#### Investigations:

- Recent ECG (within 3/12 if stable)
- Bloods (E/LFT, FBC others as indicated)
- CXR (>50 or Respiratory issues)
- Other \_\_\_\_\_

#### Anaesthetic Agents:

- As per anaesthetist/ECT team
- Patient/prescriber preference \_\_\_\_\_

**Signature** (referring psychiatrist):

\_\_\_\_\_

**Date**     /     /