Electro-Convulsive Therapy Treatment Record

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Number:

CH-0078

Complete details or affix label

URN:	
Family name:	
Given names:	
DOB:	Gender:

ACT Health ECT TREATMENT RECORD

Date:

			DOB:		Gende	er									
Pre-treatment Checklist			Pre-treatment Observations												
Consent signed:	☐ Yes	□No	Height		_ Wei	Weight									
ECT Order for Treatment	Yes	□No	Time	Pulse	Resps	O ₂ Sats	B.P.								
Last food Hours															
Last fluids Hours															
	Yes	No													
Dentures/Caps/Crowns			Post Treatment Observations												
Denture Container			Time	Pulse	Resps	O ₂ Sats	B.P.								
Prosthesis															
Previous history available															
I.D. band insitu															
Hairpins/Jewellery/Makeup removed															
Nail Polish removed			Comments:												
Labels sent with records			<u> </u>				_								
ALLERGIES		l													
Last time voided															
Ward RN Signature															
Print name															
Last ECT Treatment Dose			Return to Ward Observations												
			Time	Pulse	Resps	O ₂ Sats	B.P.								
Planned Treatment Dose for this E	CT:														
_															
Drugs used last ECT:															
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Date:																																
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General Anaesthetic	Thic	pent	on	е		Re	emi	ten	tar	ıyl															Suxamethonium							
Anaesmenc																																
	Prop	ofol																+ +														
	FIOL	JOIOI																														
		Α	irw	ay				Ventilation									System											Р	ostu	ıre		
Technique	Phai	rynge															T-Piece Circle									Supine						
rechinque			zai					oponianeous								T T ICCC OILCIC									Supine							
	Nasa	Nasal																														
								Assisted																								
	End	1	Controlled									CO ₂ Abs								+	Other											
	Endotracheal Oral																	CO ₂ Ab3								Otrioi						
Local	Drug								Dose																							
	l I																															
Intravenous	Site:	:																														
Fluids Given																																
Anaesthetist's Signature Print name																		De	esig	jnat	ion			С	Date			_				

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