

Nursing ECT Pre-procedure Checklist

Ensure below is completed prior to first ECT treatment and then review items at each following ECT treatment to ensure accuracy and completion for required documents and assessments.

Item	Date Completed	Time Frame	Initials
ECT Order Set		<ul style="list-style-type: none"> ▪ Completed with consideration for the time it takes for workup and the results to be must be submitted. 	
Consent		<ul style="list-style-type: none"> ▪ Signed within 21 days prior to first treatment ▪ To be renewed every 6 months or 15 tx, unless earlier review is indicated ▪ Renewal due: _____ 	
Medical Clearance Form		<ul style="list-style-type: none"> ▪ Psychiatrist to complete Medical Clearance Form within 14 days of initiating Acute Series or M- ECT ▪ Renewed/updated every 6 months, Renewal due: _____ 	
ECG-as per Order set		<ul style="list-style-type: none"> ▪ Completed within 14 days of <i>first</i> treatment. ▪ Renewed at discretion of physician at time of Medical Clearance Form renewal 	
Chest X-Ray- as per Order Set		<ul style="list-style-type: none"> ▪ Completed within 14 days of <i>first</i> treatment ▪ Renewed at discretion of physician at time of Medical Clearance Form renewal 	
Blood work-as per Order set		<ul style="list-style-type: none"> ▪ Completed within 14 days of <i>first</i> treatment ▪ Renewed at discretion of physician at time of Medical Clearance Form renewal 	
Baseline MoCA		<ul style="list-style-type: none"> ▪ Completed within 14 days of first treatment ▪ To be renewed min every 6 months, unless earlier review is indicated otherwise. ▪ Renewal due: _____ 	
Anaesthetic Consult		<ul style="list-style-type: none"> ▪ If indicated on Order Set: order for consult is received and completed, along with dictation report prior to treatment. 	
Internal Medicine Consult		<ul style="list-style-type: none"> ▪ If indicated on Order Set: ensure consult is received and completed, along with dictation report prior to treatment 	
Pre-Anesthetic Questionnaire Form		<ul style="list-style-type: none"> ▪ Ensure Pre-Anaesthetic questionnaire is completed and on the chart prior to treatment. 	
CMAR/ Med Review		<ul style="list-style-type: none"> ▪ Current CMAR on the chart, review of medications 	