

Memorandum on Key Revisions Contained in the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients Version 2

This memorandum outlines the key revisions¹ contained in the *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients – Version 2*. The changes are set out according to the section of the Code in which they are located and indicate differences from Version 1 where applicable.

Part 2 Consent and Information

Section 4 Consent

A new Provision 4.4 d) has been created by updating content from Provision 2.5 d) in Version 1 of the Code. It now states that capacity to consent should ensure that the voluntary patient can “*understand **and believe** the broad consequences of not receiving ECT*”.

Section 5 Information

A new Provision 5.2 has been created by updating content from Provision 3.1e) in Version 1 of the Code. In addition to focussing on the “*likely adverse effects of ECT*”, Provision 5.2 now also refers to “*the risk of amnesia and other potential side effects*”.

The new Provision 5.2 states:

“Information should also be provided on the likely adverse effects of ECT, including the risk of cognitive impairment and the risk of amnesia and other potential side effects”.

Part 3 Administration of ECT

Section 6 Prescription of ECT

A new Provision 6.3 has been created by updating content from Provision 4.3 in Version 1 of the Code that referred to the “initial stimulus dose of electricity to be delivered to each voluntary patient”. The updated Provision 6.3 now states that the initial stimulus dose of electricity should be “*discussed*” as well as considered “*by the treating consultant psychiatrist and the consultant psychiatrist responsible for the administration of ECT*”.

The amended Provision 6.3 states:

“The initial stimulus dose of electricity to be delivered to each voluntary patient should be discussed and considered by the treating consultant psychiatrist and the consultant psychiatrist responsible for the administration of ECT in advance of ECT and prescribed accordingly”.

¹ There have been other minor revisions to the Code of Practice that are not highlighted in this memorandum. For example, a restructuring of the Code has led to changes to the numbering of sections. The purpose of this memorandum is to draw the reader’s attention to the **key revisions**.

Section 7 Assessment of Voluntary Patient

Two new provisions (Provision 7.1 and Provision 7.4) have been added to Version 2. They state that “*a cognitive assessment should be completed for the voluntary patient before*” (Provision 7.1) and “*following*” (Provision 7.4) each programme of ECT.

Section 8 Anaesthesia

A new Provision 8.7 that deals with the anaesthetic induction agent used for the voluntary patient has been added to Version 2.

The new Provision 8.7 states:

“The anaesthetic induction agent used for the voluntary patient should remain consistent throughout the duration of his/her programme of ECT unless such an approach is contraindicated”.

Section 9 Administration of ECT

A new Provision 9.2 has been added to Version 2.

It states:

“ECT should be administered to a voluntary patient using the same ECT machine throughout his/her programme of ECT, unless in exceptional circumstances. Where the same machine is not used, the rationale for this should be clearly documented in the voluntary patient’s clinical file”.

A new Provision 9.3 has been created by updating content from Provision 7.2 in Version 1 of the Code. The phrase “on two channels” has been added to the contents of the old provision.

The new Provision 9.3 states:

“There should be a facility for EEG monitoring on two channels”.

Section 12 Staffing

A new Provision 12.6 has been created by updating content from Provision 10.6 in Version 1 of the Code. The minimum number of registered nursing staff who should be present in the ECT suite at all times has been reduced from three to two.

Section 13 Documentation

A new Provision 13.6 has been added to Version 2. It states:

“A copy of all cognitive assessments that are completed should be filed in the voluntary patient’s clinical file”.