

Memorandum on Key Revisions Contained in the Rules Governing the Use of Electro-Convulsive Therapy - Version 2

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

Preamble

The preamble to Version 1 of the Rules indicated that there would be a requirement for an anaesthetic assistant to be in place during ECT treatment and recovery by 1st November 2008. The provision has not been introduced and is therefore **not** a requirement of these Rules.

Part 2 Consent and Information

Section 2 Consent

Rule 2.3 d) from Version 1 of the Rules has been updated in Version 2. It now states that capacity to consent must ensure that the patient can “*understand and believe the broad consequences of not receiving ECT*”.

Section 3 Information

A new Rule 3.2 has been created by updating content from Rule 3.1 e) in Version 1 of the Rules that referred to the “likely adverse effects of ECT”. The new Rule 3.2 now also refers to “*the risk of amnesia and other potential side effects*”.

The new Rule 3.2 states:

“Information must 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 5 Prescription of ECT

Rule 5.3 from Version 1 of the Rules that referred to the “initial stimulus dose of electricity to be delivered to each patient” has been updated in Version 2. The updated Rule 5.3 now requires that the initial stimulus dose of electricity be “*discussed*” as well as considered “*by the treating consultant psychiatrist and the consultant psychiatrist responsible for the administration of ECT*”.

¹ There have been other minor revisions to the Rules that are not highlighted in this memorandum. For example, a restructuring of the Rules 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**.

The amended Rule 5.3 states:

“The initial stimulus dose of electricity to be delivered to each patient must 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”.

Section 6 Patient Assessment

Two new rules (Rule 6.1 and Rule 6.4) have been added to Version 2.

They require that *“a cognitive assessment must be completed for the patient before”* (Rule 6.1) and *“following”* (Rule 6.4) each programme of ECT.

Section 7 Anaesthesia

A new Rule 7.7 that refers to the anaesthetic induction agent used for the patient has been added to Version 2.

The new Rule 7.7 states:

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

Section 8 Administration of ECT

A new Rule 8.2 has been added to Version 2.

The new Rule 8.2 states:

“ECT must be administered to a 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 must be clearly documented in the patient’s clinical file”.

A new Rule 8.3 has been created by updating content from Rule 8.2 in Version 1 of the Rules. The phrase “on two channels” has been added to the contents of the old rule.

The new Rule 8.3 states:

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

Section 11 Staffing

Rule 11.6 from Version 1 of the Rules has been updated in Version 2. The minimum number of registered nursing staff who must be present in the ECT suite at all times has been reduced from three to two.

Section 12 Documentation

A new Rule 12.7 has been added to Version 2.

It states:

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