

| <b>CHECKLIST FOR VISIT TO ECT SUITE - phase 3</b> |   |                |                |
|---|---|----------------|----------------|
| <b>ECT clinic:</b>                                | <b>Consultant:</b>  | <b>date:</b>   | <b>Code:</b>   |
| <b>item</b>                                       | <b>1997</b>   | <b>1998/99</b> | <b>changes</b> |
| ECT suite type (designated or not)                |   |                |                |
| ECT suite facilities (WR/PR/TR/RR1/RR2)           |   |                |                |
| <b>*rating of premises</b>                        |   |                |                |
| ECT machine                                       |   |                |                |
| anaesthetic equipment comments                    |   |                |                |
| <b>*rating of equipment</b>                       |   |                |                |
| ECT Dr rota/block                                 |   |                |                |
| consultant sessional time                         |   |                |                |
| anaesthetic staff - grades and rotas              |   |                |                |
| nurses and grades                                 |   |                |                |
| patient information given                         |   |                |                |
| ECT practice - prescription details               |   |                |                |
|   | <ul style="list-style-type: none"> <li>• clinical information available</li> <li>• first dose (fixed/presc/estm/mear)</li> <li>• stimulus dosing policy</li> <li>• termination of seizure policy</li> </ul> |                |                |
| ECT training - consultant training day            |   |                |                |
|   | <ul style="list-style-type: none"> <li>• College handbook</li> <li>• CRAG good practice statement</li> <li>• video</li> <li>• demonstration prior first ECT by ?</li> </ul>                                 |                |                |
| <b>*rating of induction training</b>              |   |                |                |
| initial supervision - by whom?                    |   |                |                |
| <b>*rating of ongoing supervision</b>             |   |                |                |
| comments:   |   |                |                |
|   |   |                |                |

| ECT clinic:  | Consultant:   | date:   | Code: |
|--|---|---------|-------|
| item   |   | 1998/99 |       |
| consent form signed - state number of treatments viewed (M/F)                  |   |         |       |
| Form 9 or 10 if appropriate - state number of treatments viewed for each (M/F) |   |         |       |
| ECT audit paperwork (Y/N)  |   |         |       |
| MADRS by nurse or Dr?  |   |         |       |
| *nursing standards   | - registered nurse manager                          |         |       |
|  | • with protected time?                              |         |       |
|  | • adequate staffing level in preparation            |         |       |
|  | in treatment  |         |       |
|  | in recovery   |         |       |
|  | • CPR training                                      |         |       |
|  | • known nurse accompanying patient / legal status   |         |       |
|  | • comments:   |         |       |
| anaesthetist's evaluation  | - *rating of equipment                              |         |       |
|  | • ODP or not  |         |       |
|  | • local support satisfactory for routine ECT? (Y/N) |         |       |
|  | • emergency situation concern? (Y/N)                |         |       |
|  | • comments: (incl anaesthetic agent used)           |         |       |
| use of treatment protocols evident   |   |         |       |
| use of recording sheet   |   |         |       |
| means of measuring seizure length (use of EEG)                                 |   |         |       |
| use of information about clinical picture                                      |   |         |       |
| <b>*rating of efficiency of operation</b>                                      |   |         |       |
| adequacy of treatments (%)   |   |         |       |
| consultant supervision at session  |   |         |       |
| comments:  |   |         |       |