CONSENT

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Consent for ElectroConvulsive Therapy (ECT)

Patient Identification Information

Date Consent Obtained _____ **PATIENT FULL NAME (Print if not listed above):** _____

1) I, the undersigned, understand the potential benefits as well as the potential risks involved in treatment of my diagnosis of _____ by means of ECT. I acknowledge that Dr. _____ has explained the purpose of the procedure, the risks/benefits of the procedure, the alternatives with the risks and benefits and the possibility of complications.

   I hereby give my consent and authorize and request the staff of The Johns Hopkins Hospital to give a series of ECT treatments to me. My doctor intends to begin the treatment course with one of the following (check one):

   ☐ Unilateral treatments: Specify right ☐ or left ☐
   ☐ Bilateral treatments
   ☐ The lead placement may be altered during the treatment series based on the clinical response

2) The reasons for ECT have been explained to me in a way that I understand. These include psychiatric disorders such as major depression, bipolar disorder, schizophrenia, catatonia and other conditions as explained by the provider.

3) The benefits and chances of success of ECT have been explained to me in a way that I understand. These include improvement of mood and psychiatric condition. ECT has been shown to be a highly effective treatment.

4) The major risks and complications of ECT have been explained to me in a way that I understand. These may include such items as failure to obtain the desired result, discomfort, injury, need for additional treatment(s) and death.

   Additional risks include:

   - Some patients have difficulty forming new memories while getting ECT which, once ECT is stopped, should resolve
   - Memory difficulty for the period surrounding the treatment is to be expected
   - All patients experience some degree of permanent loss of memories around the time of treatment, although many of those lost memories may return
   - A small percentage (1/200) of patients report severe problems in memory that persist
   - Although rare, there is a very small chance that some of the procedure may be recalled after the treatment
   - Myocardial infarct (heart attack) or stroke are rare
   - Dislocations or bone fractures are extremely rare
   - Risk of damage to fragile teeth

5) The reasonable alternatives, including major risks, benefits, and/or side effects, have been explained to me in a way I understand. These include:

Alternatives (choose all applicable):	Major Risks, Benefits, and Side Effects of Each Alternative:
☐ Not undergo procedure listed above	Possible progression of disease, no improvements in symptoms or condition, possible death. Benefits include not incurring risks associated with the above.
☐ Medication	A non-invasive method that may not effectively treat the psychiatric condition with possible 6-8 weeks to achieve the desired outcome and with potential side effects such as orthostatic hypotension and cardiac arrhythmias. Benefits include not incurring risks associated with the procedure.
☐ Psychotherapy	A non-invasive method which is most effective when paired with medication over time and may not effectively treat the severe psychiatric condition. Benefits include not incurring risks associated with the procedure.

6) During the procedure, the provider may become aware of conditions which were not apparent before the start of the procedure. I consent to have more or different procedures, surgeries or treatments to diagnose or treat my conditions.

7) Due to the risk of confusion and memory loss, it is important to avoid driving and making important personal or business decisions during the ECT course. After the acute treatment course, there will be a convalescence period of approximately 1 to 3 weeks. During this period, it is important to continue refraining from these activities until advised otherwise by the treating physician.

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8) By signing below I acknowledge/agree:

- That a provider has explained and answered all of my questions related to ECT.
- That no guarantees were made concerning the outcome, as the practice of medicine and psychiatry is not an exact science.
- To have ECT.

For the following statement, if the patient does not agree, cross it out with a single line. The patient and provider shall initial, date and time the cross-out:

- To allow observers or technical advisors to be present during the ECT treatment.

Date _____ Time _____ Patient Signature _____

**********DECISION-MAKER OTHER THAN PATIENT SECTION**********

Legally Authorized Health Care Decision-Maker:

Date _____ **Time** _____ **Print Name** _____ **Signature** _____ (N/A if Telephone Consent)

If the patient would otherwise be consenting on his/her own behalf, but is unable to consent & consent is being obtained from a surrogate decision-maker, refer to Epic Capacity & Advance Care Planning Activity to validate/identify the health care agent (HCA) or primary surrogate decision-maker and confirm documentation of incapacity (n/a for a minor not legally able to consent).

ONLY COMPLETE BELOW IF PERSON GIVING CONSENT IS NOT THE HCA / PRIMARY SURROGATE DECISION-MAKER

The HCA/primary surrogate decision-maker: (check all that apply)

☐ Could not be reached to provide consent
☐ Did not respond to requests for assistance with obtaining consent
☐ Was incapacitated
☐ Was unwilling to make decisions
☐ Other
(describe): _____

**********END DECISION-MAKER OTHER THAN PATIENT SECTION**********

Date _____ Time _____ Signature of Provider Obtaining Consent _____ Title _____

Print Provider First Name _____ Print Provider Last Name _____

☐ Telephone Consent Witness *(Note to Staff: Complete only for telephone consent; witness must be a member of the clinical staff)*

Date _____ Time _____ Print Telephone Witness Name _____ Telephone Witness Signature _____

Interpreter *(Note to Staff: Complete only if applicable)* ☐ Remotely via video ☐ Remotely via telephone ☐ In-person

Date _____ Time _____ Print Interpreter Name or ID Number _____ Interpreter Signature *(if in person)* _____