Service Name	**ELECTROCONVULSIVE THERAPY (ECT), OUTPATIENT, ADULT**
Setting	Electroconvulsive therapy is generally administered in an inpatient setting but can be administered on an outpatient basis in a facility with treatment and recovery rooms.
Facility License	As required by DHHS Division of Public Health
Basic Definition	ECT is a treatment where an electric current, which is medically controlled, is applied to either or both sides of the brain (unilaterally vs. bilaterally) for the purpose of producing a seizure that is modulated by anesthesia and muscle relaxants in order to provide relief from severe, acute, and debilitating symptoms of a psychiatric disorder.
Service Expectations basic expectations for more detail see Title 471 chapter 20	• Initial diagnostic interview (IDI) by a licensed professional completed within 12 months prior to service initiation or upon beginning a new treatment episode, with ongoing assessment as needed. • The IDI shall serve as the initial treatment plan until the comprehensive treatment plan is developed. • All of the following are required prior to the initial treatment: o A clinical summary prior to treatment consisting of a DSM (current edition) diagnosis that includes but is not limited to: ▪ Current and recent symptom of severity supporting indications for ECT; ▪ psychiatric history with mental status; ▪ current functioning to include specific detailed evidence of past response to ECT, and medication trials and response; and ▪ Medical history and examination focusing on neurological, cardiovascular and pulmonary systems, current medical status, current medications, dental status, review of laboratory tests including electrocardiogram, if any, within 30 days prior to initiation of ECT. o Documentation of an anesthetic evaluation performed by an anesthesiologist or other qualified anesthesiology professional, to include: ▪ The individual's response to prior anesthetic inductions and any current anesthesia complications or risks; and ▪ Required modifications in medications or standard anesthetic technique. o An individualized treatment plan will be developed prior to treatment and include all of the following: ▪ Specific medications to be administered during ECT; ▪ Choice of electrode placement during ECT; and ▪ Stimulus dosing using a recognized method to produce an adequate seizure while minimizing adverse cognitive side effects; o There is continuous physiologic monitoring during ECT treatment, addressing: ▪ Seizure duration, including missed, brief and/or prolonged seizures, or lack of attaining desired seizure activity; ▪ Electroencephalographic activity; ▪ Vital signs; ▪ Oximetry; ▪ Cardiovascular effects; ▪ Respiratory effects, including prolonged apnea; and ▪ Other monitoring specific to the needs of the individual. o There are post-ECT stabilization and recovery services, including: ▪ Medically supervised stabilization services in the treatment area until vital signs and respiration are stable and no adverse effects such as headache, muscle soreness and nausea are observed; and

	▪ Recovery services under the supervision of the anesthesia provider with continuous nursing observation and care; monitoring of vital signs including heart, respiration; pulse oximetry; and electrocardiogram if indicated. • The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms.
Length of Service	Duration of the service is individualized and will be medically necessary as determined based upon the psychiatrist's assessment and the individual's response to treatment and according to the treatment plan.
Staffing	• Psychiatrist (procedure and recovery) • RN (procedure and recovery) • Anesthesiology (MD or CRNA) for the procedure, and if indicated during recovery
Desired Individual Outcome	• The individual no longer meets clinical guidelines for ECT treatment. • The individual is able to respond effectively to a less intrusive treatment intervention.
Admission guidelines	• Documentation exists indicating that the individual is unresponsive to trials of effective medications of adequate dose and duration that are indicated for the individual's condition (e.g., anti-depressants, anti-psychotics, etc., as appropriate); • The individual is unable to tolerate effective medications or has a medical condition for which medication is contraindicated; • The individual has had favorable responses to ECT in the past, and rapid response symptom alleviation is medically necessary; • The individual is unable to safely wait until medication is effective (e.g. due to life-threatening conditions, psychosis, stupor, extreme agitation, high suicide or homicide risk, etc.); • Individual is experiencing severe mania or depression during pregnancy; or • Individual and the psychiatrist have agreed that ECT is the least restrictive treatment to effectively treat acute and persistent symptoms.
Continued stay guidelines	Despite reasonable therapeutic efforts, clinical findings indicate at least one of the following: • Persistence of problems or emergence of new problems that meet the outpatient criteria for electroconvulsive treatment as outlined in the admission criteria; • Attempts to discharge to a less-intensive treatment will or can be reasonably expected, based on individual history and/or clinical findings, to result in exacerbation or worsening of the individual's condition; • Clinical information is present, indicating a pending decompensation in the absence of the treatment; or • Robust medication management has not been sufficient to stabilize symptoms without the addition of ECT.