



CH-0078

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

ACT Health ECT TREATMENT RECORD

Number: _____ Date: _____

Pre-treatment Checklist

Consent signed: Yes No

ECT Order for Treatment Yes No

Last food _____ Hours

Last fluids _____ Hours

	Yes	No
Dentures/Caps/Crowns		
Denture Container		
Prosthesis		
Previous history available		
I.D. band insitu		
Hairpins/Jewellery/Makeup removed		
Nail Polish removed		
Labels sent with records		

Pre-treatment Observations

Height _____ Weight _____

Time	Pulse	Resps	O ₂ Sats	B.P.

Post Treatment Observations

Time	Pulse	Resps	O ₂ Sats	B.P.

Comments: _____

ALLERGIES

Last time voided _____

Ward RN Signature _____

Print name _____

Last ECT Treatment Dose

Planned Treatment Dose for this ECT:

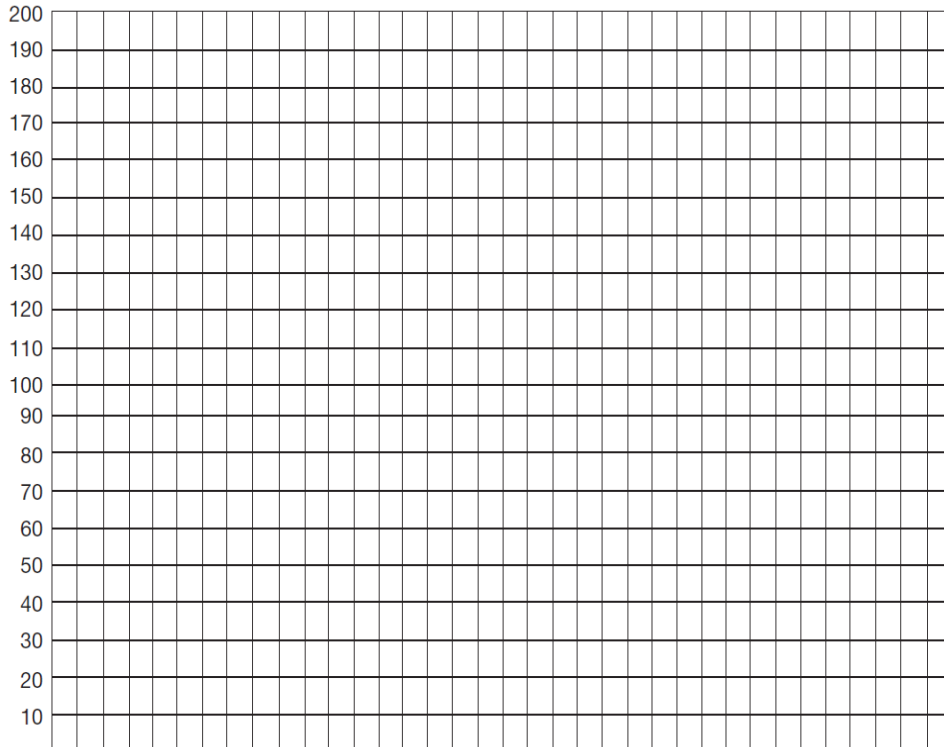
Drugs used last ECT:

Return to Ward Observations

Time	Pulse	Resps	O ₂ Sats	B.P.

Date: _____

BP



General Anaesthetic	Thiopentone		Remifentanyl					Suxamethonium	
	Propofol								

	Airway		Ventilation		System		Posture	
Technique	Pharyngeal		Spontaneous		T-Piece	Circle	Supine	
	Nasal			Assisted				
	Endotracheal	Oral	Controlled			CO ₂ Abs	Other	
Local	Drug		Dose					

Intravenous Fluids Given	Site:
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Anaesthetist's Signature Print name Designation Date