

Mental Health, Surgery, Registration – ECT

The Electroconvulsive Treatment (ECT) Process spans multiple specialties in different care areas. This document outlines the details for the ECT Process for **Inpatient**, **Tertiary**, and **Outpatient/Community** patient types.

There are variances in the process depending on the patient type. Follow the directions for your care area or the area from which the patient is being received. The ECT process will always begin with the Attending Provider deciding that the patient requires ECT.

Attending Provider

- 1. Consult with the ECT Provider by phone if applicable.
- 2. Consult with the Anesthesiologist by phone.
- 3. Click on the **Electroconvulsive Therapy** Workflow tab, in the patient chart of the Provider View page.

The ECT component list opens.

CSTTEST, MHADMISS	ION	3			The second second second							
CSTTEST, MHADMISS	ION		DO8:01	Jan-2001	MRN:700020900	G	ode Status:			Process	8	
Allergies: No Known Aller	gies		Age:17 Gender	years Undifferentiat.	Enc:7000000201650 .PHN:9876296361) D	osing Wt:			Disease	6 n:	
Menu	4		•	Provider Vie	w							
Provider View	^	A 11	14.8	3 4 100%	- 0 0 4							
Perioperative Summary		1	Rounding	12	Anesthesia Sum	22	Pain Service Wo	22	Ouick Orders	22	Electroconvulsiv	22
Results Review					Number of the second second			- 53				

4. Click ECT in the component list.



 Click the hyperlinked ECT heading. The Interactive View and I&O page opens.



ECT	(0) 🛨		
No r	results found		

- 6. Complete the **Pre-ECT Workup** section in the Interactive View and I&O page.
- 7. Click on the green checkmark \checkmark on the top-left side of the page to sign and record your entry.

< 🖂 🔸 🤺 Interactive View and I&	o	
⊷ 🚍 🕮 & 🔽 🚫 🗑 📰 📰 🎘 ×		
& Electroconvulsive Therapy		
Pre-ECT Workup Preprocedure Checklist ECT VITAL SIGNS	Find Item Critical Hi	gh 🗌 Low
Glucose Blood Point of Care ECT Treatment Record	- ju	
ECT Anesthesia Medication PAIN ASSESSMENT	~	09:00 - 09:59 PST
Sedation Scales	⊿ Pre-ECT Workup	
Transfer/Transport	Mental Health Act Status	Involuntary
Clinical Outcome Monitorion	Procedure Consent Complete	Ves
Poet Course Summany	Procedure Consent Not Given Reason	
roscourse summary	Second Opinion Required	

8. Complete the **Clinical Outcome Monitoring** section in the Interactive View and I&O page to record baseline pre-treatment scores.

Repeat throughout the course of ECT to monitor patient progress.

Menu	Р	< 🔹 🛉 Interactive View and I&O		
Provider View		** 🔜 💷 🔐 🖌 🚫 🦉 🖿 📰 🎘 🛪		
Results Review				
Orders	🕈 Add	Clectroconvulsive Therapy		
Medication List	🕇 Add	Pre-ECT Workup Preprocedure Checklist ECT	Find Item V Critical High	Low
Documentation	🕇 Add	VITAL SIGNS Glucose Blood Point of Care	Roguit	
		ECT Treatment Record	51a	
Allergies	🕂 Add	ECT Anesthesia Medication PAIN ASSESSMENT	₩ 🖬	14:00 -
Diagnoses and Problems		Sedation Scales	⊿ Clinical Outcome Monitoring	
Histories		Iransfer/Iransport	CGI-Severity	5
MAR Summary		Post-Course Summary	MoCA Score	
Medication Request			SMMSE Score	
			QIDS-SR MADDS	
MAR			Other Assessment	
F D				

- 9. Return to the Provider View page. A Provider View
- 10. Click Quick Orders in the Workflow tabs.



- 11. Place the MH Electroconvulsive Therapy (ECT) PowerPlan via the Quick Orders tab.
- 12. Select the MH Electroconvulsive Therapy (ECT) (Multiphase) PowerPlan for inpatient and tertiary patients.

The orders for signature box opens



For outpatients, refer to the instructions listed in the ECT Provider - Before Treatment Section later in this module.

PowerPlans 🔤 🔿	Medications ≡• ⊘	Labs
Admission	Anti-Depressants/SSRI	Bloodwork
Modules	► Anti-Depressants/Other	Medication
Clozapine	Anti-Psychotics/Typical	Urine Stud
Restraints and Seclusion	► Anti-Psychotics/Atypical	Drugs of A
4 Electroconvulsive Therapy	Anti-Anxiety/Benzodiazepine	▶ Stat
🔰 MH Electroconvulsive Therapy	Agitation Treatment	Microbiolo
(ECT) (Multiphase) (Validated)	Mood Stabalizers	Stool Stud
MH Electroconvulsive Therapy (ECT)	▶ Side Effects Treatment	
(Humphase) (Validated)		

- 13. Click Orders for Signature box.
- 14. Click **Modify** to review or add details to the ECT PowerPlan.

100	% 🔹 🕞 🛑 🚮						
23	Rounding 🛛 🕅	Quick Orders	Electroconvulsive Th 8	3 Transfer/Discharge	× +		🗟 1
	Onders for Circuit	(1)				~	·
	Orders for Signature ((1)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	er Entry
-	PowerPlans						
	MH Electroconvi	ulsive Therapy (ECT) (Multiph	ase) (Validated) (MH Electroc	onvulsive Therapy (ECT) (Multiph	ase) (Validated)	<i>)</i>	
n							New Order
эру				Sign Save	Modify	Cancel	Public Sh
ive						I P JUIT I DC	



WARNING: Orders in one session do not follow through to subsequent sections. Check off orders in EACH pre- and post- session as needed.

NOTE: Medications listed in ECT Work-up are PRN medications, whereas medications listed in Pre-Procedure are scheduled medications.



View	_ ▲ 🛯 🗟 🕅	🔉 🕂 Add to Phase 🗸	🛕 Check Alerts 🛄 Comments	Start: Now	Duration:	None
View	9 6	Component		Status	Dose	Details
	MH Electr	oconvulsive Therapy	(ECT) (Multiphase), Session 1 Pre	e-Procedure (Planne	d Pending)	
1edical	2 Patien	t Care				
MH Electroconvulsive Therany (ECT) (Multir	nh 🗹	Security to Acc	ompany Patient			Arrange to have trai
ECT Work-un (Planned Pending)		Insert Periphera	al IV Catheter			If no IV in place
Session 1 Pre-Procedure (Planned Pending	⊿ Diet/N	lutrition				
Servion 1 Post-Procedure (Planned Pendin		NPO for Procee	Jure			For AM ECT, NPO a
Session 2 Pre-Procedure (Planned Pending	¹⁹ / ⊿ Medic	ations				
Session 2 Post-Procedure (Planned Pendin		ranitidine				Give once 90 min b
Session 3 Pre-Procedure (Planned Pending	a) 🗖	acetaminonhe				650 mg PO pre-pr
Session 3 Post-Procedure (Planned Pendin	na)	- acctaninoprici			12	Give once 90 min be
Session 4 Pre-Procedure (Planned Pending	a) 🗆	ibuprofen				400 mg, PO, pre-pro
Session 4 Post-Procedure (Planned Pendin	na)					Give once 90 min be
Session 5 Pre-Procedure (Planned Pending	a)					
Session 5 Post-Procedure (Planned Pendin	ng)					
Session 6 Pre-Procedure (Planned Pending	a)					
Session 6 Post-Procedure (Planned Pendin	na)					

15. **Initiate only** the ECT Work-Up phase by selecting **ECT Work-up (Planned Pending)** in the View window on the left-hand side.

This is so that Pre- and Post-procedure phases can be initiated by the nurse when needed.

16. Click Initiate for ECT Work-up (Planned Pending).

The orders are ready for review 🐺.





17. Review selected orders 🐺.

18. Click Orders for Signature.

The missing detail window displays.

View			
Orders for Signature	🇞 🕅 🛛 Component	Status Dose	Details
Diana	H Flectroconvulsive Therapy (FCT) (Multine	nase) FCT Work-up (Initiated	Pendina)
Plans	Admit/Transfer/Discharge		
	Note: this is a multiphase powerpl	an. any changes made to one se	ession must be duplicated for other sessions
MH Electroconvulsive Therapy (E	Ensure Anesthesia has been consul	ted before ordering ECT, as req	quired
WECT Work-up (Initiated Pend	Patient Care		
Session 1 Pre-Procedure (Planne	Ensure that symptom assessment s	cales are completed when ECT	is ordered and after every 6 treatments
Session 1 Post-Procedure (Plann	Sector Convulsive Therapy (FCT)	Order	29-Mar-2018 09:32 PDT
Session 2 Pre-Procedure (Planne	🖉 🕙 By default benzodiazepines, lithiu	m and anticonvulsants will be he	eld 12 hours prior to ECT, please modify ho
Session 2 Post-Procedure (Plann	medication(s) order as necessary		
Session 2 Pro Procedure (Plann	Hold Medication(s)	Order	29-Mar-2018 09:32 PDT Clinical event
Session 3 Part Procedure (Planne	Medications		
Session 3 Post-Procedure (Plann	ranitidine		150 ma. PO. pre-procedure. PRN gastro
Session 4 Pre-Procedure (Planne	🕅 acataminanhan (acataminanhan [DDN rong	Give once 90 min before FCT with sibs of
Session 4 Post-Procedure (Plann		'Kin rang	Give once 90 min before FCT with sips of
Session 5 Pre-Procedure (Planne	🖄 ibuprofen		400 mg. PO. pre-procedure. PRN pain. d
Session 5 Post-Procedure (Plann			Give once 90 min before FCT with sips of
Session 6 Pre-Procedure (Planne	Laboratory		
Session 6 Post-Procedure (Plann	Routine Pre-ECI lab investigations	should be guided by the patier	nt's history, physical exam and site policy. If
Suggested Plans (0)	following tests may be ordered if	they have not been done within	30 days of ECT
Orders	Differential (CBC and Differential)		Blood Routine Collection TN once
orders v			Blood Routine Collection TN once
	Creatinine Level	Anian Ca	Blood Routine Collection I'N once
Diagnoses & Problems	B + 7		
Related Results	Details		
Variance Viewer	Irders For Cosignature Orders For Nurse Review		: Initiate Orders For Signature

- 19. Click on the Missing Required Detail.
- 20. Select the appropriate Frequency required field.

21. Click Sign.



NOTE: Click the downward arrow to collapse and exit the order if you chose to add more orders to the PowerPlan. After you sign the PowerPlan, it is finalized and further orders will

be outside the PowerPlan.



+ Add	Document Medication by Hx	Reconciliat	ion - 🕭 Check I	nteractions	Reconciliation Status Meds History Admission Discharged	arge
Orders	Medication List Document In Pl	an				
	Image: Second state sta	Status Order Order Therapy Offset De	Start Admit: 15-Aug- 29-Mar-2018 0 20 Mar-2018 0 7 (ECT) tails	Details 2017 11:00 PDT 29-Mar-2018 09:3 20 Mar-2018 00:2	9 PDT 9 DDT Clinical want Electroconvulsive Th	<t< th=""></t<>
	*Requested Start Date/Time: ²⁹⁻ *Frequency:	Mar-2018	• • 0932	PDT		
	Treatment Days of the Week: Number of Treatments: Special Instructions:					~
1	Vissing Required Details Orders For Cosigna	ture Orders I	For Nurse Review		Sign Cancel	1

22. If continued ECT is necessary after six treatments, discontinue the existing **MH Electroconvulsive Therapy (ECT) Multiphase** PowerPlan and reorder a new PowerPlan.

ECT Provider – Before Treatment

- 1. Receive the request for the ECT consultation via your site-specific workflows, if applicable.
- 2. Review patient information in the **Rounding** and **Electroconvulsive Therapy** Workflow tabs on the Provider View page.

< 🔶 ᠇ 👫 Provide	er View							(D) F
A	100%	- • • 🗳						
Admission	23	Rounding	23 Quick Orders	🛛 Electro	convulsive Therapy	23	Transfer/Discharge	23
Chief Complaint Documents (0)	_ ^	Chief Complaint						
Informal Team Communication	E	Low mood for 6 m	onths. Passive suicidal ideas past	2 months.				
Microbiology Other		195 Characters left						
Microbiology C & S								
Diagnostics								
Vital Signs & Measurements		Documents (0)	+				La	st 50 Notes All
Labs							My notes only	Group by enc
Active Issues		No results found						

3. If applicable, inform the Attending Provider about the consultation results via your site-specific workflows.



4. If applicable, document your consult using a **Psychiatry Consult Note** from the Provider View page in either the Admission or Rounding Workflow tab.



NOTE: Outpatients may not have an active encounter if ECT has not been scheduled yet. If your patient does not have an active Pre-Day surgery encounter, document in your consult note at the time you order the ECT PowerPlan.

	Psychiatry Consult Note X New Note X List	
Current Medications New Order Entry Order Profile (5) Altergies (0)	Tahoma Ster B I U exe Ar Identifying Data No qualifying data available.	Reason for Consult/Chief Complaint
Histories Links	History of Present Illness	
Forms and Results (0) Create Note Psychiatry Progress Note Psychiatry Consult Formation Consult	Medications Inpatient FULUxetine, 20 mg, 1 cap, PO, qdaily Home No active home medications Allergies No Known Allergies	Substance Use History No qualifying data available.
Family Conference Note Select Other Note	Note Details: Psychiatry Consult, TestUser, Psychiatrist-Physician, MD, 23-Feb-2018 09:19 PST, P	Sign/Submit Save & Close

5. Review results from Pre-ECT Workup, Clinical Outcomes Monitoring, and labs in **Results Review**. These are completed by the Attending Provider.

h 🖾											
lecent Results	Advance Care P	anning	Lab - Recent	Lab - Extende	d Pathology	Micro Cultures	Transfusion	Diagnostics	Vitals - Recent	Vitals - Extended	Mental Healt
1	untal Health View		-		tal Health View		Table	Group	lict		
Howsheet: Me	intal meditri view			LEVEL IVIC	icult i iculti i vicvi		- Tuble	Coroop C	LIJC		
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Howsheet: Me		м	lental Health Vi	iew 06	Tuesday, 0 Mar-2018 10:00 F	96-March-2018 0	9:04 PST - Tue	sday, 06-Mar	ch-2018 11:04 PS	iT (Clinical Range)	
Navigator	ssment and Plan	M Psych As	lental Health Vi	iew 06- Plan	Tuesday, 0 Mar-2018 10:00 F	96-March-2018 0	9:04 PST - Tue	esday, 06-Marc	ch-2018 11:04 PS	iT (Clinical Range)	

6. Review and/or place ECT orders.

Inpatient and Tertiary	Outpatient
Ensure the MH Electroconvulsive Therapy (ECT) Multiphase PowerPlan is ordered by the Attending Provider. *** ECT Provider End ***	Place the MH Outpatient Electroconvulsive Therapy (ECT) Multiphase PowerPlan via the Quick Orders tab of the Provider View page. Continue to the steps below to modify your orders.



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Admission 🛛	Rounding 🔀	Quick Orders	🔀 Elec	troconvulsive Th	23	Transfer/Discharge	× +
Venue: Inpatient 👻							
Medications	≡• 📀 Labs	≡•⊗	Imaging	≡• ⊘		PowerPlans	≡•⊗
► Anti-Depressants/SSRI	▶ Bloodwork		► Echocardiogram	ı		Admission	
Anti-Depressants/Other	Medication Levels		► XR			Modules	
Anti-Psychotics/Typical	Urine Studies		▶ CT			Clozapine	
Anti-Psychotics/Atypical	Drugs of Abuse Te	ests	▶ MR			Restraints and Seclusion	1
Anti-Anxiety/Benzodiazepine	► Stat		▶ ECG			∠ Electroconvulsive Thera	ру
Agitation Treatment	Microbiology				-16	≽ MH Electroconvulsive	Therapy
Mood Stabalizers	Stool Studies					(ECT) (Multiphase) (V	alidated)
► Side Effects Treatment						MH Electroconvulsive Therapy	(ECT)
Pain Management	Pediatric	≣- 😔			Ē	MH Outpatient Electro	convulsive
Sleep Medications	Medications					Therapy (ECT) (Multip	hase)
Gastrointestinal Medications						(Validated) MH Outpatient	
						Electroconvulsive Therapy (EC1	r)
						(Multiphase) (Validated)	

- Click the Orders for Signature box 2.
- 8. Click **Modify** to add details to the ECT PowerPlan.

Rounding	22	Quick Orders	22	Bectroconvublive Th		Transfer/Discharge	11	+		E 1
Orders for Sig	jnature (1)							22	ur Entry
PowerPlans MH O (Multiphase)	utpatient E (Valdaded))	lectroconvulsive Th	erapy (EC	CT) (Multiphase) (Valid	ited) (XH Outpatient Electroconvul	ive Thera	ру (ВСТ)		e currently v punter. Any
						Sign Save	Mod	lify Car	icel	New Order



WARNING: Orders in one session do not follow through to subsequent sections. Check for orders in **EACH** session as needed.



9. Sign the PowerPlan.

Orders M. down Mall Down M. No.

Each session will be initiated by the nurse when needed.

	N 30	Component	Status	Dose	Details	
View	⊿ MH	Outpatient Bectroconvulsive Therapy (ECT)	(Multiphase) (Validated), See	sion 1 (Planned	Pending)	
Irders for Signature	^ ⊿ Ad	imit/Transfer/Discharge				
lans	and the second	Ensure Anesthesia has been consulted	before ordering ECT, as requ	ired		
Medical		Note: this is a multiphase powerplan. a	any changes made to one ses	sion must be due	plicated for other sessions	
MH Outpatient Electroconvulsive Therapy	R 23)	Discharge Patient			When unit criteria met	
Session 1 (Planned Pending)	⊿ Pat	tient Care				
Session 2 (Planned Pending)	4	Insert Peripheral IV Catheter			If no IV in place	
Session 3 (Planned Pending)	4	Remove Peripheral IV Catheter			When unit criteria met	
Session 4 (Planned Pending)	⊿ Me	edications				
-Session 5 (Planned Pending)	9	acetaminophen (acetaminophen PRN)	range dose)		dose range: 325 to 650 mg, PO, q4h, PRN pain, drug form: tab Give post ECT. Maximum acetaminophen 4 g/24 h from all sources	
MH Outpatient Electroconvulsive Therapy	(EC 23)	🔂 ibuprofen			400 mg, PO, q6h, PRN pain, drug form: tab Give post ECT	
ggested Plans (0) ders	R	dimenhyDRINATE (dimenhyDRINATE)	PRN range dose)	200	dose range: 25 to 50 mg, IV, once, PRN nausea or vomiting, drug form: is GRAVOL EQUIV	nj
Admit/Transfer/Discharge	9	dimenhyDRINATE (dimenhyDRINATE	PRN range dose)		dose range: 25 to 50 mg, PO, once, PRN nausea or vomiting, drug form: GRAVOL EQUIV	oral liq
Patient Care	9	C ondansetron			4 mg, IV, once, PRN nausea or vomiting, drug form: inj	
Activity	⊿ Re:	spiratory				
Diet/Nutrition	R	🖄 Oxygen Therapy			Titrate O2 to keep SpO2 92% or greater	
Continuous Infusions	⊿ MH	Outpatient Electroconvulsive Therapy (ECT)	(Multiphase) (Validated), See	sion 2 (Planned	Pending)	
Medications	⊿ Ad	lmit/Transfer/Discharge				
Blood Products	되	Discharge Patient			When unit criteria met	
Laboratory	⊿ Pat	tient Care				
Diagnostic Tests	4	Insert Peripheral IV Catheter			If no IV in place	
Procedures	9	Remove Peripheral IV Catheter			When unit criteria met	
Respiratory	> 4 Me	edications	····· /···)		dare made 200 to 200 are DO with DOM and dare from the	
Diagnoses & Problems	T Det	tails				
Related Results						_

10. If continued ECT is necessary after six treatments, discontinue the existing **MH Outpatient Electroconvulsive Therapy (ECT) Multiphase** PowerPlan and reorder a new PowerPlan



NOTE: If you have not yet documented the ECT Consultation, do so now using a **Psychiatry Consult Note.**

ECT Provider – Day of Treatment

1. Access the patient's chart through **Perioperative Tracking** in the Toolbar.



2. Double-click the **blue arrow** to the left of the patient's name to access the chart.



NOTE: Patients must be scheduled by a clerk before ECT appointments are viewable in Perioperative Tracking. You may view future appointments by toggling the filter to LGH ECT +30 days.



Peri	opera	tive Tracki	ing										
LGH	ECT												
Filt	er LGI	H ECT +30 [Days	- i 🖬 🐝 i	🔓 🔶 📕 Total (Cases	5 Patient: PATIENT, NEW	•					
	Add	Priority	Ck	Start	Sched. Duration	lso	Patient		Age / Sex	Anesthesiologist	PreOp Nurse	Surgeon	Pr
▶				07-Mar-2018 09:00:00	20		PATIENT, NEW		17 years / Undifferen tiated			TestUser, P	

3. Click on the **Electroconvulsive Therapy** Workflow Tab in the Provider view.

Review patient information on the **Electroconvulsive Therapy** tab of the Provider View page for changes or updates.

Perform the ECT Treatment.

4. Click on **ECT** in the hyperlinked heading. The Interactive View and I&O page opens.

< 🔉 👻 者 Provider View	
🏔 🖿 🖶 🖿 🔍 🔍 100%	- © ● ☆
Admission	Electroconvulsive Therapy X
Informal Team Communication Vital Signs & Measurements	ECT (0) 🕇
ECT (0)	No results found
Create Note Anesthesia Consult Select Other Note	

- 5. Complete the ECT Treatment Record section in the Interactive View and I&O page.
- 6. Click on the green checkmark \checkmark on the top-left side of the page to sign and record your entry.

< 🔹 - 🔒 Interactive View and I&O		
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Electroconvulsive Therapy	-	La
Pre-ECT Workup		
Preprocedure Checklist ECT	Find Item V Critical High	Low [
VITAL SIGNS		
Glucose Blood Point of Care		
ECT Treatment Record		
ECT Anesthesia Medication	🗨 🗹	09:00 -
PAIN ASSESSMENT		09:59 PST
Sedation Scales	⊿ ECT Treatment Record	
Transfer/Transport	Course	
Clinical Outcome Monitoring	ECT Treatment Number	1
Post-Course Summary	Device	MECTA
	Stimulus Pulse Width ms	Other: 0.8



- 7. Complete the **Post-Course Summary** section in the Interactive View and I&O page on completion of the ECT course.
- 8. Click on the green checkmark \checkmark to sign and record your entry.

< 🔹 👻 👫 Interactive View and I&O		
\chi Electroconvulsive Therapy	4	
Pre-ECT Workup		
Preprocedure Checklist ECT	Find Item	High [
VITAL SIGNS		
Glucose Blood Point of Care		
ECT Treatment Record	🗮 🐋	09:00 -
ECT Anesthesia Medication		09:59 PDT
PAIN ASSESSMENT	⊿ Post-Course Summary	
Sedation Scales	Reason ECT Stopped	
Transfer/Transport	Maintenance Plan	
Clinical Outcome Monitoring	Provider Noted ECT Complications	
Post-Course Summary		

Anesthesiologist – Pre-ECT Treatment Consult

- 1. Receive the request for the Anesthesiology consultation via your site-specific workflow.
- 2. Launch PowerChart.
- 3. Locate the patient's chart.

For consults scheduled in the Pre-Anesthesia Clinic (PAC)

4. Click on Perioperative Tracking.





- 5. Click on the **LGH PAC** tab. Find the desired patient.
- 6. Double-click on the blue arrow to access the chart.

Perioperative Tracking				
SGH Provider SGH Emerge	ncy List LGH Provider LGH B	imergency List LGH PAC	LGH ECT LGH	Endo Provider
Filter: LGH PAC Today	- 🔳 🔞 🖨 🌳 🚺	Total Cases: 2 Patient: PA	TIENT, NEWTWO	-
Status	PAC Time	PAC Location Patie	ent	Age/Sex /
LGH OCC Rm 8	(Exam) (1 case)			
Þ	26-Feb-2018 10:30:00	PATI	ENT, NEWTWO	19 years / Undifferenti ated
LGH OCC Rm 9	(Exam) (1 case)			
	26-Feb-2018 09:30:00	CST	SCHTEST, ENE	52 years / Female

If your patient is not scheduled in PAC, search for the patient manually in Patient Search.

- 7. Review patient information in the Anesthesiologist Workflow tab of the Provider View page.
- 8. Provide the Anesthesiology consultation.

Inpatient and Tertiary	Outpatient
Provide the consultation as per your site's workflow. This may include seeing the patient on the unit they are admitted to.	Provide the consultation in PAC following your regular PAC workflow.



- 9. Click Anesthesia Consult from Create Note in the Anesthesia Workflow tab **#**
 - Anesthesia Workflow. The Documentation page opens.
- 10. Document your assessment in an Anesthesiology Consult Note from the Documentation page 🔒 Documentation
- 11. Click Sign/Submit.

	Anesthesia Consult × List		4 \$
Anesthesiologist Workflow			
Prodular community on	Tahoma • 11 • 4 2 4 4 4 4 8 <i>I</i> U 400 At• 12 2 11 11 04		
Physical Exam	Diama di Diama di Mana		_
Diagnostics	Planned Procedure	Past Medical History	^
Anesthesia Consult Quick		No chronic problems	
Chart		Historical No historical problems	
New Order Entry	num about mous been administer on exercicities and a miner	no historical problems	
Labs	Indication for Procedure	Allergies	
Summary and Plan		Latex	
Transfusion History	Anesthetic Problem List	Procedure History	
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Colonoscopy (11/06/2017).	
Create Note	Review of Systems	Anesthesia History	
Anesthesia Consult		General Anesthesia History: Prior general anesthesia without	
Limited Anesthesia Consult		reaction	
Post Anesthesia Note	vitais & Measurements	Regional or Local Anesthesia History: Prior regional or local	
Medication Recommendation		anestnesia without reaction	~
treasure and the second second	PROVIDE FYAM Note Details: Anerthesialamy Consult Tartificer Amerthasialament Division MD 23, Eak 2018 (0:20 DST Amerthasia Consult		-
Select Other Note	Those belans, whesheshology consult, restoser, whesheshologist mysician, wib, correction 0300 P31, wheshesia consult	Sign/Submit Save Save & Close C	Cancel

12. Inform the Attending Provider about the consultation results as necessary via your sitespecific workflows.

Anesthesiologist – Day of ECT Treatment

- 1. Launch PowerChart.
- 2. Click on **Perioperative Tracking** from the organizer toolbar.
- 3. Click on the LGH ECT tab.
- 4. Find the desired patient.
- 5. Double-click on the **blue arrow** to launch the patient's chart.



Fask	Edit	View	Patier	t Chart	Links	Notificati	ons	Case Actions	Provider	List	Help	
= Me	essag	e Centre	🌃 Pati	ent Overv	iew Pe	rioperative	Trac	king 👫 Ambula	atory Orgar	nizer	🛉 Patient L	ist 🌃 Dynamic \
20 Exi	🖟 Exit 🖼 Communicate 🝷 🖻 Report Builder 🖲 Anesthesia Record Viewer 🗃 Discern Reporting Portal 🚰 Protocol Of											
🞝 Pa	🎗 Patient Health Education Materials 🕰 SHOP Guidelines and DSTs 🕰 UpToDate 🖕											
STM/	STMAT, KAM											
Perio	perati	ve Tracki	ng									
LGH	Provi	der L0	6H Eme	rgency Lis	st LGH	I Endo Prov	vider	LGH ECT SC	GH Provider	SG	H Emergen	cy List
Filte	er: LG	H Anestl	nesia To	oc 🕶 📖 🔇	à 😼 i	🔶 😝 Tot	al Ca	ses: 2				
	Add	Priority	Ck St	art	Sch	ed. Duration	lso	Patient			Age / Sex	Anesthesiologist
	LG	100 A	nes -	ECT (1	case)							
			1	29-Mar-201	8 15			YORE, HEE			91 years /	
×				06:30:00							Male	
	LG	IOR G	AR (1	case)								
		Elective		29-Mar-201 08:15:00	8 85			CSTSN, ADAM			48 years /	

- 6. Review patient information in the **Anesthesiologist Workflow** and **Electroconvulsive Therapy** tabs of the Provider View page for changes or updates.
- 7. Add these Workflow tabs when missing from your workflow bar.
- 8. Click the **Electroconvulsive Therapy** workflow tab.

Me	< > 🔹 者 Ane	sthesia Workflow	[므] Full screen 🖷
5		🔍 100% 🛛 🕶 🖨	
	< Anesthesia Sumn	nary 🛛 Anesthesiologist Workflow 🖾	> +
	Selec	ct a View	
	E	Anesthesia Summary	
	B	Anesthesiologist Workflow	
	B	Electroconvulsive Therapy	
	B	Pain Service Workflow	

9. Administer medications and perform required interventions during the ECT treatment.



10. Click on **ECT** hyperlinked heading in the Electroconvulsive Therapy workflow tab. Interactive View and I&O page opens.

≤e	< 🕞 👻 者 Anesthesia Wo	rkflow
5	🗚 🐚 🗬 🕒 🔍 🔍 100%	- ● ● 益
	Anesthesia Summary S	3 Electroconvulsive Therapy 3
	Informal Team Communication Vital Signs & Measurements	ECT (0 +
	ECT (0)	No results found
	Create Note	
	Select Other Note	

- 11. Complete the **ECT Anesthesia Medication** section of the Electroconvulsive band in the Interactive View and I&O page.
- 12. Click on the green checkmark \checkmark on the top-left side of the page to sign and record your entry.



13. Provide verbal handoff to PACU and/or ECT Nurse.



Mental Health Unit Clerk

1. Receive request for ECT scheduling.

Inpatient and Tertiary	Outpatient
Review the Schedule Electroconvulsive Therapy task in the Multi-Patient Task List.	Receive notification via telephone or fax from Outpatient/Community Staff.
NOTE : This task is shared between Unit Clerks and Nurses. If a Unit Clerk is unavailable, the Nurse may do so in their absence.	

- 2. Fax site-specific ECT Booking Form to the Perioperative Scheduling Clerk.
- 3. Update your task list.

Inpatient and Tertiary	Outpatient
Select the Schedule Electroconvulsive Therapy task in the Multi-Patient Task List and mark as Done . Record the date and time of completion. Continue to steps below.	Follow your site-specific workflow. *** Unit Clerk End ***

- 4. Click **PM Conversation.** A dropdown opens.
- 5. Click **Pending Facility Transfer** on the day of each session to initiate a pending facility transfer patient to PACU. The Pending Facility Transfer window opens.





6. Complete the Pending Facility Transfer required fields.



7. Select **Facility Transfer** in PM Conversation when the patient returns to transfer the patient back to their assigned bed.

Complete the Pending Facility Transfer if one was initiated by PACU staff.

⊉∏ Exit	AdHoo	: IIIII Medicatio	on Administration	PM Conversation	 Medical Recor
			Facility Tran	sfer	×
	This HOp with Wou	patient current e Centre/LGH I an estimated c Id you like to c	tly has a pending tr MIU/MIUL/04 complete date and complete the pendi	ansfer to LGH HOpe C time of . ng transfer?	entre/LGH
			Yes	No	Cancel

Perioperative Scheduling Clerk – PAC – Triage Referral (for Tertiary and Outpatient only)

- 1. Click the **LGH Surg PAC** tab of Work Queue Monitor. Refer to Help Topic: Patient Scheduling Workbook Part 2 regarding Work Queue Monitor.
- 2. Double-click the **Pre-Anesthetic Consultation** form for ECT to open the document in the Add/Modify Work Item window.

	Day#4
Vancouver Coastal Health	Pre-Surgical Screening Clinic Lion's Gate Hospital 231 East 15th Street North Vancouver, BC V7L 2L7
	Vancouver Coastal Health



- 3. Choose SN Psychiatry from the Specialty drop-down menu.
- 4. Click OK.

Perioperative Scheduling Clerk – PAC – Create New Encounter and Associate the Referral Form (for Tertiary and Outpatient only)

- 1. Open the **LGH Surg PAC** tab of the Work Queue Monitor if you have not already done so. (Work Queue Monitor is an application as Powerchart is an application).
- 2. Filter the Specialty column for SN Psychiatry
- 3. Double-click the document to open it in the Add/Modify Work Item window. Keep this window open to access patient demographics as needed.
- 4. Click **PM Office** to create a new encounter for the patient.
- 5. Select the **Pre-Register Outpatient** conversation in PM Office with following steps:
 - Select LGH Preanesthetic Clinic in the Facility Name
 - Select Pre-Outpatient as the Encounter Type
 - Select Anesthesiology as the Medical Service
 - Type PAC Consult as Reason for Visit



6. In Work Queue Monitor, associate the ECT Booking form to the patient's new Pre-Outpatient Encounter.





7. Associate the Pre-Anesthetic Consult form to the Anesthesiology Referral Document type.

Document type: Anesthesiology Referral	•
Subject:	
Anesthesiology Referral	

- 8. Use information in the ECT Booking form to populate fields in the Add/Modify Work Item window.
- 9. Choose SN Psychiatry as the specialty if not already selected.
- 10. Choose LGH Surg PAC as the queue routing if needing to process different document types or documents belonging to different patients.

Perioperative Scheduling Clerk – PAC – Schedule Appointment (for Tertiary and Outpatient only)

- 1. Launch Schapptbook if you have not done so.
- 2. Double-click Bookshelf.





3. Select LGH Department of Perioperative Services.



4. Select the LGH PreAnesthesia Clinic book.

Books	Appointment	
Books	shelf - LGH Dep	partment of Perioperative Services
LGHMan OR	LGHMTR LGH Labour and De LGH Endoscopy LGH PreAreethesia	

- 5. Fill in the appointment fields as required.

- 8. Select LGH PreAnesthesia Clinic as Appointment location



Books	Appointment		
*Person	i name:	^	Move 🕨
PATIEN	NT, NEW		Next
*Appoin	tment type:		
Surgery	PAC Anesthesia Only		Clear
*Appoin	tment location:		NKA
LGH Pr	eAnesthesia Clinic	~	
	A	•	

- 9. Move patient appointment to Work in Progress window.
- 10. Double click **PreAnesthesia Clinic Anesthesia Visit** in the Appointment Attributes window under the Orders tab,



- 11. Select the desired date for the appointment in the provided calendar.
- 12. Drag and drop the open white book labeled as LGH PreAnesthesia Clinic Rooms to an open SN PAC Anesthesia Assessment time slot. Click Confirm to book the appointment to the selected time slot.



13. Follow your site-specific workflows to inform the patient about the appointment schedule.



Perioperative Scheduling Clerk – ECT – Triage ECT Booking Form

- 1. Log into CDI Work Queue Monitor
- 2. Open the LGH SURG All Other Services tab of Work Queue Monitor.



- 3. Double-click the **ECT Booking Form** to open the document in the Add/Modify Work Item window.
- 4. Choose **SN Psychiatry** from the Specialty drop-down menu and click OK.

Perioperative Scheduling Clerk – ECT – Create New Encounter and Associate Booking Form

- 1. Open the **LGH Surg All Other Services** tab of the Work Queue Monitor, if you have not already done so.
- 2. Filter the Specialty column for **SN Psychiatry.**
- 3. Double-click the **ECT Booking Form** to open it in the Add/Modify Work Item window. Keep this window open to access patient demographics as needed.
- 4. Locate or create the patient encounter.

Inpatient	Tertiary or Outpatient		
Select the patient's current inpatient encounter.	Create a new encounter using the Pre-Register Patient to a Bed Conversation in PM Office.		
	• Select LGH Lions Gate Hospital in the Facility Name		
	• Select Pre-Day Surgery as the Encounter Type		
	Select Psychiatry as the Medical Service		
	• Type ECT as the Reason for Visit		
	Select LGH PACU 1 as the Unit/Clinic		



ALERTS Patient Information	Encounter Information	Insurance	Insurance Summary Add	itional Conta
Encounter Type: Pre-Day Surgery	Medical Service: <mark>Psychiatry</mark>	•	Reason for Visit: ECT	Adr
─ Location Facility: LGH Lions Gate	Building: <mark>LGH Lions Gate</mark>	•	Unit/Clinic: LGH PACU 1	Acc
Admitting Provider:	Attending Provider:		Primary Care Provider (PC ATT, Physician - Primary	P): PCF

5. In Work Queue Monitor, associate the ECT Booking form to the patient's new Pre-Day Surgery Encounter.



6. Associate the ECT Booking form to the **Surgery Booking Form** Document type.

Document type:	
Surgery Booking Form	·
Subject:	
Regional OR Booking Form	

- 7. Use information in the ECT Booking form to populate fields in the Add/Modify Work Item window.
- 8. Choose SN Psychiatry as the specialty if not already selected.
- 9. Choose LGH Surg PAC as the queue routing if needing to process different document types or documents belonging to different patients.

Perioperative Scheduling Clerk – ECT – Schedule Appointments

- 1. Launch Schapptbook if you have not done so.
- 2. Double-click **Bookshelf.**



•			2018			•
•		F	ebrua	ry		•
Su	Мо	Tu	₩e	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	1	2	3

- 3. Select LGH Department of Perioperative Services.
- 4. Click OK.



5. Select the LGH Out of OR book.

Books	Appointmer	ıt
Books	helf - LGH	Department of Perioperative Services
LGHMain OR	LGH MI R LGH Labor and Deil I GH Findhsconv LGH Out of OR	

- 6. Fill in the appointment fields as required.
- 7. Select the **Psychiatry Day Surgery Encounter** in the person search window .



9. Select LGH Out of OR as Appointment location —

Books	Appointment	
*Person	name:	Move ▶
patient,	new	Negt
*Appoin	tment type:	
Surgery	Anes Out of OR/Non-Surgical	Qear
*Appoin	tment location:	Allergies
LGH O	ut of OR	×
	F 1	~

- 10. Populate the rest of the empty fields using information from the Anesthesiology Consult Request form in Work Queue Monitor.
- 11. Move patient appointment to **Work in Progress** window.
- 12. Search for and then double-click **Electroconvulsive Therapy** in the Orders tab of the Appointment Attributes window.
- 13. Click **OK**.



NOTE: For outpatients, the first appointment will be associated with an existing encounter (created in the steps above). The remaining five encounters will be created once scheduling recurring encounters is complete in steps 11-14 for outpatient only below.

¥ | .

For Inpatient Only:

14. Click Scheduling Appointment Book Scheduling Appointment Book in the Toolbar.

PowerChart Organizer for TestUser, ClerkAdvanced-Scheduling	
Task Edit View Patient Chart Links Navigation Help	
🗄 🎬 Ambulatory Organizer 🖃 Message Centre 🎬 CareCompass 🚨 Multi-Patient Task List 👫 LearningLIVE 🖕 🗟 CareConnect 🔇 P	HSA PACS 💐 VCH and PHC PACS 💐 MU
🗐 Exit 🎬 AdHoc 🔒 PM Conversation 👻 🛂 Communicate 👻 🕂 Add 👻 🍙 Discern Reporting Portal 📳 Documents 🗒 Scheduling A	Appointment Book 🛛 Patient Locator 🝦
🛱 Patient Health Education Materials 🙀 SHOP Guidelines and DSTs 🙀 UpToDate 🚊	
	Scheduling Appointment Book
Ambulatory Organizer	
A	
Ambulatory Organizer	

- 15. Click **Recur** to book multiple appointments.
- 16. Organize the appointment recurrence pattern in the Recurring Frequencies window.



Surgery Anes Out of	Surgery Anes Out of OR/Non-Surgical - Recurring Frequencies				
Time Pattem	hour(s) Begin time: 0000				
Recurrence Pattern					
🔘 Daily	Every 1 week(s)				
Weekly	Sunday Monday Tuesday Wednesday				
Monthly	Thursday 🗹 Friday 🔲 Saturday				
⊚ Yearty	All days Weekdays				
Range Of Recurrence Start date:	Ce 15-Mar-2018				

- 17. Drag and drop each open white book labeled LGH Out of OR Rooms to an open time slot in the LGHOO ANES ECT column.
- 18. Click **Confirm** to book the appointment(s).

Work in progress:		
CSTTEST, MHADMISSION	*	<u>S</u> chedule
E S Recurring sequence		C
Surgery Anes Out of OR/Non-Surgical (Monday, 12-Mar-2018)		Contim
🖨 🛅 Current Schedule	=	Recur
🚊 🛄 LGH Out of OR		
LGH Out of OR Rooms	-	Suggest
Patient		
🛓 🖘 Surgery Anes Out of OR/Non-Surgical (Wednesday, 14-Mar-201		Request
🗈 🥸 Surgery Anes Out of OR/Non-Surgical (Friday, 16-Mar-2018)	Ŧ	
۲		Insert

19. Follow your site-specific workflows to inform the staff and/or patient about the appointment schedule.

For Outpatient Only:

- 20. Drag and drop each open white book labeled **LGH Out of OR Rooms** to an open time slot in the **LGHOO ANES ECT** column. Click Confirm to book the appointment.
- 21. Repeat steps 1-7 above. In the person search window, **DO NOT** choose an encounter.



You will associate a new encounter for each appointment in the upcoming steps.

22. Click **Recur** to book multiple appointments.

Organize the appointment recurrence pattern in the Recurring Frequencies window for the remaining appointments.

Surgery Anes Out of OR/Non-Surgical - Recurring Frequencies					
Time Pattem	hour(s) Begin time: 0000 O Instances: End time: 2355				
- Recurrence Pattern					
🔘 Daily	Every 1 week(s)				
Weekly	🖸 Sunday 🕼 Monday 📄 Tuesday 🐼 Wednesday				
Monthly	🔲 Thursday 🔍 Friday 🔲 Saturday				
⊚ Yearly	All days Weekdays				
Range Of Recurrence Start date:	ce 15-Mar-2018 ● End after: 6 ● instances ● End date: 17-Mar-2018 ● ▼				

23. Drag and drop each open white book labeled **LGH Out of OR Rooms** to an open time slot in the **LGHOO ANES – ECT** column. Click **Confirm** to book the appointment(s).





24. Select **Add Enc** In the Encounter Selection window. Verify details and confirm encounter for each of the remaining ECT appointments.

~	et i e		DEMO		TDV		М	RN: 700008846	DOB: 11-M	ay-1957
		Animing	, DEMC	FUTCHIA	INI		Ag	je: 60 Years	Sex: Femal	e
A	RNING,	DEMOPS Su	mmary Ger	neral Resource	/iew Guidelines	Notification	Conversation Su	mmaries Itineraries	Locks Eligibility Bo	oking N
S	urring se Surgery /	quence Anes Our	STLEA	RNING. D	EMOPSYC		/ M	ed Rec Nbr: 7000	08846	
	🗑 Enco	unter Selection								?
	Number	Enc Type	Disch Date	Admit Type	Facility	Nurse Unit	Encounter Prsnl	Provider Name	Reg Date	
L	6498	Inpatient		Urgent/Emergent	LGH HOpe Centre	LGH MIU	Attending Provider	TestED, Emergency-Phys	ician1, MD 12-Dec-2017 -	11:05
	8007	Pre-Day Surgery	/		LGH Lions Gate	LGH PACU 1				
	8006	Pre-Outpatient			LGH PAC	LGH PAC				
	4									
ľ				1						
1	M	odify	Add Enc						ОК	Cancel

25. Follow your site-specific workflows to inform the staff and/or patient about the appointment schedule.



Central Registration Clerk – Register Patient for PAC Appointment (for Outpatients only)

1. On patient arrival, navigate to the Worklist tab of PM Office. Search for the patient in **Today's Expected Arrivals.**



- 2. Select your site's **Pre-anesthetic Clinic** as the location, in the Filters window.
- 3. Click Copy to select it as the location.





4. Find the patient from the worklist. Right-click on the patient and select Register Outpatient.



- 5. Fill out the fields as appropriate in the Register Outpatient window.
- 6. Confirm the Encounter Type is **Outpatient.**
- 7. Confirm the Medical Service is Anesthesiology.

2	Regist	er Outpatient	- 🗆 🗙
<u>ब</u>			
Medical Record Number: 700021270	Encounter Number: 7000000202027	Last Name: PATIENT	First Name: A
Middle Name:	Preferred Name:	Previous Last Name:	Maiden Name:
Date of Birth:	Age:	Gender	BC PHN:
51+ep-1939	191	Undifferentiated	3876286883
ALERTS Patient Information	Encounter Information Ins	urance Insurance Summary Add	itional Contacts
Encounter Type:	Medical Service:	Reason for Visit	Referral Source:
Outpatient	Anesthesiology	PAC	~

- 8. Print out armband and labels. Ask patient to verify that information is correct.
- 9. Direct patient to PAC.



Registration Clerk – Register Patient for ECT Appointment (for Outpatient and Tertiary patients)

1. On patient arrival, launch PM Office. Select the Worklist tab and double-click on **Today's Expected Arrivals.**



- 2. Find your site's **Post-Anesthetic Care Unit (PACU)** in the Filters window.
- 3. Click **Copy** to select it as the location.





4. Find the patient from the list, in the **Today's Expected Arrivals** window. Right-click on the patient and select **Register Patient to a Bed.**



- 5. Fill out the fields as appropriate in the Register Patient to a Bed window.
- 6. Confirm the Encounter Type is Day Surgery.

0	Register	Patient To A Bed	- 0	×
4				
Medical Record Number 700021270	Encounter Number 7000000202031	Last Name PATIENT	Fait Name NEW/TW0	î
Midde Name	Preferred Name	Previous Last Name	Maiden Name	
Date of Birth	Bith Time:		Gender	
ALERTS Patient Inform	ation Encounter Information Inc	surance Insurance Summary	Additional Contacts Waltist Info	
Encounter Type: Day Surgery	Medical Service.	Reason for Visit	Admit Category	
Admit Science	Arrival by Arriby dancer	Science of ID	Transformed Errory	

- 7. Print out armband and labels. Ask the patient to verify that information is correct.
- 8. Direct patient to PACU.

Mental Health Nurse – Pre-ECT Process and Documentation (for Inpatient and Tertiary Patients only)

1. Review patient orders in CareCompass.



2. Coordinate with the Unit Clerk to ensure that the **Schedule Electroconvulsive Therapy** task is completed.

This can be found in the Scheduled/Unscheduled tab of the CareCompass task list.



Int	Interdisciplinary					
U	Update Encounter Isolation Information					
	Update Encounter Isolation Information					
	Electroconvulsive Therapy (ECT) Schedule Electroconvulsive Therapy 22-Feb-2018 09:18 PST, Schedule three times a week, 6 treatments total					

- 3. Follow medication orders as reviewed.
- 4. Hold morning medications as necessary.

Reschedule or document them as **Not Given** with reason **Held for Procedure** in the MAR or Medication Administration Wizard

- 5. Hold all Benzodiazepines and Anticonvulsants pre-ECT as necessary
- 6. Navigate to the Orders Page and locate the View section.
- 7. Initiate the Pre-Procedure phase for the corresponding session of the ECT PowerPlan.



- 8. Review the orders for the initiated phase.
- 9. Ensure the patient remains NPO for Procedure.

⊿ Diet/	Nutrition	
	NPO for Procedure	For AM ECT, NPO after midnight o
⊿ Med	ications	NPO for Procedure
	7 ranitidine	Details:
	岔 acetaminophen	breakfast (no dairy, fat or citrus juice) at 0700h and NPO thereafter, may have up to 500 ml (two plasses) clear fluids prior to 1000h to prevent debydraition
	📝 ibuprofen	↓ 400 mg, PO, pre-proceaure, arug to

- 10. Give pre-procedure meds as necessary.
- 11. Navigate to the Interactive View and I&O page.



- 12. Click the Electroconvulsive Therapy Band.
- 13. Click the **Preprocedure Checklist ECT** section.
- 14. Complete the **Preprocedure Checklist ECT** flowsheet.

< 🔹 🔹 👘 Interactive View and	&0				
⊷ 🖃 🕮 🖓 🖊 🚫 🕲 📗 🗎 🎘 🛪					
MH Adult Quick View	Thursday, 22-Fe	bruary-2018 13:00	PST - Sun	day, 25-Febr	uary-2018 1
MH Adult Systems Assessment					
MH Pediatric Quick View	Find Item V Critic	al 🗌 High 🗌 L	ow 4	bnormal	Unauth
MH Pediatric Systems Assessment					
MH Evaluation Tools		24	I-Feb-2018	23-Feb-2018	22-Feb-2018
Kestraint and Seclusion	▶ 🛋		13:00 -	13:00 -	13:00 -
Electroconvulsive Therapy	A Preprocedure Checklist FCT		12:59 PST	12:59 PST	12:59.051
Pre-ECT Workup	Last Fluid Intake			23-Feb-20	
Preprocedure Checklist ECT	Last Fluid Intake Amount	mL		500	
VITAL SIGNS	Last Food Intake				
Glucose Blood Point of Care	Last Intake Type				
ECT Treatment Record	Last Void				

15. Select the appropriate PM Conversation in the Organizer toolbar to indicate that patient is about to leave the unit.

This step can be completed by a Unit Clerk.

P	PowerChart Organizer for TestUser, Nurse-MH
Task Edit View Patient Chart Links Navigation Help	
🗄 🌃 CareCompass 🎬 Safety and Attendance 🎬 Clinical Leader Organize	r 🎍 Patient List 🛛 Perioperative Tracking 🎬 Therapeutic Note 🥅 Schedule 😂 Staff Assignment 👫 Learni
CareConnect 😋 PHSA PACS 😋 VCH and PHC PACS 🧟 MUSE 🔕	FormFast WFI 🝦 🗄 😋 Patient Health Education Materials 😋 SHOP Guidelines and DSTs 😋 UpToDate 🖕
🔄 🙀 Exit 🎬 AdHoc 💵 Medication Administration 🍰 PM Conversation	🔹 📄 Medical Record Request 💠 Add 🍷 📻 Documents 🝙 Discern Reporting Portal 🛛 Patient Locator 🖕

Inpatient	Tertiary							
Initiate a Pending Facility Transfer in PM Conversation. Populate the fields as appropriate.	Select Leave of Absence in PM Conversation. Populate the fields as appropriate.							
Pending Facility Transfer C Pending Transfer Location Information Pending Unit/Clinic: Facility: Building: Pending Unit/Clinic: LGH Lions Gate Hospital V LGH Lions Gate Bed Availability Pending V V Accommodation: Accommodation Reason: V	Leave of Absence - - Building Unit/Clinic: Room: LGH HOpe Centre LGH MIU MIUL Bed: Accommodation: 04 Ward Leave Information Leave Date: Leave Time: 24Feb-2018 V							
Upon Return of Patient Select Facility Transfer in PM	Contact the Unit Clerk or Central Registration Clerk to register the patient for ECT. You may need to print the							





PACU Nurse and/or ECT Nurse – PreOp Care

For ECT Nurse Only

1. Launch Position Picker and select the MH Nurse position, if applicable.



For PACU Nurse and ECT Nurse



2. Launch PowerChart.

ECT Nurse	PACU Nurse
Land on CareCompass.	Land on Perioperative Tracking.
Click on Perioperative Tracking in the Organizer toolbar.	Click on the LGH ECT tab.

Perioperative Tracking in the Organizer toolbar (for ECT Nurse):

P	PowerChart Organizer for TestUser, Nurse-MH
<u>Iask Edit View Patient Chart Links Navigation Help</u>	
🗄 🎬 CareCompass 🎬 Safety and Attendance 📲 Clinical Leader Organizer 🎍 Patient List	Perioperative Tracking 🎬 Therapeutic Note 🎆 Schedule 😂 Staff Assignment 🎬 LearningLIVE
CareConnect 😋 PHSA PACS 🧟 VCH and PHC PACS 🗟 MUSE 🛱 FormFast WFI	😧 Patient Health Education Materials 🔞 SHOP Guidelines and DSTs 🔇 UpToDate 💡
🗄 💐 Exit 🦉 AdHoc 💵 Medication Administration 🍰 PM Conversation 👻 🗈 Medical Red	cord Request 💠 Add 🔹 🗐 Documents 📾 Discern Reporting Portal 🦁 Patient Locator 🖕

Perioperative Tracking View (for PACU nurse):

Perioperative Tracking						🗇 Full screen 🛛 👼 Print 🛛 Ə 0 minutes ago
LGH Endo PreOp LGH Endo LGH PAC LGH PreOp	lo PostOp LGH Endo Incompl	ete LGH MTR IntraOp SGH PreOp S E LGH Phase II LGH Emergency Lis	GH Intraop SGH Phase I SGH P st LGH OB View LGH ECT	hase II SGH Emergency L LGH Pref Card LG	List SGH OB View H Case Communicatio	SGH Pref Card SGH Case Communication DI LGH ASC PreOp LGH ASC Phase II
Filter: LGH ECT Today	🔹 📴 🔞 🚘 🔶 🛃 Tot	al Cases: 1 Patient: CSTTEST, MHADMISSIO	•			
Add Priority Ck St	tart Sched. Duratio	n Iso Patient	Age / Sex Anesthesiologist	PreOp Nurse	Surgeon	Procedure
LGHOO Anes -	ECT (1 case)					
•	26-Feb-2018 20 08:00:00	CSTTEST, MHADMISSION	17 years / Undifferen tiated		TestUser, P	

3. Check-In patient.

PACU Nurse	ECT Nurse
Navigate to the Perioperative Doc section in the patient chart.	Click the Surgical Case Check-In button to check the patient in.
The Check-In window will pop up and prompt you to check the patient in.	Perioperative Tracking LGH ECT Filter: LGH ECT Today Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspa

4. Transfer the patient into PACU by selecting the appropriate PM Conversation.

Inpatient	Tertiary and Outpatient
Select Facility Transfer in PM Conversation.	Open the patient chart by clicking the blue
Click Yes to complete the Pending Facility	arrow. Select Bed Transfer in PM
Transfer if initiated by inpatient staff.	Conversation. Transfer the patient from PACU



ansfer the	patient	a desigr	ated pre-ECT	Wait to a d	designa	ated p	re-ECT	treatmen	t bed.	
	.									
	Accountopation	Facility	Accommodation measure							
- New Encounter Information					-		Bed	Transfer		- 🗆 🗙
Encounter Type:	Medical Service:				Encounter Type:	Medical Service:				
Pre-Day Surgery V	Psychiatry	~			Day Surgery v	Psychiatry				
- New Location Information -					New Location Data					
Facility	Building		Unit/Clinic:	Accommodation Reason:	Building	Uni/Cinc		Room	Bed	
LGH Lions Gate Hos v	LGH Lions Gate	¥	LGH PACU 1	v v	LOH LIGHE Gate	CON PACO I	BedA	valabilty	•	
Transfer Information					Accommodation	Accommodation Reaso	orc.			
Transfer Date:	Transfer Time		Eacility Transfer Liner Nat	-	Course Disability Information					
26-Feb-2018	00.00		TestUser, Nurse-MH		Attending Provider	Admitting Provider				
		-			Plaves, Jane, MD		٩			
					Transfer Information					
					Transfer Date:	Transfer Time:	Bed Transfer	User Name:		
							TestCD, No	are		
					,					

For Outpatient Only

- 5. Navigate to the Interactive View and I&O page.
- 6. Click the **Electroconvulsive Therapy** band.
- 7. Click the **PreProcedure Checklist ECT** section.
- 8. Complete the **PreProcedure Checklist ECT** flowsheet.

MH Pediatric Systems Assessment					
MH Evaluation Tools	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		23-Feb-2018	22-Feb-2018	21-Feb-2018
Kestraint and Seclusion	■ 🔍 🗹		11:00 -	11:00 -	11:00 -
Clectroconvulsive Therapy	⊿ Preprocedure Checklist ECT	i.	10.54 551	107.59 PSI	10/39 P31
Pre-ECT Workup	Last Fluid Intake				
Preprocedure Checklist ECT	Last Fluid Intake Amount	mL			
VITAL SIGNS	Last Food Intake				
Glucose Blood Point of Care	Last Intake Type				
ECT Treatment Record	Last Void				
ECT Anesthesia Medication	⊿ Patient Safety				
PAIN ASSESSMENT	Allergy Visual Cue Present				
Sedation Scales	Patient ID Band on and Verified				
Transfer/Transport	Restraints Required				
Clinical Outcome Monitoring	⊿ Consents				
Post-Course Summary	Procedure Consent Complete				

9. Complete the **VITAL SIGNS** section of the Periop Quick View band in the Interactive View and I&O page.



CLINICAL+SYSTEMS

TRANSFORMATIONAL

LEARNING

10. Select **Bed Transfer** in PM Conversation in the Toolbar to update patient location to the ECT treatment area.

9		Bed Transf	er		-
New Encounter Inform Encounter Type:	nation —	Medical Service:			
New Location Data -		Line Clinice			_
LGH Lions Gate	~	LGH PACU 1	~	Bed Availability	1
Room:		Bed:		Accommodation:	
100	~		~		

PACU Nurse – PostOp Care

- 1. Locate patient in the LGH ECT tab and access the chart.
- 2. Receive verbal handoff from the Anesthesiologist and/or review the **Intraop Summary** tab in the Perioperative Summary page of patient's chart.

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Preop Summary	X	Intraop Summ	X	Postop Summ	X	Quick Orders	×	Handoff Tool	X	Discharge	X



3. Select **Bed Transfer** in PM Conversation in the toolbar to update patient location to the recovery area.



4. Update patient location to the recovery area.



- 5. Click on the Interactive View and I&O page from the menu.
- 6. Associate device(s) via the Associate Device



- 7. Document the **In Phase I** time in the Perioperative Doc page.
- 8. Complete the following clinical documentation in the Interactive View and I&O page as applicable.
 - Phase I Arrival section of the Periop Quick View band
 - VITAL SIGNS section of the Periop Quick View band
 - Pasero Opioid Scale in the Sedation Scales section of the Periop Quick View band
 - Modified Aldrete Score in the Sedation Scales section of the Periop Quick View band
 - Peripheral IV section of the Periop Lines-Devices band



- 9. Discontinue corresponding session's **Pre-Procedure** orders in the MH Electroconvulsive Therapy (ECT) PowerPlan as applicable.
- 10. Initiate and Sign the corresponding session's Post-Procedure orders.

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e N	IH Electroconvulsive Therapy (ECT) (Mult	
	ECT Work-up (Initiated)	Ξ
	Session 1 Pre-Procedure (Planned)	
	Session 1 Post-Procedure (Planned)	
	Session 2 Pre-Procedure (Planned)	
	Session 2 Post-Procedure (Planned)	
	Session 3 Pre-Procedure (Planned)	
	Session 3 Post-Procedure (Planned)	
	Session 4 Pre-Procedure (Planned)	
	Session 4 Post-Procedure (Planned)	
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11. Document information for departure from PACU.

Inpatient	Tertiary	Outpatient
Complete the Periop Safety Departure band as necessary in the Interactive View and I&O page.	Complete the Periop Safety Departure band as necessary in the Interactive View and I&O page.	Complete the Periop Safety Departure band as necessary in the Interactive View and I&O page.
	Depending on your site- specific workflow, complete the Nursing Discharge Checklist located on the Discharge tab of the Perioperative Summary page.	Complete the Nursing Discharge Checklist located on the Discharge tab of the Perioperative Summary page.

- 12. Document the Ready for Phase II time in Perioperative Doc page of patient chart.
- 13. Disconnect then disassociate devices via the **Associate Device** icon in the Interactive View and I&O page.
- 14. Discontinue the corresponding session's **Post-Procedure** orders in the MH Electroconvulsive Therapy (ECT) PowerPlan. **Sign** to record discontinuation.



15. Document the **Discharge from Phase I** time in Perioperative Doc page of the patient's chart.

16. Select the appropriate **PM Conversation** to indicate in the system that the patient left PACU.

Inpatient	Tertiary and Outpatient
Initiate a Pending Facility Transfer in PM Conversation.	Select Discharge Encounter in PM Conversation.

Related Topics

- Foundational PowerPlans
- Patient Scheduling Workbook Part 2

Related Positions

- Provider
- Psychiatrist
- Anesthesiologist
- Unit Clerk
- Mental Health Nurse
- PACU Nurse
- Perioperative Nurse
- Registration Clerk
- Perioperative Scheduler

Key Words

- Electroconvulsive Therapy
- ECT
- ECT Order Sets
- ECT Scheduling
- Inpatient ECT
- Tertiary ECT



• Community/Outpatient ECT