




**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/PSY/BR88**

ELECTROCONVULSIVE (ECT) DOCUMENTATION FORM

Session number			
Date			
ANAESTHESIOLOGY			
Anaesthetic agent			
Dose			
Muscle relaxant			
Dose			
Remarks			
Name and signature of anaesthetist			
PSYCHIATRY			
1st stimulation			
Electrode placement			
Dose setting			
Seizure pattern			
Duration (sec): motor			
Duration (sec): EEG			
2nd stimulation			
Electrode placement			
Dose setting			
Seizure pattern			
Duration (sec): motor			
Duration (sec): EEG			
3rd stimulation			
Electrode placement			
Dose setting			
Seizure pattern			
Duration (sec): motor			
Duration (sec): EEG			
EEG Quality* <i>(refer guideline)</i>	<input type="checkbox"/> Adequate <input type="checkbox"/> Equivocal <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Equivocal <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Equivocal <input type="checkbox"/> Inadequate
Next dose setting			
Remarks			
Name and signature of psychiatry doctor			

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GUIDELINE FOR EEG QUALITY (*)

ADEQUATE (4-5/5)	EQUIVOCAL (3/5)	INADEQUATE (1-2/5)
<p>EEG Quality (based on NEURON ECT-EEG Algorithmic Rating Scale or NEARS):</p> <ul style="list-style-type: none"> • Recruitment \leq 5 secs • Adequate bilateral amplitude of \geq 10 secs • Abrupt termination endpoint • Bilateral EEG seizure duration \geq 15 secs • PSI \geq 80% or Adequacy \geq 50% 		