

ECT INSTRUCTIONS

YOUR ECT TREATMENT:				
Date:		Time:	Arrive at:	
WHERE:	Ascension Saint Thomas Beh	avioral Health Hospital		
	300 Great Circle Road			
	Nashville, TN 37228			

IF YOU NEED TO CANCEL OR RESCHEDULE, PLEASE CALL: (615) 813-1880, ext. 575

BEFORE ECT — WHAT DO I NEED TO KNOW?

- Have a responsible adult drive you to & from ECT.
- Don't wear hair spray or lotion, makeup, nail polish or jewelry to treatment.
- If you are pregnant, may be pregnant or plan to get pregnant, let the ECT doctor or nurse know.
- Take a famotidine (Pepcid) 20 mg tablet the night before & morning of your treatment *if recommended by your ECT doctor*.
- Do NOT take benzodiazepines (such as lorazepam & clonazepam) after 5:00PM the evening before your treatment, nor the morning of your treatment, *unless instructed otherwise by your ECT doctor*.

You can take these daily medicines before your ECT unless instructed otherwise by your ECT doctor:

- Blood pressure medicine, except diuretics like hydrochlorothiazide (HCTZ)
- Heartburn medicine, except Carafate, Mylanta & liquids
- Asthma or COPD medicine
- Glaucoma medicine
- Thyroid medicine



ECT INSTRUCTIONS (CONT.)

AFTER ECT — WHAT DO I NEED TO KNOW?

- You may have trouble thinking clearly for the first few hours.
- · You may be very tired. Rest as needed.
- · You may feel dizzy when standing up. Stand slowly.
- Take your medicines as you always do, if not taken before ECT.
- You may take what you usually take for headaches or muscle aches.
- Be as active as you feel you can be.
- Have a responsible adult with you to help.

After Index ECT — Do NOT do the following until one (1) week after your last treatment *unless instructed otherwise* by your ECT doctor.

- Do not drive or use heavy machines.
- Do not return to work.

After Maintenance ECT — Do NOT do the following for 24 hours unless instructed otherwise by your ECT doctor.

- Do not drive or use heavy machines.
- Do not return to work.
- □ I have been given information on electroconvulsive therapy (ECT) and told what to do before and after ECT.
- □ I have asked questions about my treatment. My ECT doctor or nurse has answered them all. I know I can ask questions and talk about my concerns with my ECT doctor and my care team at any time.

Responsible Party Print Name:	Responsible Party Signature:	
Date:	Time:	