


Transfer policy to UHL following a critical event in ECT

University Hospitals of Leicester 
NHS Trust



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1. Introduction

Electroconvulsive Therapy (ECT) is a specialised form of invasive treatment that involves passing small doses of electricity through the brain for treatment of severe mental illness mainly depression. This results in therapeutic generalised tonic-clonic convulsions for about 20-60 seconds.

Currently this treatment is provided at the LPT Bradgate Mental Health unit at the ECT suite which is co-located at the Glenfield Hospital site. The ECT treatment is administered under general anaesthesia which is supported by a UHL anaesthetist and the recovery team. The ECT suite has access to the latest ECT equipment and emergency trolley. However there is no emergency back up in case complications during anaesthesia or ECT.

In majority of patients ECT is uneventful. Patients are discharged either back into the community as day care or to inpatients wards at Bradgate Unit.

Occasionally patient during ECT can develop side effects such as persistent low oxygen saturation, cardiac arrhythmias, respiratory complications (aspiration) that need further interventions from an inpatient care in UHL.

Neither ECT suite nor Bradgate Unit have the facilities or expertise to provide ongoing care in such situations.

2. Scope

This policy covers the transfer of patients from LPT ECT suite at the Bradgate Unit to UHL receiving facilities. It covers the following clinical staff.

- Referrers - anaesthetists providing general anaesthesia for ECT at LPT
- UHL receiving unit staff at the Emergency Department, CDU, CCU, LGH ITU, GGH ITU and LRI ITU.

3. Recommendations, Standards and Procedural Statements

In line with the ECTAS (ECT Accreditation Service) standards, patients not receiving ECT treatment in an acute site should have adequate procedures in place to manage in the event of ECT/Anaesthesia induced complications although rare. The Cardiac arrest Team from Glenfield Hospital is available for immediate help in such situations. This means transferring the care of this group of patients to UHL. There is therefore a need for an agreed pathway between the ECT anaesthetic cover team and the UHL clinical teams.

In the event of an adverse incident during ECT in the Bradgate ECT suite, the Consultant Anaesthetist involved with the care of the patient will contact CDU/CCU at Glenfield Hospital for cardiorespiratory issues or Emergency Department at Leicester Royal Infirmary for other issues where ongoing clinical care is deemed necessary and where it is considered unsafe to leave the patient on a mental health ward.

The Governance Arrangements will fall under the respective Clinical Governance teams at UHL and LPT.

There is agreement with East Midlands Ambulance Service to provide and transfer vehicle and crew on the basis of this situation being a category 1, 999 ambulance call.

The flow chart on page 2 provides the outline of transfer pathway. It is a joint decision between the ECT Anaesthetist and the respective UHL clinician to identify the appropriate unit where the patient needs to be transferred and/or admitted.

Is this patient clinically stable to have ongoing care at the Bradgate Unit

No

Yes

Patient to remain at Bradgate Unit

Is the patient Intubated?

No

Yes

Cardiac complication

Respiratory complication

Other complications*

Contact Cardiology Consultant on call for transfer of care to CCU or CDU as advised

Contact CDU Consultant or respiratory registrar on bleep 2903 as appropriate for transfer of care to CDU

Contact ED Emergency Physician in Charge on bleep 6702 for transfer of care. EMAS crew to call patient through to ER red phone as needed

Contact appropriate ITU for transfer of care.

*This includes conditions such as:
• Status epilepticus
• Severe Rhabdomyolysis
• Malignant hyperthermia
• Musculoskeletal Injuries

4. Education and Training

No new education or training requirements identified

5. Monitoring and Audit Criteria

All untoward incidents during transfer will be audited by the Governance Arrangements within respective CMGs. ESM for ED, RRCV for CCU/CDU and ITAPS for Anaesthetics.

LPT will have its own clinical governance structure for ECTs conducted on its premises.

6. Legal Liability Guideline Statement

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

7. Supporting Documents and Key References

Not Applicable

8. Key Words

ECT, ECT suite, Transfer, Bradgate

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