



Recommended Minimum Facilities for Safe Anaesthetic Practice for Electro-convulsive Therapy (ECT)

Version	Effective Date
1	Oct 1992 (review Feb 02)
2	Nov 2011

Document No.	HKCA –T5 – v2
Prepared by	College Guidelines Committee
Endorsed by	HKCA council
Next Review Date	2016



Table of Contents

	Page
1. Introduction	3
2. Principles of Anaesthetic Care	3
3. Staffing	3
4. Equipment	3
5. Drugs	5
6. Checking, cleaning and servicing equipment	6
7. Recovery facilities	6
8. Other considerations	6
9. Reference	7



1. INTRODUCTION

This document should be read in conjunction with the document "*Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites*" [T2] issued by the Hong Kong College of Anaesthesiologists (HKCA)

The following documents issued by the HKCA may also be referred to:

"*Guidelines on Monitoring in Anaesthesia*" [P1]

"*Guidelines for Postanaesthetic Recovery Care*" [P3]

"*Guidelines for Transport of the Critically ill*" [P9]

2. PRINCIPLES OF ANAESTHETIC CARE

2.1 Anaesthesia should be administered only by registered medical practitioners¹ with appropriate training in anaesthesia.

2.2 Every patient presenting for anaesthesia should have a preanaesthetic consultation by an anaesthesiologist.

2.3 Modern practice demands certain basic facilities, equipment and staff for the safe administration of anaesthesia.

3. STAFFING

In addition to the nursing staff required by the person performing the ECT, there must be:

3.1 A trained assistant available exclusively for the anaesthetic procedure.

3.2 Adequate assistance in handling the patient.

4. EQUIPMENT

4.1 Each hospital must designate:

4.1.1 At least one specialist anaesthesiologist to advise on the choice and maintenance of anaesthetic equipment.



4.1.2 One or more of its staff to organise and supervise the cleaning, servicing and maintenance of anaesthetic equipment.

4.2 There must be a breathing system capable of delivering up to 100% oxygen which is suitable for both controlled and spontaneous ventilation for the anaesthetic procedure (e.g. modern anaesthetic workstation). Where more than one patient is to be treated, this equipment must be duplicated or there must be an inline viral filter.

4.3 Adequate reserves of oxygen must be available, in the form of an emergency cylinder supply.

4.4 A manual, self-inflating resuscitator bag capable of delivering up to 100% oxygen (e.g. Laerdal, Ambu bags) must also be provided.

4.5 Suction apparatus complying with the current relevant international standards and attachments for both pharyngeal and endotracheal suction must be available both in the treatment area and where patients are recovered. Provision must also be made for an alternative suction system in the event of power failure.

4.6 In the treatment area, equipment which complies with Section 4.7 of the HKCA document "*Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites*" [T2], as well as suitable "bite-blocks" must be provided.

4.7 Basic monitoring equipment must include:

4.7.1 An oximeter,

4.7.2 An oxygen analyser,

4.7.3 An electrocardiograph and ready access to,

4.7.4 A defibrillator,

4.7.5 CO₂ monitor.

4.8 Other requirements are:

4.8.1 Adequate lighting for general observation and for the detection of cyanosis.

4.8.2 Emergency electrical power and lighting.

4.8.3 A means of communicating with persons outside the area in an emergency.



4.8.4 A refrigerator for the correct storage of certain drugs.

4.8.5 A tilting trolley or bed which must have a firm base, efficient brakes, easy to manoeuvre and have side rails which can be folded down or be easily removed.

4.8.6 Intravenous equipment and fluids.

5. DRUGS

5.1 In addition to the drugs commonly used in anaesthesia for ECT, drugs necessary for the management of the following conditions which may complicate or co- exist with anaesthesia, must also be available:

Adrenal dysfunction,

Anaphylaxis,

Bronchospasm,

Cardiac arrest,

Cardiac arrhythmias,

Hyperglycaemia,

Hypoglycemia,

Hypertension,

Hypotension,

Malignant hyperpyrexia,

Opioid and Benzodiazepine overdose,

Pulmonary oedema,

Status Epilepticus.

5.2 The hospital or institution should seek the advice of the specialist anaesthesiologist designated in 4.1.1 on the selection of drugs for the above purpose.

5.3 An arrangement ensuring delivery of adequate supplies of dantrolene to the site is acceptable in lieu of storage on site.



5.4 An appropriate protocol must exist for replacement of time-expired or used drugs.

6. CHECKING, CLEANING AND SERVICING EQUIPMENT

All equipment must be checked in accordance with Section 6 of the HKCA Document "*Recommended minimum Facilities for Safe Anaesthetic practice in Operating Suites*"[T2].

7. RECOVERY FACILITIES

Recovery from anaesthesia must take place under appropriate supervision, either in the area in which the treatment has been given, or in an adjacent area in which the equipment and drugs mentioned in Section 4 and 5 above are available.

8. OTHER CONSIDERATIONS

Many of the hospitals in which it is customary and appropriate for ECT to be administered would not be suitable for the continuing management of a serious complication precipitated by anaesthesia.

As the foregoing recommendations only allow patients suffering from complications to be resuscitated and/or supported pending transfer to a more suitable environment, agreed contingency plans should exist to enable smooth, effective transfer to be accomplished with minimal delay, and under adequate medical supervision to a critical care facility. (Please refer to HKCA's document [P9]- *Guidelines for transport of critically ill*)

¹ Medical Registration Ordinance (Cap 161): "registered medical practitioner" means a person who is registered, or is deemed to be so registered under the provisions of section 29.



9. REFERENCE

- “Guidance for electro-convulsive therapy provided in remote sites” by the Royal College of Anaesthetists 2009
- “Guidance on the provision of anaesthetic care in the non-theatre environment” by the Royal College of Anaesthetists 2010