

ECT Pre-Operative Clearance / Optimization Checklist

Patient Name:

DOB: ___ / ___ / ____

Date of Evaluation: ___ / ___ / ____

Primary Care Physician:

Contact Information: Phone: _____ | Fax: _____

1. General Medical Evaluation

Vital signs stable (BP, HR, SpO₂)

Physical exam completed

No acute infection or unstable medical illness

2. Cardiovascular

Recent cardiac history reviewed (MI, CHF, arrhythmias)

Functional status adequate (≥ 4 METS)

EKG reviewed and acceptable for anesthesia Cardiology

Clearance obtained if indicated

3. Pulmonary

No acute respiratory illness (pneumonia, bronchitis, COVID-19)

4. Neurologic

No acute neurologic illness (e.g., stroke, seizure exacerbation)

History of seizures reviewed

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No contraindications to anesthesia

5. Laboratory Tests

CBC reviewed (adequate Hgb, WBC, platelets)

CMP reviewed (electrolytes, renal, liver function)

Other labs as indicated:

6. Medications & Allergies

Current medication list reviewed

Allergies reviewed

7. Other Systems / Special Considerations

Pregnancy test if applicable

Endocrine conditions (e.g., diabetes, thyroid disease) optimized

Any implanted devices (pacemaker, ICD, VNS, DBS) reviewed and cleared

Dental prosthetics status documented (dentures, loose teeth)

GLP-1 agonist use reviewed (e.g., semaglutide, liraglutide, dulaglutide)

- Date of last dose:
 - Noted due to increased aspiration risk with anesthesia
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8. Optimization / Recommendations

Patient optimized for anesthesia and ECT

Additional recommendations:

PCP Name / Signature:

Date: ____ / ____ / ____