

Electroconvulsive Therapy (ECT)

Penn Highlands Behavioral Health Services

Penn Highlands Mon Valley Hospital provides ECT for adults age 18 and older. Consider referral for severe or treatment-resistant depression, bipolar depression, or psychotic depression; mania, schizophrenia, or schizoaffective disorder with inadequate treatment response; catatonia, including malignant catatonia; neuroleptic malignant syndrome; persistent symptoms despite adequate medication or psychotherapy trials; medication intolerance or medical circumstances, such as pregnancy, that limit pharmacologic treatment; or prior benefit from ECT. ECT may also be considered when a rapid clinical response is needed.

INPATIENT	OUTPATIENT
For patients who require hospitalization for psychiatric severity or safety needs, such as high suicide risk, inadequate food or fluid intake, or severe catatonia. Patients hospitalized elsewhere are referred for transfer to the Penn Highlands Mon Valley Hospital inpatient psychiatric unit. The ECT team and inpatient psychiatry review acceptance, medical stability, legal status, and transfer timing. Emergent cases of malignant catatonia or neuroleptic malignant syndrome may be accepted before full medical stability when time and clinical status allow. Patients return to the inpatient unit after treatment and recovery.	For patients medically and psychiatrically stable enough to receive treatment while living outside the hospital. Includes a new acute course, completion of an inpatient course, or continuation/maintenance ECT. Requires a responsible adult to transport the patient home, a living arrangement supporting fasting before and supervision after treatment, and an outpatient psychiatric clinician involved in care. No driving for 24 hours after treatment. Patients return home with their escort after recovery.

1. **REFER.** Send available records by secure encrypted email to ECT@phhealthcare.org. Include patient identifiers and contact information; referring provider and current facility/unit, if applicable; diagnosis, symptoms, and reason for referral; treatments tried or considered and response; prior ECT; current medications, allergies, medical history, and personal and family anesthesia history; available recent labs and EKG; insurance; and follow-up clinician. Include legal status, code status and any do-not-resuscitate order, consent-capacity concerns, relevant directive or guardianship documents, and escort information when applicable. The team obtains missing information.
2. **REVIEW AND EVALUATE.** The team reviews the referral, confirms the appropriate pathway, and coordinates transfer when needed. An ECT psychiatrist evaluates clinical appropriateness and develops the treatment plan.
3. **PREPARE AND CONSENT.** The team coordinates medical and anesthesia evaluation, assesses capacity, completes the applicable consent process, and provides fasting, medication, and treatment-day instructions.
4. **TREAT AND MONITOR.** ECT is performed in the Penn Highlands Mon Valley Hospital PACU on Monday, Wednesday, and Friday mornings. An acute course typically includes 6-12 treatments, individualized to response and tolerability, and may continue past 12 when clinically indicated, with renewed consent. The team monitors symptoms and cognition and communicates progress and follow-up recommendations to referring and ongoing care providers.

AFTER THE ACUTE COURSE. Patients may complete treatment as outpatients or receive continuation/maintenance ECT when indicated. Transition to outpatient care requires outpatient eligibility and renewed consent; continuation/maintenance treatment requires separate consent.

REFERRAL AND CLINICAL QUESTIONS: ECT@phhealthcare.org

PHONE: ECT program line to be confirmed; hospital main line 724-258-1000

FAX: ECT program faxline to be confirmed

www.phhealthcare.org

