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MEMORANDUM
STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA
55101

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DATE: July 30, 1970

TO: Medical Services Division Institutions
ATTENTION: Medical Director
ATTENTION: Medical Staff
ATTENTION: Administrator ✓ *W*

David J. Vail, M.D., Director
Medical Services Division

SUBJECT: Guidelines on Electroshock Treatment (EST)

The following guidelines for the use of EST were recommended by the Mental Health Medical Policy Committee on June 3, 1970, and agreed upon by the Medical Directors on June 3, 1970. They are in effect as of June 26, 1970, in all MSD institutions.

The guidelines for the use of EST are as follows:

1. There should exist a failure of previous or other therapeutic attempts following a period of several weeks of therapeutic trial on drugs or milieu therapy so that these other therapeutic modalities will have been given a chance to work.
2. It is believed that the primary target group for the use of EST is persons suffering from depressions or acute schizophrenic reactions.
3. EST should be given only on the basis of the informed consent of the patient, except for emergencies as covered under 253A.17, Subd. 8.
4. There should be proper medical clearances prior to giving EST, in particular a physical examination, an EKG and a chest x-ray. (It is noted that some authorities recommend EEC's and lateral spine films, but these would not appear to be necessary on a routine basis.)
5. There should be a specially equipped EST room with cardiac and respiratory resuscitation equipment and drugs readily available and the staff should be trained in the use of these for cardiac and respiratory arrests and other emergencies. The treatment should be given in privacy.
6. There should be a specially equipped recovery room.
7. Barbiturate anaesthesia, and anectine should be given routinely and in particular anectine should be given without prior barbiturate anaesthesia. Atropine should be given ahead of time; intubation equipment should be available.
8. An anaesthesiologist should be available at the time the treatment is given, if this is the prevailing practice in the local community.

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CC: DFW Cabinet

Medical Services Division Staff

Mental Health Medical Policy Committee

MEMORANDUM
STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA
55101

24

DATE: August 20, 1970

TO: Medical Services Division Institutions
ATTENTION: Medical Director
ATTENTION: Medical Staff
ATTENTION: Administrator ✓

FROM: David J. Vail, M.D., Director
Medical Services Division

SUBJECT: Guidelines on Electroshock Treatment (EST) --
Correction

My memo of July 30, 1970, entitled, Guidelines on Electroshock Treatment, should be corrected to read as follows:

Guideline number 7:

Barbiturate anaesthesia, and anectine should be given routinely and in particular anectine should not be given without prior barbiturate anaesthesia. Atropine should be given ahead of time; intubation equipment should be available.

DJV:mhv

CC: DFW Cabinet
Medical Services Division Staff
Mental Health Medical Policy Committee