DA	TE:	TIME:	UNIT:	SAMPLE PRE-	ECT CHECKLIST		
VITAL SIGNS							
	B/P lying						
	B/P standi	ng					
	Pulse lying	g					
	Pulse stan	ding					
	Respiratio	n lying					
	Respiratio	n standing					
	Temperatu	ıre					
	O ₂ Saturat	ion					
SYMPTOM CHECK: Patient report or evidence of-							
	Symptom	Check	Yes (Provide De	etails) No			
	Cough						
	Sore Thro	at					
	Headache						
	Shortness	of Breath					
	Myalgia						
-	Anosmia						
	Other sym (describe)	ptoms					
COMPLETE AND CHECK OFF THE FOLLOWING:							
Povidone Iodine Nasal Swab** to each nostril: □							
Н	Hydrogen peroxide mouth rinse*: □						
S	Surgical mask put on patient: \square						
P	Patient performed hand hygiene:						

IF ANY SYMPTOMS PRESENT AND/OR VITAL SIGNS NOT WITHIN NORMAL LIMITS PROVIDE HAND-OFF TO THE ECT NURSE

Name of ECT Nurse to which hand-off provided:	RN
Name of DN providing hand off.	DN
Name of RN providing hand-off:	RI

Hydrogen Peroxide mouth rinse instructions

- Start with a 3% concentration of hydrogen peroxide. Next, combine one part hydrogen peroxide with two parts water. Your final mix will have a concentration of 1% hydrogen peroxide.
- Tilt your head back and take a small mouthful of your hydrogen peroxide and water mix. Gargle and swish the mixture around in your mouth for 60 seconds. (You can use a timer or count silently in your head to 60 while gargling.)
- Gently, spit the solution out after gargling.
 Do not gargle the mixture for more than 90 seconds. DO NOT SWALLOW



Clean nostrils (including tip) with tissues prior to application



Insert swab into one nostril and rotate for 30 seconds, or at least 3 times around slowly, covering all surfaces. Discard swab.



Repeat with 2nd swab in other nostril

Do NOT blow nose if solution drips. Gently wipe with a tissue.

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