Post-Ictal Agitation (PIA)
- Characterized by motor restlessness, disorientation, panic like behavior, sometimes combativeness and/or escape tendency.
- Incidence somewhere between 5.4% - 12.5% after ECT.
- Has led to polypharmacy and Code Greys in the PACU
- Negative experience for patients, families, and staff

To avoid severe agitation, the below workflow is suggested. Please work with the psychiatrists to determine how long to wait in the procedure room. Please also let me know if you run significantly out of block time because of this new workflow.

ECT PIA Workflow

First 3 ECT Treatments?
- Yes
  - Hx of PIA?
    - Yes
      - Signs of PIA?
        - Yes
          - Wait in Proc. room til pt more awake.
        - No
          - Go to PACU
    - No
      - To PACU upon awakening as usual
  - No
    - Wait in Proc. room til pt more awake.

- No
  - Hx of PIA?
    - Yes
      - Signs of PIA?
        - Yes
          - Put pt. back to sleep with Propofol infusion.
          - Wake up pt. after ~10min to assess.
        - No
          - Go to PACU
    - No
      - To PACU upon awakening as usual

- Do what has worked well in the past.
- Can try to shorten Propofol infusion +/- Midazolam for each consecutive ECT.
- Make sure patient is awake w/o signs of PIA before heading to PACU.