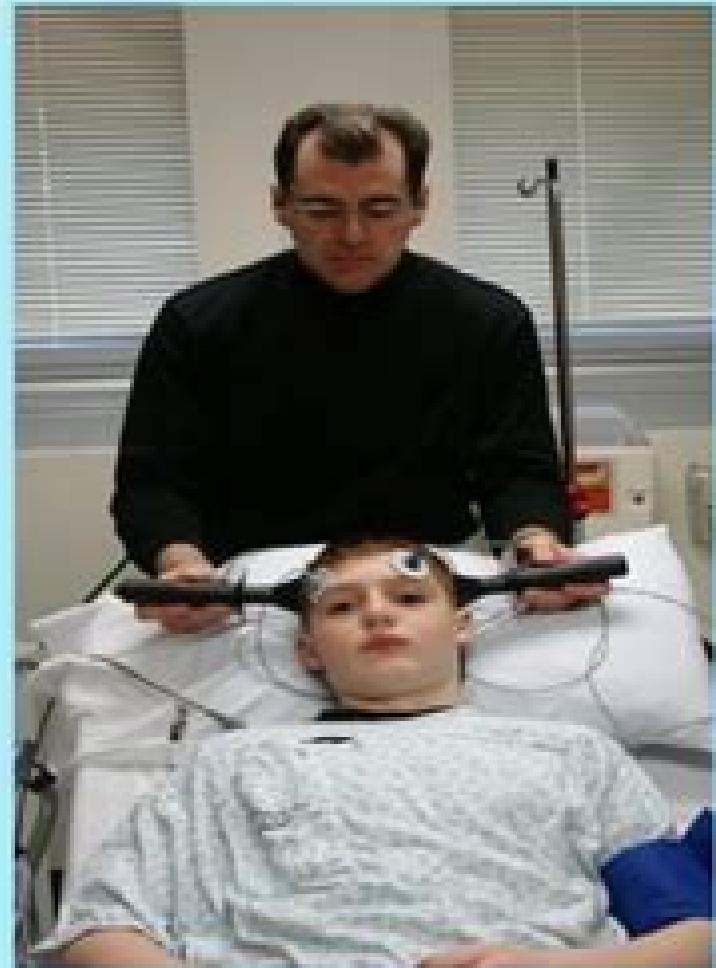


# ELECTRODE PLACEMENT

## Bilateral

- Most common, most effective and most cognitive dysfunction.
- Each electrode placed 2.5 – 4 cm (1-1.5 inches) on the midpoint on a line joining the tragus of the ear and the lateral canthus of the eye.



# Multiple Monitors Electro Convulsive Therapy

**M Tight**

## **Multiple Monitors Electro Convulsive Therapy:**

Multiple-Monitored Electroconvulsive Therapy Barry M. Maletzky, 2019-06-04 First published in 1981 This book will explain the development and rationale for MMECT document its safety and efficacy and just as importantly describe the equipment and technique in sufficient detail to allow the reader to duplicate it if he desires     *"Code of Massachusetts regulations, 2005"* ,2005 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     *"Code of Massachusetts regulations, 2002"* ,2002 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     *"Code of Massachusetts regulations, 2003"* ,2003 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     ***"Code of Massachusetts regulations, 2006"*** ,2006 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     ***"Code of Massachusetts regulations, 1994"*** ,1994 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     *"Code of Massachusetts regulations, 1998"* ,1998 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020     ***"Code of Massachusetts regulations, 1999"*** ,1999 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

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successor to the PSROs the federally designated peer review organizations PROs established to ensure quality and utilization efficient care for Medicare Links between the federal and state governments and between professional associations and private review entities have been developed to make this shared responsibility manifest in the delivery and reimbursement of health services This responsibility is seen in light of both professional and legal accountability a view noted by Gibson and Singhas 1978 and Alger 1980 Accountability then becomes a concentric concept that elaborates on the pure view of quality and reflects the federal government's consumer protection activities during the 1970s The Joint Commission on Accreditation of Hospitals JCAH which has provided another primary historical leadership role in defining quality assurance has promoted the evolution of the concept of resource limitations as a part of the definition of quality assurance "Code of Massachusetts regulations, 2008" ,2008 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "Code of Massachusetts regulations, 1996" ,1996 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "Code of Massachusetts regulations, 1995" ,1995 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **The Massachusetts register** ,1993 **The Practice of Electroconvulsive Therapy** American Psychiatric Association. Task Force on Electroconvulsive Therapy,1990 The updated format and content of this second edition make it a remarkably practical guide for the safe and effective use of ECT Its chapters closely integrate recommendations with their justifications making the material easy to read understand and use Its content presents a comprehensive overview of the clinical practice of ECT without sacrificing depth and breadth Topics include everything from indications for use of ECT to patient evaluation side effects concurrent medications consent procedures with sample consents forms and patient information booklet staffing treatment administration monitoring of outcome management of patients following ECT and documentation as well as education and clinical privileging

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