

ELECTROCONVULSIVE THERAPY

- PURPOSE:** To outline the management of patients receiving electroconvulsive therapy (ECT).
- SUPPORTIVE DATA:** ECT is indicated for major depression, bipolar disorder, schizophrenia, and other functional psychosis. ECT is used prior to a trial of psychotropic agents and primarily includes but is not limited to situations where a need for rapid, definitive response exists on either medical or psychiatric grounds. It also may be utilized when the risks of other treatments outweigh the risks of ECT, when a history of poor drug response and/or good ECT response exists for previous episodes of the illness, or per patient preference. ECT is performed in Post Anesthesia Recovery and care is provided by an anesthesiologist, psychiatrist and an RN from Psychiatry who is qualified to provide procedural sedation monitoring.
- ASSESSMENT:**
1. Pre-ECT Procedure
 - Obtain vital signs
 - Assess the following:
 - Baseline mental status
 - Level of consciousness
 - Skin color
 - Cardiac rhythm
 - Condition of skin
 - Pain, including headache
 - Verify that pre-procedure verification form is complete
 2. Post-ECT Procedure
 - Reassess the following every ten minutes times three or until patient is fully conscious
 - Vital signs
 - Level of consciousness
 - Skin color
 - Cardiac rhythm
 - Condition of skin
 - Assess for pain including headache once patient is awake
- INTERVENTIONS:**
3. Pre-ECT Procedure
 - Verify the provider's order for frequency of ECT procedures
 - Verify the procedure consent
 - Ensure that pre-procedure verification ("time out") is done
 - Orient patient to procedure
 - Verify patient is NPO after midnight
 - Ensure valuables/prosthesis are removed from patient (e.g. dentures, contact lens, hearing aids, wig, jewelry, body piercing (if removable), artificial limbs).
 - Encourage patient to void
 - Administer medications as ordered
 4. Post-ECT Procedure
 - Orient patient as necessary
 - Provide emotional support
 - Offer water per provider's order

- Administer pain medication as ordered

COLLABORATION: 5. Collaborate with provider regarding stability of patient for transfer or discharge.

REPORTABLE CONDITIONS: 6. Notify the provider for the following:

- Deterioration in physical/mental assessments from baseline
- Deterioration in vital signs

SAFETY: 7. Provide a safe environment to include:

- Call light within easy reach
- Bed locked and in low position
- Side rails up
- Assist with transfers/ambulation
- Reorient to person, place, time, and situation as needed

PATIENT/ FAMILY TEACHING: 8. Instruct patient/family regarding the following:

- Safe ambulation/transfer techniques
- ECT procedure
- To request medication for pain as needed

ADDITIONAL STANDARDS: 9. Refer to the following as indicated:

- Fall/injury Prevention
- Pain Management
- Confused Patient
- Moderate/Deep Sedation

DOCUMENTATION: 10. Document in accordance with documentation standards.
 11. Record pre and post ECT procedures on Electroconvulsive Therapy Checklist.

| | | |
|---------------------------------|--|--|
| Initial date approved: 12/00 | Reviewed and approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee | Revision Date: 07/05, 08/14, 03/15, 09/18 |
|---------------------------------|--|--|