

PROTOCOL FOR: ECT: Care of the Inpatient

- POLICY:**
1. Referrals for ECT are directed to the unit admissions coordinator who reviews the referral with the ECT attending and / or ECT RN.
 2. The inpatient and ECT attendings collaborate to:
 - a. document indications for ECT;
 - b. clear the patient medically, including consulting specialists;
 - c. obtain required labs and other diagnostic testing;
 - d. review risks, benefits and alternatives to ECT treatment.
 3. When appropriate, a family consultation will be scheduled whereby the physician and/or treatment team will discuss the indications, benefits, and risks of ECT.
 4. Informed consent will be obtained for a period of no more than 30 days. If treatment must exceed 30 days, additional consent will be obtained. As appropriate, refer to Administrative Procedure for Electroconvulsive Therapy (ECT): Administration Without Patient's Consent.
 5. The patient's medication regimen will be managed to ensure therapeutic efficacy and to minimize the risk of adverse side effects from combined ECT drug therapy. Refer to NPM Procedure for: Diabetes Mellitus Management - Periprocedural Care, as appropriate.
 6. An anesthesiology consultation will be obtained prior to the start of any series of treatments.
 7. Pre-authorization for ECT treatment and will be obtained by the Case Manager or Mental Health Clinician.

DESIRED PATIENT

- OUTCOMES:**
1. All patients will be assessed prior to ECT according to established ECT guidelines.
 2. An individual plan of care will be developed for all patients prior to ECT therapy.
 3. Ensure patient safety and maximize therapeutic efficacy.

**CLINICAL
ASSESSMENT AND**

CARE: Patient Preparation:

1. Assess the patient/family for factors which may affect learning or the proposed teaching. Educate the patient/family according to Teaching Plan for ECT.
2. The following documents will be placed in the patient's chart on the night prior to ECT by the unit night staff. If any of the documents are not available, the unit night staff will notify the unit day staff regarding the necessary missing documents:

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- Completed History and Physical Exam Forms (Database)
 - EKG
 - Lab results
 - Pre-Op Checklist
 - ECT Anesthesiology Consult
 - ECT Consent
3. Pre-op ECT Orders will be completed by the Attending Physician/ Designee the night prior to ECT.
 4. The patient will routinely be NPO after 12 midnight prior to the scheduled ECT; up to 8 oz. water may be taken until 8am if the procedure takes place after 12 noon.

Day of Treatment - Pre-treatment:

1. The Unit Office Assistant will review and complete the "Clerk" section of the Pre-Op Checklist and add any outstanding documentation. If the clerk is unable to find the pertinent documents, the RN responsible for that patient will be informed, and if she is unable to complete the chart, the Attending Physician/Resident will be responsible to complete the missing documentation.
2. The unit day RN will complete the "Nurse" section of the Pre-op Checklist. If possible, the patient should urinate 15 minutes prior to being transported to the ECT Department.
3. Charts with all pertinent documentation will accompany the patient to the ECT Department in a confidential manner.

Day of Treatment - Post-treatment on Unit

1. Once stabilized, the patient will be transferred to the inpatient unit by an assigned staff member.
 - a. Re-orient the patient upon return to unit.
 - b. Assist the patient into bed and tell them to call for assistance before ambulation.
 - c. Assess level of consciousness and fall risk. Provide safety measures, as appropriate, (e.g., utilize three bed rails and bed alarm). Initiate fifteen-minute checks should clinical situation warrant (i.e., wandering, prolonged confusion, risk to fall).
 - d. Monitor vital signs per physician order. During this time, assess level of orientation and re-orient as needed.
 - e. Ensure that the patient has taken fluids within two hours of return to unit. Offer fluids once patient is fully alert and in a sitting position. Patient may be offered a snack or meal as tolerated.
 - f. Assess patient's ability to void.

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- g. Provide prn medication as ordered for symptomatic relief of side effects.
 - h. Provide reassurance and support regarding the patient's ECT experience (i.e., any transient memory loss).
 - i. Assess the patient's status to determine ability to resume daily routine. Assist or supervise patient when ambulating for the first time.
 - j. Instruct patient to report any side effects (nausea, vomiting, confusion, memory loss, unsteady gait, vertigo, headaches) or discomfort.
2. Maintain ongoing support by providing patient/family with opportunity to verbalize concerns or fears, ask questions, and seek reassurance. Reinforce teaching as indicated to address any ongoing questions.

REPORTABLE

CONDITIONS:

- 1. If patient accidentally ate or drank prior to treatment, despite being NPO.
- 2. Prior to treatment, notify physician of any changes in medical status (i.e., altered vital signs, chest pain).
- 3. Notify physician of any extreme anxiety, concern or refusal of ECT expressed by patient prior to treatment.
- 4. Following each treatment, notify physician of any significant change in vital signs, level of orientation, marked confusion, agitation, unsteadiness, or vomiting.
- 5. Notify physician of any injury identified during recovery that may have occurred during treatment (i.e., tongue laceration, fractured tooth, contusion).

DOCUMENTATION:

- 1. During the course of ECT, document changes in patient's clinical status.
- 2. After each ECT treatment, initiate Post-ECT Nursing Treatment Plan and document in progress note patient's condition post-ECT.
- 3. Document Post-ECT admission vital signs as ordered on the Post-ECT Nursing Treatment Plan.
- 4. Document patient/family education on the Patient/Family Teaching Record.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/90

REVISION DATES: 8/91, 2/92, 11/94, 10/96, 11/97, 6/99, 10/00, 10/03, 6/06, 7/06, 7/08, 9/08

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On 9/08 the standard "Pre-ECT Evaluation for Inpatients for ECT Treatment" (eff. 5/05, rev. 6/06) was merged into the protocol for "ECT: Care of the Inpatient".