

TEACHING PLAN

FOR: Electroconvulsive Therapy (ECT)

- POLICY:**
1. The ECT team will review the medical record and meet with the patient prior to the first treatment to assess special needs and factors assessing readiness to learn.
 2. Patient teaching will be documented on the Patient and Family Teaching Record or on the Pre-ECT teaching guide.

DESIRED PATIENT

OUTCOMES: The patient/caregiver will be able to:

1. Discuss the purpose and reasons for receiving ECT.
2. Describe ECT procedure, preparation, and post-procedure care expectations.
3. State the common side effects related to ECT and anesthesia.
4. Describe the signs and symptoms of relapse.
5. State a plan to manage significant ECT-related cognitive deficits.
6. State when to call the health care provider.

- TEACHING PLAN:**
1. Medical clearance process for ECT:
 - a. The psychiatrist administering ECT will interview the patient, answer any questions about the ECT procedure, and obtain the patient's consent.
 - b. The psychiatrist will review the patient's medical history, labs and ECG and examine the patient to determine if there are any contraindications to ECT. The ECT may recommend other treatment or testing.
 - c. An anesthesia care provider will examine the patient on the day of ECT treatment. Instruct the patient to discuss any previous problems with anesthesia at that time.
 2. Indications and rationale for ECT:
 - a. ECT is an accepted, highly effective, low risk procedure used for several neuropsychiatric disorders including major depression, mania and some forms of schizophrenia.
 - b. ECT involves the use of a brief, controlled electrical current to produce a seizure within the brain which is believed to bring about certain biochemical changes which may cause depressive or other symptoms to diminish or disappear.
 3. Preparation for each treatment:
 - a. NPO after midnight.

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- b. Certain prescribed medications (cardiac, anti-reflux, antihypertensives) should be taken with a small sip of water prior to coming to the ECT unit.
 - c. The patient will be asked to void about 15 minutes before the scheduled treatment.
 - d. An IV will be inserted (saline lock) and will be used for the administration of the anesthetic and muscle relaxant. Document if there is a history of difficulty with venous access. If so, warm compressed will be applied prior to IV insertion.
 - e. Dentures/partials and will be removed during ECT treatment. If there are loose teeth a dental consultation for possible tooth extraction may need to be initiated prior to ECT treatment.
 - f. The patient should not wear contact lenses or use hair spray or wear hair pins or jewelry; make-up and nail polish will need to be removed.
 - g. The patient will wear street clothes if an outpatient and a hospital gown if an inpatient.
 - h. Identification band will be applied as well as allergy and falls risk bracelets as needed.
 - i. Inpatients will be transported to the ECT unit by hospital staff. The current status protocol (e.g. 1:1, constant observation or 15 minute checks) will continue to be observed.
4. ECT procedure:
- a. The patient will be escorted to a treatment room and placed on a stretcher.
 - b. The anesthesia care provider, ECT psychiatrist, RN and other nursing staff are present throughout the procedure.
 - c. EKG, BP, and oxygen saturation monitors are applied.
 - d. IV medications will be given by the anesthesiologist for sedation and muscle relaxation.
 - e. The ECT treatment is given when the patient is asleep for about 5 minutes.
 - f. After the patient is anesthetized, a small amount of electrode paste and two electrodes are placed on the scalp.
 - g. A calculated amount of electric current suited to the patient is given through the electrodes. The patient will not feel the electric current and is unconscious until the treatment is over.

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- h. The anesthesia care provider assists the patient to breathe using oxygen and a bag and mask until the patient is responsive and able to breathe on his/her own.
 - i. There should be no pain except for the brief discomfort of the IV placement.
 - j. The entire treatment will last about 5 minutes, and then the patient will be moved to the recovery area. The patient may wake up in the treatment room or in the recovery room.
5. Recovery phase:
- a. The patient will remain in the recovery room about 30 to 45 minutes or until fully recovered.
 - b. Monitoring of pulse, RR, BP and SpO₂ will continue during recovery.
 - c. Oxygen will be given by nasal cannula or face mask.
 - d. The patient may feel confused; the nurses will assist with reorientation.
 - e. The patient will be able to sit up and drink juice once fully awake and stable.
 - f. The patient will walk with assistance from a staff member while in the recovery room so that staff may assess for dizziness or gait instability.
6. Discharge from the ECT unit:
- a. Inpatients will be transported via wheelchair to their unit once fully recovered.
 - b. Outpatients will return to the Step-Down recovery room and remain for further observation until 90 minutes post treatment. The patient will be discharged by the psychiatrist to the care of a responsible adult. A staff member will accompany the patient, transporting via wheelchair, to the driver's vehicle.
7. Educational resources:
- a. Have patient and family view video - "Informed ECT for Patients and Families".
 - b. Provide educational materials - patient information booklet about ECT.
 - c. Review copy of Pre-ECT instructions.
8. Other:

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- a. Give patient and family an opportunity to ask questions; provide support and reassurance.
- b. Allow patient to discuss concerns - need for pre-medication or early scheduling due to anxiety.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/05

REVISION DATES: 6/06, 7/08