NURSING

TITLE: Electroconvulsive Therapy: Post-Procedure (Inpatient)

PURPOSE: To outline the post-procedure Nursing Management of inpatients who receive Electroconvulsive Therapy (ECT).

LEVEL: Interdependent (*requires M.D. order)

SUPPORTIVE DATA: Electroconvulsive Therapy (ECT) is an effective, low-risk procedure used for several neuropsychiatric disorders including major depression, mania, and catatonia. Initially, ECT is given in an inpatient “index” series, usually three times a week, for 6-12 treatments over 2-4 weeks. After completion of the index ECT series, the patient may receive maintenance ECT as an outpatient to maintain clinical improvement and prevent relapse. Therapy is discontinued when the patient has achieved the desired clinical improvement of target symptoms. On occasion, therapy may be continued indefinitely to sustain symptom relief.

While there are no absolute contraindications to ECT, heightened risk is present in patients who have a space-occupying cerebral lesion, American Society of Anesthesiologist (ASA) classification of anesthesia risk level higher than 2, recent myocardial infarction, recent intracerebral hemorrhage, retinal detachment, or pheochromocytoma. Other risk factors including coronary artery disease, hypertension, cerebrovascular disease, diabetes mellitus, pulmonary disease, obesity, and bone diseases. The ECT team screens all patients to identify risk factors in collaboration with the primary care team and Anesthesiology.

ECT can result in temporary alteration in recognition, ability to perform activities of daily living (ADL's), vital signs, and/or cardiac and respiratory functioning. Nursing management of patients who receive ECT must include understanding and recognition of target symptoms, other symptoms associated with the patients illness, the patient’s coping strategies, and baseline ability to perform ADL’s. The nurse must have knowledge about the care of patients who have received:

- pre-induction medication
- short-action, induction agents
- adjunct medications
- paralytic agents
- alternative muscle relaxants/paralytic agents
- intervention necessary to prevent, identify and treat post-ECT confusion and/or agitation
- interventions necessary to identify and treat incidents of status epilepticus

PRIOR TO ARRIVAL

ON UNIT: 1. Receive report from ECT Recovery Nurse, which will include:

- vital signs (BP, HR, RR, T)
- O₂ saturation level
- subjective reports of nausea, headache, or muscle soreness
- presence of vomiting
- adjunct medications used to relieve symptoms
- incontinence; concerns over episodes of incontinence
- post anesthesia recovery room score (PARRS)
- patient's cognitive assessment
• Respiratory course and present status (e.g., use of CPAP machine, weaning patient from O₂ therapy, use of O₂ upon return to unit)
• Status of IV med lock
• Presence of IV fluids and the rationale
• Any compromise to the skin integrity (e.g., limbs, scalp, lip, or tongue)
• Any report of chest pain or EKG changes
• Capillary blood glucose levels when applicable

ASSESSMENT:
2. Assess the following every 30 min x 3 (1.5 hours) upon return to the unit and then twice daily
   • Vital signs (BP, HR, RR, T)
   • Orientation to person, place, and time
   • Need for continued Falls Prevention Protocol
   • Presence of chest pain, headache, or muscle soreness
   • Presence of nausea/vomiting
3. Measure O₂ saturation when applicable
4. Assess patient daily for:
   • Orientation to person, place and time, and any further evidence of confusion
   • Manic symptoms
   • Ability to perform ADL’s
   • Unexpected deterioration in mental status/condition
   • Muscle soreness
   • New onset chest pain
   • Decrease in base line O₂ saturation
   • Changes in functional abilities

REPORTABLE:
5. Notify physician of:
   • Complaint of chest pain
   • Shortness of breath
   • Diaphoresis
   • Evidence of aspiration
   • Vital sign changes from baseline:
     Adult:
     • HR and BP ± 20% of preanesthetic level
     • RR <12 or >30
     Child > 7yrs:
     • SBP <70 or >90 mm Hg + 2 x age in years
     • HR < 70 or > 110 bpm
     • RR < 16 or > 30
     • O₂ saturation <93%
     • Overt abnormal neuromuscular movements.

ADMINISTRATION:
*6. Administer p.r.n. medication, e.g. analgesics, anti-emetics.
*7. Administer O₂ per Anesthesia during transport to unit as applicable.

CARE:
8. Allow patient adequate time to recover prior to resuming usual routine.
9. Re-orient patient as needed.
10. Offer reassurance and explanations to decrease agitation.
11. Resume pre-ECT orders for diet, meds, etc.

PATIENT/CAREGIVER TEACHING:
12. Review as necessary with patient/caregiver:
   • Purpose of ECT specific to patient, including target symptoms to be treated
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- potential for temporary confusion
- use of coping mechanisms, e.g., calendars, reminder notes, relaxation techniques
- specifics of procedure and of post-anesthesia care
- importance of completing treatment series to achieve desired outcomes.
- common post-treatment symptoms/side-effects
  NOTE: Due to short-term memory effects, repetition of teaching and reassurance may be required throughout treatment series

13. Ensure that prior to discharge patients who are to receive outpatient ECT and their caregiver have reviewed with the nurse the UNC Hospitals’ ECT Service Outpatient Treatment Instructions with emphasis on, but not limited to:
- date of return appointment
- post-treatment symptoms/side-effects such as confusion
- patient's temporary diminished capacity to drive a car or use mechanical devices
- the potential need for supervision in medication administration, etc. until confusion clears
- reporting worsening symptoms of depression to the patient’s therapist/physician
- reporting headaches, nausea/vomiting, or back and/or neck pain following treatment to the ECT psychiatrist
- understanding of NPO instructions
- knowing what medications, if any, to take prior to next ECT treatment
- understanding requirement for an adult driver to accompany the patient to the hospital and to remain at the hospital throughout the procedure

DOCUMENTATION:

14. Document on Patient Care Plan, Progress Notes, Patient Care Record, Post ECT Nursing Documentation form, Patient Education Index:
- implementation of Electroconvulsive Therapy: Post Procedure (Inpatient) protocol
- implementation of Electroconvulsive Therapy Treatment (ECT) Pre/Post Anesthesia Patient Care Statement
- assessment findings
- interventions and patient responses/outcomes
- reported conditions
- patient/caregiver teaching and level of understanding

15. Complete Standard Discharge Criteria portion of the “Post Anesthesia Care Unit Physicians Orders” form prior to patient discharge.


17. Complete “UNC Hospitals Electroconvulsive Therapy (ECT) Service Outpatient Treatment Instructions” prior to hospital discharge.


APPROVAL: Nursing Standards Committee Date: 08/20/02

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