



N108 Care for Clients with Psychosocial Problems in Adaptation and Adjustment

Treatment Modalities: Electroconvulsive Therapy (ECT)

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Learning Objectives

At the end of this session, you should be able to:

- List the indications for ECT
- Explain the side effects of ECT
- Discuss the nursing responsibilities pre, during, and post ECT



- the oldest and most effective therapy available for the treatment of severe major depression and other psychiatric disorders. Although it remains controversial
- Much of this controversy stems from the historical use of ECT and from its representation in films and in the media



- involves the administration of an electric current to the head of an anaesthetized client to produce seizure activity while motor effects are prevented with a muscle relaxant



- ECT works more quickly than antidepressant drugs, although the outcome after three months is similar
- several times a week over a three- to six-week period
- client is put under general anaesthesia and therefore they have no memory of the experience



Indications

- When an urgent response is needed client's life is threatened in a severe depressive disorder.
- resistant depressive disorder, following failure to respond to treatment with antidepressant medication.
- resistive psychosis
- Clients who develop neuroleptic malignant syndrome with antipsychotics



ECT in disorders other than major depression

Catatonia

- powerful anti-catatonic therapeutic effect, regardless of the underlying diagnosis, with extremely high response rates.
- considered the preferred treatment for patients whose response to benzodiazepines, which constitute the first line treatment for these conditions, is inadequate.





ECT in disorders other than major depression



Mania

- largely reserved for use in severely ill patients who are either treatment resistant to anti-manic psychotropic agents or require urgent response because of potentially life-threatening manic excitement or catatonic presentations.



ECT in disorders other than major depression

Schizophrenia

- used in combination with antipsychotic medications
- for patients with severe positive symptom (psychotic) schizophrenia and schizoaffective disorder who have not responded to antipsychotic medication alone





Side Effects

- Memory impairment; associated with both anterograde and retrograde amnesia
- 10 years of cognitive performance data in relation to ECT concluded that there is no evidence of cumulative cognitive deficits associated with repeated ECT courses (Kirov et al., 2016)



Nursing Responsibilities: Pre-ECT

- Client and family education about ECT
- Check consent
- 6-8 hrs. NPO
- Remove dentures, glasses, contact lenses, hearing aids, jewelries, etc.
- Make sure that the patient does not have any makeup on



Nursing Responsibilities

- Give preoperative medications as ordered:
 - ex. glycopyrrolate (Robinul) or atropine
- Take initial vital signs prior to the procedure



Nursing Responsibilities: ECT

- Transfer the patient on a trolley from the waiting room to the ECT room on a well padded bed and placed in a comfortable dorsal position or supine position. A small pillow is placed under the lumbar curve.
- Apply ECG electrodes, BP cuff, and pulse oximetry sensor (not on same extremity as BP cuff).
- Give a short acting anesthetic agent. Thiopental .25mg to .5 mg , IV and Succinyl choline 30-50 mg. The dose of drug may vary from patient to patient.





Nursing Responsibilities: ECT

- Prepare EEG electrodes, per treatment specifications.
- Prepare scalp and stimulus ECT electrodes (unilateral vs. bilateral) and apply paste to electrodes.
- Support the shoulder and arms of the patient. Restraint the thigh with the help of a sheet
- Hyperextension of the head with support to the chin.





Nursing Responsibilities: ECT

- Administer oxygen
- Apply jelly to the electrodes
- Make the observations of the convulsions.
- The presence of initial tonic stage which lasts for 10-15 seconds followed by clonic stage which lasts for 25-30 sec then there is a phase of muscular relaxation with stertorus respiration (flaccid stage).





Nursing Responsibilities: ECT

- Do suction immediately
- Restore respiration by giving O₂ if necessary.



Nursing Responsibilities: Post-ECT

- Observe and record the vital parameters
- Place the patient on side lying position, clean the secretions
- Transfer the patient from recovery room . record vital signs every 15 min for 30 min and once in every 30 min till the patient recover to the normal stage





Nursing Responsibilities: Post-ECT

- Allow the patient to sleep for 30 min to one hour
- Reassure the client and reorient to the ward
- Allow the patient to have tea or any drinks
- Documentation: Record the procedure, physical and mental status and any behavioral changes or lack of such changes



References

Evans, K., In Nizette, D., In O'Brien, A. J., & In Johnson, C. (2020). Psychiatric and mental health nursing.

Videbeck, S. L., & Miller, C. J. (2020). Psychiatric-mental health nursing.

Weiner, R. D., & Reti, I. M. (January 01, 2017). Key updates in the clinical application of electroconvulsive therapy. *International Review of Psychiatry*, 29, 2, 54-62.

Nursing Care in ECT, *Mental Health Nursing*, Retrieved 13 February 2022, from https://currentnursing.com/pn/nursing_care_ECT.html



THANK YOU!