Connecticut Valley Hospital Nursing Policy and Procedure	SECTION C: PHYSIOLOGICAL ADAPTATION CHAPTER 10: PSYCHIATRIC INTERVENTIONS AND SPECIAL PROCEDURES Policy and Procedure: 10.8 Electro-Convulsive Therapy
Authorization:	Date Effective: May 1, 2018
Nursing Executive Committee	Scope: Connecticut Valley Hospital

Standard of Practice:

The Registered Nurse will properly prepare the patient for Electro-Convulsive Therapy (ECT) and monitor the patient after ECT for any complications.

Standard of Care:

The patient can expect to be properly prepared for ECT and to receive supportive care throughout the procedure.

Policy:

The patient shall be prepared for ECT following the protocol dictated by Connecticut Valley Hospital in conjunction with the treating facility. A physician's order shall be written and informed consent from the patient or responsible party shall be obtained.

Procedure:

- 1. Refer to the CVH Operational Policy and Procedure, Electro-convulsive Therapy **2.19** which details medical staff responsibilities to assure ECT is used with adequate justification, documentation and regard for patient safety.
- 2. Nursing staff provide education regarding the procedure to help patients resolve any fears or questions that may arise.
- 3. Nursing staff prepare the patient for ECT as noted below:
 - a. Complete ECT-Patient Preparation Checklist. Original for treating facility; copy for Medical Records.
 - b. Based on MD order, maintain NPO status <u>and begin 1:1 or C/O status on night</u> <u>shift prior to appointment per MD Order</u>.
 - c. Follow specific treatment facility guidelines.
 - d. Assign nursing staff to accompany **and remain** with patients at treating facility. ECT-Patient Preparation Checklist and Consultation Form are brought with the

patient.

- 4. The RN follows post ECT treatment orders established by the Physician.
- 5. Provide reassurance and re-orientation to the patient as he/she may be confused or forgetful after an ECT treatment. The following guidelines may be helpful in assisting the patient.
 - a. A simply structured day may help. Offer frequent explanations as to what is happening and write this down for the patient.
 - b. If necessary, ensure that the patient is safe, particularly with ambulation, so the patient does not fall or get lost.
 - c. Patient may tolerate small groups better than large ones.