Nordic Association for Convulsive Therapy
The Nurse’s Role in Electroconvulsive Therapy (ECT)
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International Society of ECT and Neurostimulation (ISEN) Nursing Subcommittee Members

- Carol Kivler, Board of Directors, NAMI-Mercer County, Consumer Advisory Panel, American Psychiatric Nurses Association
- Australian College of Mental Health Nurses
- International Society for Psychiatric Nurses
- National Association for Lead Nurses in ECT
- Scottish ECT Accreditation Network
- US Nurses (CA, IL, NH, NY, MASS, MI, MO, MN, PA, NC, SC)
- International Nurses (Australia, Canada, Great Britain, Ireland, Wales, Scotland)
Psychiatric Mental Health Nursing

• Specialized area of nursing practice that encompasses the practice of ECT

• Basic and advanced practice nursing roles in nursing practice are described and credentialed within the specialty practice of Psychiatric-mental health nursing
How do Expert ECT Nurses Across the US and Internationally, Describe their Practice?

• APNF funded study
• Descriptive phenomenological study using Husserl’s phenomenology and Giorgi’s method
• In depth 1-1.5 hour interviews, transcribed and coded by 2 researchers using Atlas ti 6.1 software
• Themes and clinical, demographics analyzed for 20 participants to achieve saturation
Evidence-based treatment advances changing the role of ECT Nurse

- Electrode placement
- Stimulus dosing
- Seizure threshold titration
- Changes in wave form and pulse width
- Use of physiological monitoring
- Choice of anesthetic agents
- Use of “time outs”
Non-procedural factors changing role of ECT nurse

- Expanded roles for nursing (i.e., nurse anesthetist and nurse practitioner)
- Movement from inpatient to outpatient treatment (continuation and maintenance)
- More complex and ill patients requiring increased monitoring and more clinically sophisticated practice (i.e. In ICU)
- Greater regulation
- Advent of novel neuromodulation methods
- Greater attention to treatment-resistance
Review of the Literature

• PubMed, EMBASE, and CINAHL searched between 1938 and 2010 using keywords: *electroconvulsive therapy, electroshock* and *nursing*
• Bibliographies reviewed for seminal works
• 2 health science librarians consulted for comprehensive search
• Total of 445 nursing-focused manuscripts selected and reviewed
Themes of Expert ECT Nursing Practice

• Knowing the Patient
• Running the Service from Top to Bottom
• A Winning Team
• Need for ongoing education, development of best practices, and research
• Fighting stigma, misrepresentation, and efforts to banish ECT
The Expert ECT Nurse
Pre-treatment

• Outreaches and consults to patients/families about the value of ECT
• Personalizes the preparation/teaching of patients and family relative to their concerns, cost/benefit (i.e, anesthesia, memory loss, incontinence, exposed while wearing gown)
• Orients patients to ECT suite
• Schedules treatments taking into account individualized needs of patients
• Assures that pre-treatment labs, consents, orders are current (One review found 37 different forms needed for compliance!)
• Conducts standardized clinical ratings
• Advocates for patient with post-ictal headache or agitation
Knowing the Patient

• “We had some serious snowstorms this year, so knowing that A.S. lives in a rural area, I made sure to coordinate so she had at least 2 treatments a week”

• The patient said: ‘I smiled when I saw you in the room. I did not recognize anyone else but knew you would make sure that I did not have a terrible headache or complications’
The Expert ECT Nurse-Treatment

Admitting

Inpatient
- Registration
- Arrive via escort
- More extensive
- Review of med/psych symptoms

Outpatient
- Conducts Nursing Eval
- Assures Psych Eval
- and Anest Eval
- Pt gowned

Treatment

- Patient placed on stretcher
- Timeout
- Check for jewelry and dentures
- Intravenous line placed
- Blood pressure cuff, oximetry monitor placed
- EKG Monitors placed
- EEG Monitors placed
- Monitor vitals signs
- Prepare scalp area
- Assess patient while anesthetic agent is delivered
- Apply “Cuff technique”
- Assess patient while muscle relaxant delivered
- Insert bite block
- Monitor patient while stimulus delivered
- Observe for cessation of fasiculations and document duration/relevant observations concerning seizure
- Target time 30mins
- Oxygenation resumed
- Seizure response evaluated
- If inadequate repeat stimulus
- Patient transferred to recovery when breathing on own and stable

Recovery

Inpatient
- 45 min

Outpatient
- 90 min
ECT Treatment Nurse

• Standard 2.2 of ECTAS stipulates: “There is at least one trained nurse in the treatment room.” (Royal College of Psychiatrists)
• Importance of nurses in de-stigmatizing ECT, educating the public, and referring patients for ECT directly related to nursing knowledge and familiarity with the treatment
• Provides nursing and medical education and hands-on experience, promotes positive attitudes and education in nursing schools, implements continuous quality improvement programs, manages ambulatory ECT programs, and provides political advocacy to reshape health policy
Running the Service from Top to Bottom

• “The doctors are busy...every question about ECT (appropriateness, labs, potential complications) goes through me”

• “I check the equipment, assure we are ready for JCAHO, teach the nursing students and medical residents, review P & P, teach in the fellowship program- it is ‘soup to nuts’”
The Expert ECT Recovery Nurse

• Primary patient advocate following treatment when patients still under effects of anesthesia and provides constant care
• Patient monitoring (VS, pulse oximetry, mental status, breathing properly, suctioning, administering $O_2$, react rapidly to signs of negative changes)
• Assess, re-orient, provide supportive care for post-ictal disorientation, assess safety to ambulate
The Expert ECT Nurse- Post treatment

- Conducting inpatient group psychotherapy to decrease isolation and reduce stigma
- Addressing patient and family concerns about treatment/side effects and providing education
- Assuring holistic care and coordination of health care providers for vulnerable patients who often have multiple health conditions
- Coordinating future treatment schedules and managing CQI
- Educating Nursing and Medical personnel about ECT
- Increasingly, blending new expertise in brain stimulation methods with expertise in ECT
A Winning Team

• “I have been an ECT nurse for 35 years and I have overseen more than 30,000 treatments. I have had the gratifying experience over and over to see our patients get better”

• “It is so rewarding to see a patient who is in the ICU or similarly debilitated get so much better that he walks out the door waving. ECT does that”

• “Being on the ECT team is like being a starting pitcher for the Yankees- we get used to winning and we like it!”
Fairly Wide Variations

• In practice (i.e., anesthetic, electrode placement, pre-medication with caffeine, use of clinical scales)

• In employment of advanced practice roles (i.e., NP roles in Canada, Australia and New Zealand emerging but primary care-focused)

• In ECT education and training (i.e., apprentice model to completion and creation of fellowships and ISEN courses)
Need for Ongoing Education, Development of Best Practices and Research

• Consumer Interaction and Dialogue on Conference Calls and in Schools of Nursing
• ISEN ECT Certificate Courses
• ISEN Monthly Conference Calls
• University specific fellowships
• NALNECT certification
• SEAN certification
• APNA Workshops in ECT and brain stimulation
• Australian College of Mental Health Nurses
• JAPNA and Journal of ECT
Evidence-based Nursing Practice

• Evidence-Based Nursing Practice does not vary from location to location but instead, involves integrating solid research findings, clinical expertise, and patient preference, and implementing them in nursing practice, in order to increase the quality of patient care.

• Goal is to provide the highest quality and most cost-efficient nursing care possible.
Evolving Role of ECT Nurse

Brain Stimulation Clinical Leader

- ECT Expert
- Additional Brain Stim Clinical Expertise
- Leading Change Initiatives to Promote Clinical Excellence
- Promoting Translation of Research to Clinical interface among Multiple Disciplines
- Involvement in International, Interdisciplinary Organizations Dedicated to Therapeutic Brain Stimulation
Fighting stigma, Misrepresentation, and Efforts to Banish or Defund ECT

• Bill 67, Ending Public Funding of Electroconvulsive Therapy Act, 2010, Ontario, Canada
• Growing international networking and sharing of evidence-based nursing practice via ISEN
• Increased scholarship, research, EBP dissemination, advocacy
• Collaboration with APA regarding ECT treatment guidelines
• Collaboration with NAMI and APNA Consumer Advisory Panel about Consumer Concerns
Embedding Consumer and Caretaker’s Input Into Guideline Development

• Incorporating the perspective of consumers, caretakers, families, and treating clinicians

• Themes of patient/family inquiries include:
  - How to tell or not tell people about ECT treatment
  - Safety on inpatient psychiatric unit
  - Will ECT help me sleep?
  - How can I access transportation, in-home support for my family member having ECT?
Patient and Stakeholder Engagement

• FDA hearings had many more “anti-ECT” patients
• Why do we not do a better job of reaching out to our patients who benefit from ECT, TMS and other forms of neuromodulation?
• The Patient Centered Outcomes Research Institute (PCORI) and increasingly, NIH, CDC, private foundations, industry and pharmaceutical
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- The Patient Centered Outcomes Research Institute (PCORI) and increasingly, NIH, CDC, private foundations, industry and pharmaceutical funders seek patient-centered research
ISEN Patient Advisory Committee

Courageous Recovery
Wellness Model - Treatment for Depression

"Shocking the Shrink: A Psychiatrist Undergoes ECT"