MENTAL HEALTH · NCLEX 2026 TEST PLAN

Electroconvulsive Therapy

— a high-yield visual study guide for the safe, confident nurse —

FILE № 07
ECT · E.C.T.

1 Definition & Overview

WHAT IT IS · WHY IT MATTERS

- A controlled electrical current is applied to the scalp to **induce a brief generalized seizure (30–60 sec)** under general anesthesia.
- Used for **severe, treatment-resistant depression**, acute suicidality, catatonia, acute mania, and severe MDD in pregnancy.
- Typical course: **6–12 treatments**, given 2–3× per week; rapid onset of response makes it **life-saving** in acute suicidal crises.

2 Pathophysiology, Simplified

HOW ECT WORKS · STEP → STEP

STEP 01	STEP 02	STEP 03	STEP 04	STEP 05
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Electrodes Placed	**Current Delivered**	**Seizure Induced**	**Neurotransmitter Shift**	**Symptom Relief**
Unilateral or bilateral on scalp	Brief, measured electrical stimulus	Generalized tonic-clonic, 30–60 sec	↑ serotonin, NE, dopamine, GABA	Mood lifts, SI decreases within days

3 Indications & Adverse Effects

WHEN TO USE IT · WHAT TO WATCH FOR

✅ Indications

- → Severe major depression **with psychotic features**
- → Acute **suicidal ideation** / refusal to eat or drink
- → Treatment-resistant depression (meds failed)
- → Catatonia & severe acute mania
- → Severe MDD in **pregnancy** (safer than many meds)
- → Elderly who cannot tolerate antidepressants

⚠️ Common Adverse Effects

- → **Short-term memory loss** (most common — usually temporary)
- → Confusion / disorientation post-procedure
- → Headache, muscle aches, nausea
- → Transient ↑ BP & ↑ HR during seizure
- → Brief jaw soreness from bite block

🚨 RED-FLAG FINDINGS — Notify Provider Immediately

- ⚠ Seizure lasting **> 2 minutes** (status epilepticus)
- ⚠ Respiratory depression / apnea after procedure

- ⚠ Aspiration or loss of gag reflex
- ⚠ Prolonged confusion > 1 hour post-op
- ⚠ Cardiac arrhythmia or sustained hypertension
- ⚠ Severe, persistent memory loss (long term)

4 Priority Nursing Interventions

ABCS · SAFETY · NCLEX PRIORITIZATION

PRE-PROCEDURE — ⏰ 8H BEFORE

- ✓ **Verify informed consent** ★ signed before any sedation
- ✓ Keep patient **NPO 6–8 hours** (aspiration risk)
- ✓ Remove dentures, jewelry, hairpins, contacts
- ✓ Have patient **void** before procedure
- ✓ Obtain **baseline vitals** & establish IV access
- ✓ Review labs, ECG, pre-anesthesia assessment
- ✓ Provide emotional support & reassurance

INTRA-PROCEDURE — ⚡ 30–60 SEC

- ✓ **Airway is priority #1** ★ 100% O_2 pre & post
- ✓ Anesthesia: methohexital / propofol
- ✓ Muscle relaxant: **succinylcholine** (prevents injury)
- ✓ Atropine to reduce secretions & vagal brady
- ✓ Apply bite block to prevent tongue injury
- ✓ Monitor seizure duration & EEG
- ✓ Continuous ECG, SpO_2, BP monitoring

POST-PROCEDURE — 🛌 RECOVERY

- ✓ **Position SIDE-LYING** ★ (airway / aspiration)
- ✓ Monitor VS q15 min until stable
- ✓ **Reorient frequently** — confusion is expected
- ✓ Assess gag reflex before giving PO intake
- ✓ Initiate **fall precautions** — pt groggy
- ✓ Offer light meal once fully awake
- ✓ Document seizure length & pt response

5 Pharmacology — The ECT Trio

KNOW THE DRUGS GIVEN RIGHT BEFORE THE CURRENT

Methohexital — ANESTHETIC

SHORT-ACTING BARBITURATE · IV

ACTION
Induces unconsciousness for 5–10 min so patient doesn't recall seizure.

WATCH FOR
Respiratory depression, hypotension.

NURSING
Have O_2, suction, & airway at bedside. Monitor RR & SpO_2.

Succinylcholine — PARALYTIC

DEPOLARIZING NM BLOCKER · IV

ACTION
Paralyzes skeletal muscles to prevent fractures & injury from convulsion.

WATCH FOR
Apnea, malignant hyperthermia, hyperkalemia.

NURSING
Requires ventilation — does NOT sedate. Always given AFTER anesthesia.

Atropine — ANTICHOLINERGIC

ANTIMUSCARINIC · IV OR IM PRE-OP

ACTION
Dries oral secretions; blocks vagal bradycardia triggered by seizure.

WATCH FOR
Tachycardia, dry mouth, urinary retention.

NURSING
Assess HR; have patient void pre-op. Glycopyrrolate may be substituted.

6 NCLEX Test Traps

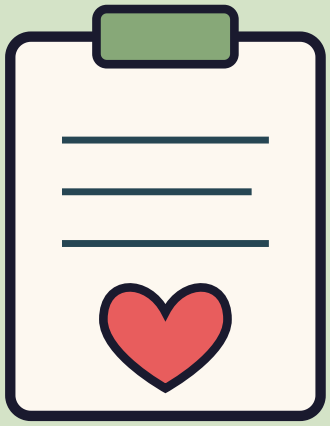
WHERE STUDENTS LOSE POINTS

- ✗ ECT is **NOT "last resort"** anymore — it's often **first-line** for severe suicidal depression when rapid response is critical. OLD MYTH vs NEW STANDARD
- ✗ Informed consent must be obtained **BEFORE sedation** — never after meds are given, never from confused patient. CONSENT FIRST
- ✗ Succinylcholine **paralyzes but does NOT sedate**. If given without anesthesia first, patient is aware & terrified. ANESTHESIA → PARALYTIC
- ✗ Contraindications: recent MI, **↑ ICP**, unstable aneurysm, retinal detachment, pheochromocytoma. MEMORIZE THESE
- ✗ Memory loss is almost always **temporary** (weeks–months). Don't pick answers that claim permanent memory destruction. TEMPORARY ≠ PERMANENT
- ✗ Post-ECT position = **SIDE-LYING**, NOT supine. Airway & aspiration prevention win every time. ABC > comfort
- ✗ ECT is considered **safe in pregnancy** — often safer than SSRIs for severe MDD. TRUST THE EVIDENCE
- ✗ First action if seizure lasts > 2 min = **notify provider & prepare anticonvulsant**, not "reassure patient." SAFETY > COMFORT

7 Patient & Family Education

DISCHARGE TEACHING ESSENTIALS

- **Memory loss is temporary** — usually resolves in weeks to months; keep a simple journal to track daily events.
- **Do not drive for 24 hours** after each session; arrange transportation home & a support person for the day.
- Expect a **full course of 6–12 treatments**; maintenance ECT may continue weekly or monthly.
- **Continue prescribed antidepressants** as ordered — ECT supplements, it doesn't replace meds.
- Report any **severe or worsening confusion, chest pain, or returning suicidal thoughts** immediately.
- Take it easy — rest, hydrate, eat light after each session. Headache & muscle aches are normal for 24 h.



8 Memory Boosters & Mnemonics

PATTERN RECOGNITION FOR FAST RECALL

S·H·O·C·K

– REMEMBER ECT IN 5 LETTERS –

- **S** **Seizure** — brief, controlled, 30–60 sec
- **H** **Headache & memory loss** — most common SEs
- **O** **Oxygen 100%** & keep patient **NPO**
- **C** **Consent** before sedation · **Confusion** after
- **K** **Kit:** atropine · anesthetic · succinylcholine

V·O·C·A·L

– PRE-ECT NURSING CHECKLIST –

- **V** **Vitals** — get a baseline & ECG
- **O** **NPO** status confirmed 6–8 hours
- **C** **Consent** signed & in chart
- **A** **Atropine, Anesthesia, (succinyl)choline**
- **L** **Lose** dentures, jewelry, contacts; patient voids