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 The morning began early with a very interesting electroconvulsive therapy observation. As we observed the steps taken for the highly anticipated procedure we learned a great deal about the therapeutic effects of the treatment, medications administered prior to therapy, and the nursing process involved in ECT. ECT begins early at five in the morning and according to the head nurse on staff the charting data is typically complete by twelve in the afternoon. After experiencing the intense world of electroconvulsive therapy, I then reentered the floor on the level one unit, where I engaged in communication with several patients spending time in the day room.

 Observing the ECT brought about excitable moments where I was able to observe the nurse, anesthesiologist, and therapist evaluate the effectiveness of the procedure on each patient. It also provided me with knowledge regarding the many different therapy treatments created for those with a mental health illness. At the time I was wondering how many times the patient would receive a shock and how long the shock was supposed to last. I was also able to speak with a level one patient who was hard to determine a diagnosis for, while speaking with her it was clear that her frame of mind jumps from subject to subject, however mental impairment is her greatest struggle. After engaging in conversation with the people on the level one floor, I learned the importance of establishing rapport with each patient. After observing the ECT therapy that morning I gained a much better understanding of the treatment process, the various types of mental health illness/diseases treated, as well as the steps taken by each nurse to ensure the process underway is completed successfully in all aspects. I learned that the ECT shock is administered once and lasts about seven and a half seconds, then induces a seizure which the medical personnel should be assessing and documenting throughout the treatment. The anesthesiologist also gave us the name of various medications she administered prior to the procedure as well as the residual effects. Participating in this clinical situation provided me with great insight into this type of therapy, which I assumed did not exist anymore. Hearing the personal experiences of those receiving treatment about the benefits of the therapy provided me with evidence regarding the effectiveness of the electroconvulsive therapy.

 When looking back I realize that each person responds to therapy in many different ways, some may see positive effects and others may not. This has taught me about the many available treatments associated with mental illness. After my experience in electroconvulsive therapy I will be able to care for my patient in a more understanding manner and know what to monitor prior to and following the treatment, as well as educate the patient on why they may be experiencing various side effects such as memory loss after the therapy. Observing this therapeutic treatment option and continuously engaging in therapeutic communication with patients will allow me to obtain knowledge about the treatment the patient is receiving, their overall response to the therapy, and will provide me with the relevant information to properly evaluate the effectiveness of the treatment in future practice.