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| **Maryland Next Gen NCLEX Test Bank Project****September 1, 2022**  |
| **Case Study Topic**: (& standalone trend ECT only) | Electroconvulsive therapy and informed consent  | **Author:** |  Lauren Guy MSN, RN-BC, CNEAssistant ProfessorCollege of Southern Maryland  |

**Case Summary**

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| The nurse prepares a client with depression for ECT but learns the client does not understand the procedure because of a language barrier. The client’s family who speaks English offers to translate for the nurse and the patient.  |

**Objectives**

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| 1. Assess client’s understanding of procedures2. Identify the need to cancel procedure and obtain informed consent3. Arrange for translation services4. Establish criteria to know the client has received appropriate education and consents for care and procedures |

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| **Case Study Link** | **Case Study QR Code** |
| <https://umaryland.az1.qualtrics.com/jfe/form/SV_beYDg6noNaOep4q> |  |
| **Trend QR Code** | **Trend Link** |
|  | <https://umaryland.az1.qualtrics.com/jfe/form/SV_1ZWLVGzQ7xJNi86> |

**Case References**

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| 1. Lippincott Advisor. (October 1, 2021). Electroconvulsive Therapy. Lippincott Advisor for Education - View Document (lww.com)
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**Case Study Question 1 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain consent for ECT3. Insert IV catheter 4. Consult to anesthesia 5. Provide follow up education  |

* Click to highlight the findings that require immediate follow-up.

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| **Nurses’ Notes** |
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**Scoring Rule: +/-**

**Rationale**: The RN should seek a translator; it is not acceptable to utilize the patient’s spouse for this elective procedure. It is not acceptable for the provider to not obtain a translator because the client may not fully understand the procedure. While the client’s anxiety is not normal, the cause of this is likely related to the language barrier and fear of not knowing what is going on.

**Case Study Question 2 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain consent for ECT3. Insert IV catheter 4. Consult to anesthesia 5. Provide follow up education  |

* Which of the following complications is the client at risk for experiencing? Select all that apply.
* The wrong procedure \*
* The wrong medications
* Lack of knowledge about risks and benefits of the procedure \*
* Lack of knowledge on the provider’s credentials
* Procedure performed on the wrong patient \*
* Procedure performed without insurance approval

**Scoring Rule: +/-**

Rationale: The client is at risk for not comprehending his procedure today along with the risks and benefits of the procedure if the provider continues to allow the spouse to translate. Without proper informed consent it could be possible that the provider performs the wrong procedure or the procedure on the wrong client. Obtaining informed consent is a critical step prior to the start of procedures requiring anesthesia for patient safety.

**Case Study Question 3 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs. | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain consent for ECT3. Insert IV catheter 4. Consult to anesthesia 5. Provide follow up education  |

* Which problem should the nurse address first?
* Assessing spouses’ ability to translate
* Rescheduling procedure for next day
* Confronting the provider
* Obtaining an approved interpreter \*

**Scoring Rule: 0/1**

**Rationale:** The client is at risk for having the wrong procedure conducted and not addressing his concerns about the procedure without obtaining informed consent properly. The provider is not willing to obtain an interpreter due to lack of time, but this is a safety issue. The spouse is not a certified interpreter and there is the ability that the message is not being relayed correct to the client. Therefore, obtaining an interpreter is the first thing the nurse should address.

**Case Study Question 4 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain consent for ECT3. Insert IV catheter 4. Consult to anesthesia 5. Provide follow up education  |

The RN participants in obtaining informed consent for the client.

* For each potential intervention, click to specify whether the intervention is indicated or not indicated for the RN regarding informed consent for this client.

|  |  |  |
| --- | --- | --- |
| Potential Intervention | Indicated  | Not Indicated  |
| Identify client fears and or misconceptions and call the provider  | * \*
 |  |
| Educate the client about the procedure  |  | * \*
 |
| Witness the client is giving consent voluntarily  | * \*
 |  |
| Answer all questions the family has about the risks/benefits of the procedure  |  | * \*
 |
| Assure the client their concerns will be addressed by the provider right before the procedure |  | * \*
 |
| Provide information regarding nursing care associated with the procedure | * \*
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**Scoring Rule: 0/1**

**Rationale**: The role of the RN in informed consent includes determining the level of understanding about the procedure, identifying any fears/misconceptions, and notifying the provider. The RN should provide information about the nursing care associated with the procedure and contact the provider if there is doubt the patient’s understanding of the procedure. It is important the RN witness the client giving consent voluntary and competently.

**Case Study Question 5 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain consent for ECT3. Insert IV catheter 4. Consult to anesthesia 5. Provide follow up education  |

* What should the nurse teach the family about informed consent? Select all that apply
* The RN can obtain this for the provider if they are busy
* If an official translator cannot be found, it is okay to use your spouse
* The provider must inform you of any risks and benefits of the procedure\*
* Once you sign the consent form you cannot ask further questions
* Consent can be withdrawn at any time\*
* The provider must inform you to any alternatives to the treatment\*
* Obtaining consent is about client autonomy\*
* Your spouse can sign for you if you’re scared

**Scoring Rule: +/-**

**Rationale:** It is important that the provider obtain informed consent addressing the procedure and highlights the risks, benefits, and alternatives to the procedure. If a language barrier is present, it is important to use an approved interpreter and not the client’s spouse. The client must be the one to sign the informed consent autonomously unless they are unable to do so, in which the client’s power of attorney can sign the consent form.

**Case Study Question 6 of 6**

The nurse prepares a client with depression for electroconvulsive therapy (ECT) in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 0800 Client reports to the outpatient surgical center for ECT procedure. Client was asked what procedure was being performed today and client was not able to verbalize.Client is Spanish speaking only. Client’s spouse is at the bedside and speaks fluent English and Spanish. 0815 Provider is at bedside and states there is no time for a translator to obtain informed consent and proceeds to utilize the client’s spouse to translate consent for the procedure. The surgical RN is attempting to place the IV prior to the procedure. The client appears anxious and is speaking rapidly to his spouse in Spanish. 09000. Medical translator at bedside.  |
| **Medications** |
| Sodium Chloride 0.9% 1000mL @ 75ml/hr NOW  |
| **Orders** |
| 1. NPO 2. Obtain Consent for ECT3. Insert IV catheter 4. Consult to anesthesia  |

The translator for the client is relaying the following statements from the client about the ECT procedure.

* For each client statement, click to specify whether the statement indicates an understanding, or no understanding of teaching provided.

|  |  |  |
| --- | --- | --- |
| Statement | Understanding | No understanding |
| “I can change my mind about doing procedure at any time.” | * \*
 |  |
| “Once I sign the informed consent, I must complete the procedure.” |  | * \*
 |
| “If I do not follow through with this procedure, I will have depression for the rest of my life.” |  | * \*
 |
| “Confusion after the procedure is a common.” | * \*
 |  |
| “There are no risks associated with this procedure.” |  | * \*
 |

**Scoring Rule: 0/1**

**Rationale:** The client must sign the informed consent prior to the start of the procedure but can change their mind about going through with the procedure at any time. The results of studies relating to the mechanism underlying the effectiveness of ECT continue to be controversial and depression will not necessarily continue if the client does not undergo the ECT. Confusion/memory loss, brain damage, and even mortality can occur from the ECT procedure. There are several risks that need to be discussed with the client prior to the procedure.

**Trend**

The nurse cares for a client following electroconvulsive therapy in the outpatient surgery center.

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| **Phase Sheet** |
| Name | Jesus Hernandez  | Gender | M |
| Age | 40 | Weight | 230 lbs/104kg | Allergies | NKA |
| Preferred language | Spanish  |
| **Nurses’ Notes** |
| 1400 Client in recovery currently following electroconvulsive therapy. The client is currently nauseated and complains of a headache of 3/10. The client is alert but not oriented to place or time. 1415 Alert and is only oriented to self.1430 Reports nausea and headache. Remains only alert and oriented to self. 1445 Intermittent confusion but is alert and oriented to self and place. 1500 Pain continues to increase. Nausea is slightly improved. Client is remains alert and oriented to person and place, not time.  |
| **Vital Signs**  |
| Time | 1400 | 1415 | 1430 | 1445 | 1500 |
| Temp | 98.0F/36.6C | 98.1F/36.7C | 98.4F/36.8C | 98.5F/36.9C | 98.6F/37C |
| P  | 60 | 65 | 77 | 80 | 82 |
| RR | 11 | 12 | 14 | 16 | 16 |
| B/P | 98/60 | 102/70 | 115/80 | 126/85 | 120/87 |
| Pulse oximeter | 98% | 95% | 97% | 96% | 98% |
| Pain | 3/10 Head | 4/10 Head | 5/10 Head | 5/10 Head | 7/10 Head |

* The electroconvulsive therapy procedure is complete, and the RN is conducting a post-op assessment. Complete the following sentence by choosing from the list of options. The nurse should now

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| --- | --- |
|  The nurse should now | Request the provider assess the client Request a prescription for pain medications \*Implement seizure precautions Continue to monitor the client  |

**Scoring Rule: 0/1**

**Rationale:** Nausea, confusion, memory loss, and headache are all common side-effects minutes to hours after the ECT procedure. It is important the RN addresses the client’s pain level and ensure the client has pain medications for discharge.