

A NURSE ADMINISTERS PURE OXYGEN TO A CLIENT DURING AND AFTER ELECTROCONVULSIVE THERAPY TREATMENT. WHAT

A NURSE ADMINISTERS PURE OXYGEN TO A CLIENT DURING AND AFTER ELECTROCONVULSIVE THERAPY TREATMENT. WHAT

ELECTROCONVULSIVE THERAPY (ECT) REMAINS A VALUABLE AND EFFECTIVE TREATMENT MODALITY FOR CERTAIN PSYCHIATRIC CONDITIONS, PARTICULARLY SEVERE DEPRESSION, CATATONIA, AND TREATMENT-RESISTANT MENTAL HEALTH DISORDERS. DURING ECT PROCEDURES, THE ADMINISTRATION OF PURE OXYGEN BY A NURSE IS A CRITICAL COMPONENT TO ENSURE PATIENT SAFETY AND OPTIMIZE TREATMENT OUTCOMES. THIS ARTICLE EXPLORES THE RATIONALE BEHIND OXYGEN THERAPY DURING AND AFTER ECT, THE PROCEDURES INVOLVED, POTENTIAL COMPLICATIONS, AND THE IMPORTANCE OF NURSING RESPONSIBILITIES IN THIS CONTEXT.

UNDERSTANDING ELECTROCONVULSIVE THERAPY AND ITS IMPLICATIONS

WHAT IS ELECTROCONVULSIVE THERAPY?

ELECTROCONVULSIVE THERAPY IS A MEDICAL PROCEDURE THAT INVOLVES PASSING CONTROLLED ELECTRICAL CURRENTS THROUGH THE BRAIN TO INDUCE A BRIEF SEIZURE. THIS SEIZURE ACTIVITY IS BELIEVED TO PRODUCE NEUROCHEMICAL CHANGES THAT ALLEVIATE SYMPTOMS OF SEVERE MENTAL HEALTH CONDITIONS. ECT IS TYPICALLY ADMINISTERED UNDER GENERAL ANESTHESIA, WITH MUSCLE RELAXANTS TO PREVENT INJURY DURING THE SEIZURE.

PHYSIOLOGICAL EFFECTS OF ECT

WHILE EFFECTIVE, ECT CAN CAUSE TRANSIENT PHYSIOLOGICAL CHANGES, INCLUDING:

- INCREASED INTRACRANIAL PRESSURE
- ALTERED CEREBRAL BLOOD FLOW
- CARDIOVASCULAR RESPONSES SUCH AS TACHYCARDIA AND HYPERTENSION
- RESPIRATORY ALTERATIONS DUE TO ANESTHESIA AND SEIZURE ACTIVITY

GIVEN THESE EFFECTS, CAREFUL MONITORING AND SUPPORTIVE MEASURES, SUCH AS OXYGEN THERAPY, ARE ESSENTIAL TO MITIGATE RISKS.

THE ROLE OF OXYGEN ADMINISTRATION DURING ECT

WHY IS OXYGEN ADMINISTERED?

OXYGEN THERAPY DURING ECT SERVES MULTIPLE PURPOSES:

- ENSURES ADEQUATE OXYGENATION DURING ANESTHESIA AND SEIZURE ACTIVITY
- PREVENTS HYPOXIA, WHICH CAN LEAD TO NEURONAL DAMAGE
- SUPPORTS RESPIRATORY FUNCTION COMPROMISED BY ANESTHETIC AGENTS AND MUSCLE RELAXANTS
- ENHANCES OVERALL PATIENT SAFETY DURING THE PROCEDURE

RATIONALE FOR USING PURE OXYGEN

TYPICALLY, 100% OXYGEN (PURE OXYGEN) IS ADMINISTERED BECAUSE:

- IT PROVIDES MAXIMUM OXYGEN SATURATION
- REDUCES THE RISK OF HYPOXEMIA DURING PERIODS OF COMPROMISED VENTILATION
- ENSURES CONSISTENT OXYGEN DELIVERY, ESPECIALLY IN PATIENTS WITH PRE-EXISTING RESPIRATORY ISSUES

PROCEDURAL ASPECTS OF OXYGEN ADMINISTRATION BY THE NURSE

PREPARATION BEFORE ECT

PRIOR TO THE PROCEDURE, THE NURSE SHOULD:

- ASSESS THE PATIENT'S RESPIRATORY STATUS AND HISTORY
- ENSURE THE OXYGEN DELIVERY SYSTEM (SUCH AS NASAL CANNULA OR FACE MASK) IS FUNCTIONAL
- CONFIRM THE PATIENT'S BASELINE OXYGEN SATURATION LEVELS
- PREPARE EMERGENCY EQUIPMENT IN CASE OF RESPIRATORY COMPROMISE

DURING THE PROCEDURE

DURING ECT, THE NURSE'S RESPONSIBILITIES INCLUDE:

- INITIATING OXYGEN DELIVERY VIA NASAL CANNULA OR FACE MASK AT APPROPRIATE FLOW RATES (COMMONLY 6-12 L/MIN FOR PURE OXYGEN)
- MONITORING OXYGEN SATURATION CONTINUOUSLY USING PULSE OXIMETRY
- OBSERVING FOR SIGNS OF HYPOXIA, SUCH AS CYANOSIS, INCREASED RESPIRATORY RATE, OR DECREASED OXYGEN SATURATION
- ADJUSTING OXYGEN FLOW AS NEEDED BASED ON PATIENT RESPONSE

POST-PROCEDURE CARE

AFTER ECT, THE NURSE SHOULD:

- CONTINUE OXYGEN THERAPY UNTIL THE PATIENT REGAINS FULL CONSCIOUSNESS AND STABLE RESPIRATORY FUNCTION
- MONITOR VITAL SIGNS, ESPECIALLY RESPIRATORY AND CARDIOVASCULAR STATUS
- ASSESS FOR ADVERSE EFFECTS RELATED TO OXYGEN THERAPY, SUCH AS DRYNESS OR IRRITATION OF THE MUCOUS MEMBRANES
- DOCUMENT OXYGEN ADMINISTRATION DETAILS AND PATIENT RESPONSES

POTENTIAL COMPLICATIONS AND NURSING INTERVENTIONS

HYPOXIA AND ITS RISKS

HYPOXIA CAN LEAD TO NEURONAL INJURY, CARDIAC ARRHYTHMIAS, AND OTHER COMPLICATIONS. NURSES MUST BE VIGILANT FOR:

- DECREASED OXYGEN SATURATION
- SIGNS OF RESPIRATORY DISTRESS
- CYANOSIS OR ALTERED MENTAL STATUS

INTERVENTIONS INCLUDE:

- INCREASING OXYGEN FLOW RATE
- ENSURING PROPER FIT OF DELIVERY DEVICES
- PROVIDING SUPPLEMENTAL AIRWAY SUPPORT IF NECESSARY

OXYGEN TOXICITY

PROLONGED OR HIGH-CONCENTRATION OXYGEN THERAPY CAN CAUSE OXYGEN TOXICITY, LEADING TO PULMONARY INFLAMMATION OR OXIDATIVE STRESS. TO PREVENT THIS:

- USE THE LOWEST EFFECTIVE OXYGEN FLOW
- LIMIT DURATION OF HIGH-CONCENTRATION OXYGEN THERAPY WHEN POSSIBLE

OTHER RESPIRATORY CONCERNS

PATIENTS WITH PRE-EXISTING RESPIRATORY CONDITIONS REQUIRE TAILORED OXYGEN THERAPY AND CLOSER MONITORING. INTERVENTIONS INVOLVE:

- CONSULTING RESPIRATORY SPECIALISTS
- ADJUSTING OXYGEN DELIVERY METHODS ACCORDINGLY

IMPORTANCE OF NURSING EDUCATION AND PATIENT SAFETY

PATIENT EDUCATION

EDUCATING PATIENTS ABOUT THE PURPOSE OF OXYGEN THERAPY HELPS REDUCE ANXIETY AND IMPROVES COOPERATION. KEY POINTS INCLUDE:

- THE ROLE OF OXYGEN IN ENSURING SAFETY DURING ECT
- POSSIBLE SENSATIONS DURING OXYGEN ADMINISTRATION
- IMPORTANCE OF REPORTING DISCOMFORT OR BREATHING DIFFICULTIES

DOCUMENTATION AND COMPLIANCE

ACCURATE DOCUMENTATION IS VITAL:

- RECORD OXYGEN FLOW RATES AND DURATION
- NOTE PATIENT RESPONSES AND VITAL SIGNS
- FOLLOW INSTITUTIONAL PROTOCOLS AND STANDARDS FOR OXYGEN THERAPY

ADHERENCE TO SAFETY PROTOCOLS

NURSES MUST ADHERE TO:

- INFECTION CONTROL MEASURES
- EQUIPMENT SAFETY CHECKS
- EMERGENCY RESPONSE PROCEDURES

CONCLUSION

ADMINISTERING PURE OXYGEN DURING AND AFTER ELECTROCONVULSIVE THERAPY IS A FUNDAMENTAL NURSING INTERVENTION AIMED AT SAFEGUARDING THE PATIENT'S RESPIRATORY FUNCTION AND OPTIMIZING TREATMENT EFFICACY. THROUGH METICULOUS ASSESSMENT, VIGILANT MONITORING, AND PROMPT INTERVENTION, NURSES PLAY A CRUCIAL ROLE IN PREVENTING HYPOXIA AND OTHER COMPLICATIONS ASSOCIATED WITH ECT. UNDERSTANDING THE PHYSIOLOGICAL RATIONALE, PROCEDURAL STEPS, AND POTENTIAL RISKS ASSOCIATED WITH OXYGEN THERAPY ENSURES THAT NURSES PROVIDE SAFE, EFFECTIVE, AND PATIENT-CENTERED CARE DURING THIS COMPLEX TREATMENT MODALITY. CONTINUOUS EDUCATION, ADHERENCE TO PROTOCOLS, AND ATTENTIVE OBSERVATION REMAIN THE CORNERSTONES OF SUCCESSFUL OXYGEN ADMINISTRATION IN THE CONTEXT OF ECT.

FREQUENTLY ASKED QUESTIONS

WHY IS PURE OXYGEN ADMINISTERED TO A CLIENT DURING ELECTROCONVULSIVE THERAPY (ECT)?

PURE OXYGEN IS ADMINISTERED DURING ECT TO PREVENT HYPOXIA AND ENSURE ADEQUATE OXYGENATION OF THE BRAIN AND TISSUES DURING THE PROCEDURE.

WHAT ARE THE POTENTIAL RISKS OF ADMINISTERING PURE OXYGEN DURING ECT IF NOT PROPERLY MONITORED?

RISKS INCLUDE OXYGEN TOXICITY, ESPECIALLY WITH PROLONGED EXPOSURE, AND POSSIBLE RESPIRATORY COMPLICATIONS IF THE OXYGEN DELIVERY IS NOT CORRECTLY MANAGED.

HOW DOES OXYGEN THERAPY DURING ECT HELP IMPROVE PATIENT SAFETY?

OXYGEN THERAPY ENSURES SUFFICIENT OXYGEN LEVELS, REDUCING THE RISK OF HYPOXIA AND ASSOCIATED NEUROLOGICAL DAMAGE DURING THE INDUCED SEIZURE IN ECT.

WHAT ARE THE CONSIDERATIONS FOR ADMINISTERING OXYGEN AFTER ECT TREATMENT?

POST-ECT OXYGEN ADMINISTRATION HELPS IN RECOVERY BY MAINTAINING ADEQUATE OXYGENATION, PREVENTING HYPOXIA, AND MONITORING FOR RESPIRATORY STABILITY.

ARE THERE ANY CONTRAINDICATIONS FOR ADMINISTERING PURE OXYGEN DURING ECT?

CONTRAINDICATIONS INCLUDE PATIENTS WITH CHRONIC OXYGEN TOXICITY, CERTAIN RESPIRATORY CONDITIONS, OR A HISTORY OF OXYGEN HYPERSENSITIVITY; CAREFUL ASSESSMENT IS REQUIRED.

WHAT EQUIPMENT IS TYPICALLY USED TO DELIVER PURE OXYGEN DURING ECT PROCEDURES?

OXYGEN IS USUALLY DELIVERED VIA A FACE MASK OR NASAL CANNULA CONNECTED TO A REGULATED OXYGEN SUPPLY, ENSURING CONTROLLED AND ADEQUATE OXYGEN DELIVERY DURING AND AFTER THE PROCEDURE.

ADDITIONAL RESOURCES

A NURSE ADMINISTERS PURE OXYGEN TO A CLIENT DURING AND AFTER ELECTROCONVULSIVE THERAPY TREATMENT: AN INVESTIGATIVE REVIEW

ELECTROCONVULSIVE THERAPY (ECT) REMAINS ONE OF THE MOST EFFECTIVE TREATMENTS FOR SEVERE MOOD DISORDERS, INCLUDING MAJOR DEPRESSIVE DISORDER, BIPOLAR DISORDER, AND CERTAIN PSYCHOTIC ILLNESSES. WHILE ITS EFFICACY IS WELL-DOCUMENTED, THE PROCEDURE'S SAFETY PROFILE AND PERI-PROCEDURAL MANAGEMENT CONTINUE TO EVOLVE WITH ADVANCES IN CLINICAL PRACTICE. ONE CRUCIAL ASPECT OF THIS MANAGEMENT INVOLVES OXYGEN ADMINISTRATION—PARTICULARLY THE ADMINISTRATION OF PURE OXYGEN—BY NURSING STAFF DURING AND AFTER ECT SESSIONS. THIS ARTICLE AIMS TO THOROUGHLY EXPLORE THE RATIONALE, PROTOCOLS, SAFETY CONSIDERATIONS, AND BEST PRACTICES SURROUNDING THE ADMINISTRATION OF PURE OXYGEN DURING ECT, PROVIDING A COMPREHENSIVE OVERVIEW FOR CLINICIANS, RESEARCHERS, AND HEALTHCARE INSTITUTIONS.

UNDERSTANDING ELECTROCONVULSIVE THERAPY (ECT)

WHAT IS ECT?

ECT IS A PSYCHIATRIC TREATMENT INVOLVING THE INDUCTION OF CONTROLLED SEIZURES THROUGH ELECTRICAL STIMULATION OF THE BRAIN. IT IS PRIMARILY USED FOR SEVERE DEPRESSION, TREATMENT-RESISTANT SCHIZOPHRENIA, AND BIPOLAR DISORDER WHERE OTHER INTERVENTIONS HAVE FAILED OR ARE CONTRAINDICATED.

THE PROCEDURE

THE TYPICAL ECT SESSION INVOLVES:

- PRE-PROCEDURE ASSESSMENT
- ANESTHESIA INDUCTION
- PLACEMENT OF ELECTRODES
- ELECTRICAL STIMULATION TO INDUCE A SEIZURE
- POST-SEIZURE RECOVERY

WHY OXYGEN IS ADMINISTERED

DURING ECT, PATIENTS ARE USUALLY ANESTHETIZED AND OFTEN REQUIRE SUPPLEMENTAL OXYGEN. THE RATIONALE FOR OXYGEN ADMINISTRATION INCLUDES:

- PREVENTING HYPOXIA DURING ANESTHESIA AND SEIZURE ACTIVITY
- ENSURING ADEQUATE OXYGENATION POST-ICTALLY
- MITIGATING RESPIRATORY DEPRESSION CAUSED BY ANESTHETIC AGENTS AND MUSCLE RELAXANTS

THE ROLE OF OXYGEN IN ECT: HISTORICAL AND CONTEMPORARY PERSPECTIVES

HISTORICAL EVOLUTION

INITIALLY, OXYGEN ADMINISTRATION DURING ECT WAS NOT STANDARDIZED, WITH SOME EARLY PROTOCOLS NEGLECTING ITS IMPORTANCE. OVER TIME, RECOGNITION OF HYPOXIA AS A POTENTIAL COMPLICATION LED TO THE ROUTINE USE OF SUPPLEMENTAL OXYGEN.

CURRENT CLINICAL PRACTICE

TODAY, OXYGEN ADMINISTRATION DURING ECT IS CONSIDERED A STANDARD SAFETY MEASURE. THE METHODS INCLUDE:

- SUPPLEMENTAL OXYGEN VIA NASAL CANNULA
- FACE MASKS DELIVERING VARYING OXYGEN CONCENTRATIONS
- USE OF PURE OXYGEN (100%) IN CERTAIN CASES

RATIONALE FOR ADMINISTERING PURE OXYGEN DURING ECT

PREVENTING HYPOXIA

HYPOXIA, A STATE OF OXYGEN DEFICIENCY IN TISSUES, CAN RESULT FROM:

- RESPIRATORY DEPRESSION INDUCED BY ANESTHETIC AGENTS
- SEIZURE-RELATED HYPOVENTILATION
- AIRWAY OBSTRUCTION

ADMINISTERING PURE OXYGEN ENSURES THAT EVEN IF BREATHING IS COMPROMISED, TISSUE OXYGENATION REMAINS ADEQUATE.

ENHANCING SEIZURE QUALITY

SOME STUDIES SUGGEST THAT OPTIMAL OXYGENATION MAY INFLUENCE SEIZURE DURATION AND QUALITY, WHICH ARE CRITICAL PARAMETERS FOR ECT EFFICACY.

REDUCING CARDIORESPIRATORY RISKS

OXYGEN SUPPORTS CARDIOVASCULAR STABILITY DURING THE PROCEDURE, ESPECIALLY IN VULNERABLE POPULATIONS SUCH AS THE ELDERLY OR THOSE WITH COMORBIDITIES.

NURSING PROTOCOLS FOR OXYGEN ADMINISTRATION DURING ECT

PRE-PROCEDURE PREPARATION

- ASSESS BASELINE OXYGEN SATURATION (SpO₂)
- CONFIRM AVAILABILITY OF OXYGEN DELIVERY SYSTEMS
- ENSURE FUNCTIONAL EQUIPMENT AND TRAINED STAFF

DURING ECT

- INITIATE OXYGEN DELIVERY PROMPTLY BEFORE ANESTHESIA INDUCTION
- USE HIGH-FLOW OXYGEN VIA NASAL CANNULA OR FACE MASK
- MONITOR SpO₂ CONTINUOUSLY
- ADJUST OXYGEN FLOW AS NEEDED TO MAINTAIN SATURATION ABOVE 95%

POST-PROCEDURE

- CONTINUE OXYGEN THERAPY UNTIL THE PATIENT REGAINS FULL CONSCIOUSNESS
- MONITOR RESPIRATORY STATUS AND SpO₂ LEVELS
- DOCUMENT OXYGEN ADMINISTRATION PARAMETERS AND PATIENT RESPONSE

TYPES OF OXYGEN DELIVERY SYSTEMS AND CONCENTRATIONS

DELIVERY METHOD	TYPICAL FLOW RATE	OXYGEN CONCENTRATION	NOTES
NASAL CANNULA	2-6 L/MIN	UP TO ~40%	COMMONLY USED FOR MILD TO MODERATE OXYGEN NEEDS
SIMPLE FACE MASK	5-10 L/MIN	40-60%	SUITABLE FOR HIGHER OXYGEN REQUIREMENTS
NON-REBREATHER MASK	10-15 L/MIN	UP TO 100% (PURE OXYGEN)	USED IN CASES REQUIRING HIGH OXYGEN CONCENTRATIONS

ADMINISTRATION OF PURE OXYGEN

ADMINISTERING 100% OXYGEN (PURE OXYGEN) TYPICALLY INVOLVES A NON-REBREATHER MASK AT HIGH FLOW RATES, ENSURING MAXIMAL OXYGENATION DURING CRITICAL PERIODS.

SAFETY CONSIDERATIONS AND RISKS OF PURE OXYGEN USE

POTENTIAL BENEFITS

- ENSURES MAXIMAL OXYGEN DELIVERY DURING PERIODS OF HYPOVENTILATION OR AIRWAY COMPROMISE
- MINIMIZES HYPOXIA-RELATED COMPLICATIONS

RISKS AND ADVERSE EFFECTS

- OXYGEN TOXICITY: PROLONGED EXPOSURE TO HIGH CONCENTRATIONS CAN CAUSE LUNG INJURY, ESPECIALLY IN PATIENTS WITH PRE-EXISTING LUNG DISEASE.
- FIRE HAZARD: OXYGEN SUPPORTS COMBUSTION; PROPER PRECAUTIONS ARE NECESSARY TO PREVENT FIRES, ESPECIALLY WITH ELECTRICAL EQUIPMENT.
- ABSORPTION ATELECTASIS: EXCESSIVE OXYGEN CAN LEAD TO ALVEOLAR COLLAPSE, IMPAIRING GAS EXCHANGE.

MITIGATING RISKS

- USE OXYGEN JUDICIOUSLY AND MONITOR DURATION
- ENSURE PROPER EQUIPMENT MAINTENANCE AND SAFETY PROTOCOLS
- EDUCATE STAFF ON FIRE SAFETY AND HANDLING OXYGEN SOURCES

SPECIAL POPULATIONS AND CONSIDERATIONS

ELDERLY PATIENTS

- MAY HAVE DIMINISHED RESPIRATORY RESERVE
- REQUIRE CAREFUL TITRATION OF OXYGEN AND VIGILANT MONITORING

PATIENTS WITH RESPIRATORY COMORBIDITIES

- COPD OR ASTHMA PATIENTS ARE AT RISK OF OXYGEN-INDUCED HYPERCAPNIA
- REQUIRE INDIVIDUALIZED OXYGEN THERAPY PLANS

PEDIATRIC AND OTHER SPECIAL POPULATIONS

- NEED AGE-APPROPRIATE OXYGEN DELIVERY DEVICES
- CLOSE MONITORING FOR ADVERSE REACTIONS

EVIDENCE AND RESEARCH FINDINGS

CLINICAL STUDIES

- MULTIPLE CLINICAL TRIALS HAVE DEMONSTRATED THAT SUPPLEMENTAL OXYGEN REDUCES HYPOXIC EPISODES DURING ECT.
- SOME STUDIES INDICATE THAT ADMINISTERING PURE OXYGEN MAY IMPROVE SEIZURE QUALITY AND DURATION.

GUIDELINES AND RECOMMENDATIONS

- THE AMERICAN PSYCHIATRIC ASSOCIATION (APA) AND OTHER PROFESSIONAL BODIES RECOMMEND OXYGEN SUPPLEMENTATION DURING ECT.
- THE USE OF PURE OXYGEN IS SUPPORTED IN CASES WHERE HYPOXIA RISK IS HIGH OR IN PATIENTS WITH COMPROMISED RESPIRATORY FUNCTION.

BEST PRACTICES AND RECOMMENDATIONS

STANDARDIZED PROTOCOLS

- IMPLEMENT PROTOCOLS THAT SPECIFY OXYGEN FLOW RATES, DELIVERY DEVICES, AND MONITORING PROCEDURES.
- ENSURE STAFF ARE TRAINED AND REGULARLY UPDATED ON SAFETY MEASURES.

MONITORING AND DOCUMENTATION

- CONTINUOUS PULSE OXIMETRY DURING AND AFTER ECT SESSIONS

- RECORD OXYGEN FLOW RATES, DURATION, AND PATIENT RESPONSES

EMERGENCY PREPAREDNESS

- HAVE AIRWAY MANAGEMENT TOOLS AVAILABLE
- TRAIN STAFF IN AIRWAY RESCUE TECHNIQUES

CONCLUSION

THE ADMINISTRATION OF PURE OXYGEN DURING AND AFTER ELECTROCONVULSIVE THERAPY IS A CRITICAL SAFETY COMPONENT THAT ENHANCES PATIENT OUTCOMES AND MINIMIZES COMPLICATIONS. WHILE IT OFFERS SIGNIFICANT BENEFITS IN PREVENTING HYPOXIA AND SUPPORTING OVERALL PHYSIOLOGICAL STABILITY, IT MUST BE BALANCED AGAINST POTENTIAL RISKS SUCH AS OXYGEN TOXICITY AND FIRE HAZARDS. ADHERENCE TO EVIDENCE-BASED PROTOCOLS, VIGILANT MONITORING, AND INDIVIDUALIZED PATIENT ASSESSMENT ARE PARAMOUNT. AS ECT CONTINUES TO EVOLVE AS A VITAL PSYCHIATRIC INTERVENTION, OPTIMIZING PERI-PROCEDURAL OXYGEN MANAGEMENT WILL REMAIN A CORNERSTONE OF SAFE AND EFFECTIVE PRACTICE.

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THIS COMPREHENSIVE REVIEW UNDERSCORES THE IMPORTANCE OF METICULOUS OXYGEN MANAGEMENT DURING ECT, EMPHASIZING SAFETY, EFFICACY, AND BEST PRACTICES TO OPTIMIZE PATIENT CARE.

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