

# Approaches to Using EEG

## CHEAT SHEET

**To maximize yield and avoid duplicate, unnecessary or inefficient testing, consider the following recommendations for selecting the most appropriate type of EEG:**

### When to consider doing a routine, 20-Minute EEG

- Possible seizure event, now at baseline (screen for epilepsy)
- Possible or confirmed seizure, not returning to baseline (screen for status epilepticus)
- History suggests high risk for seizures, whether they've had one or not (SAH, meningitis, etc.)
- Patient with unexplained altered mental status and concern for status epilepticus.

### When to consider transfer for long-term monitoring (LTM) continuous EEG

- Persistent altered mental status with risk for seizure
  - Minimum of 24 hours recommended
- Persistent coma, risk of seizure
  - Minimum of 48 hours recommended
- Active status epilepticus
  - Especially patient just intubated for seizures and now in a coma
- Frequent episodes concerning for seizure
  - Characterize/diagnose the type of event
  - Quantify number of events occurring
  - Correlate patient report of event description or frequency to recorded events

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## EEG Workflow

- **Urgency = Routine**
  - EEG techs will do as part of daily workflow.
    - ~ If ordered late in day will be next AM.
    - ~ If ordered late on Friday may be Monday AM.
- **Urgency = STAT and all LTMs**
  - Techs will only do STAT EEGs after hours/weekends if called by the neurology team directly. Placing the order in Epic is NOT sufficient.
  - If non-neurology providers feel STAT EEG is indicated, please call neurology consult team to assist with clinical decision and order placement.
  - Tech will do immediately, or come in from home if ordered after hours.

## EEG Interpretation

- Epilepsy monitoring unit (EMU) attending on call will provide EEG interpretation
  - Communication of results to the neurology team members providing direct care of the patient, typically twice per day
  - EMU attending is NOT a formal consultant and does not provide management advice
  - EMU attending can be reached via page or text at any time
  - Call schedule is available in the online directory or via hospital operator
  - For long term monitoring studies, notes in Epic are updated daily but considered “incomplete” until the EEG recording is terminated.
  - Up to the minute interpretation for ongoing EEGs can be obtained directly from the EMU attending.

## Technical issues with an ongoing LTM

- 7am - 7pm call the EEG tech on call
- 7pm - 7am call the neurology resident on call