Name of Policy: **EEG monitoring during Wada** **Policy Number**: 3364-138-11 **Approving Officer**: Chief Executive Officer Chief Operating Officer **Responsible Agent**: Director, Respiratory Care **Scope**: The University of Toledo Medical Center Neurodiagnostic Services	UTOLEDO HEALTH **Effective date:** **Original effective date**: November 5, 1981
Key words: EEG, Wada, Neuropsychologist, Sodium amytal, Neurologist	

	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

All EEG monitoring during Wada test will be performed in accordance with this policy.

(B) Procedure

(1) Imaging-friendly electrodes should be applied according to Electrode Application & Removal Techniques Procedure #138-06.
(2) Place EEG machine to get the clearest view of patient as possible.
(3) Secure electrode box to procedure table.
(4) Begin recording with video as soon as possible prior to angiogram.
(5) Any changes in EEG will be reported to the attending neurologist.
(6) The neuropsychologist and/or neurophysiologist will perform memory tasks with various words, pictures, and objects.
(7) The patient will receive injection of either Sodium Amytal or Methohexital (based on the preference of the center) into the internal carotid artery on the side of epileptogenic focus. Initially, slowing will be seen on the EEG but should subside in less than 20 seconds.
(8) The neurologist will assess the patient for lateralized weakness.
(9) The neuropsychologist will test the patient for memory and speech deficits.
(10) To the best of their ability, the technologist should annotate all the events in real time, in particular patient's responses to neurological examination, as well as

memory and speech testing results. Any change in laterality and prevalence of slowing on EEG should be communicated to the neurophysiologist in real time.

(11) Both hemispheres should be tested, unless there is a strong contraindication. The other internal carotid artery will be injected after the patient returns to baseline, which is usually 20-30 minutes, depending on the drug used.At the end of procedure, electrodes will be removed according to Procedure #138-02, Electrode Application & Removal Techniques.

Approved by:	**Policies Superseded by this Policy:**
	• *17-1-10*
Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer	Initial effective date: November 5, 1981 Review/Revision Date: November 5, 1982

Date Russell Smith, PharmD, CPEL, BCPS, FACHE Chief Operating Officer Date Ajaz Sheikh, M.D. Medical Director Date Melissa Kukiela Director, Respiratory Care Date *Review/Revision Completed by:* *Melissa Kukiela, Director, Respiratory Care* *Grant Sturgell, Manager, Sleep Lab*	October 1, 1983 October 12, 1984 October 22, 1985 October 6, 1986 September 29, 1987 November 5, 1988 August 6, 1989 October 11, 1990 November 1, 1991 March 24, 1992 July 14, 1992 May 27, 1993 November 28, 1997 October 12, 1999 October 29, 2001 September 24, 2003 August 18, 2004 October 30, 2006 August 11, 2010 August 17, 2011 June 1, 2017 May 29, 2020 June 1, 2023 Next review date: