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| Name of Policy: STAT (Emergent) Electroencephalogram (EEG) | |  | |
| Policy Number: 3364-138-21 | | | |
| Approving Officer: Senior Hospital Administrator | | | |
| Responsible Agent: Manager, Neurodiagnostic Services | | | |
| Scope: The University of Toledo Medical Center Neurodiagnostic Services | | Effective date: Original effective date: | |
| Key words: STAT, electroencephalogram, status epilepticus, Indications, Orders | | | |
| <input checked="" type="checkbox"/> | New policy proposal | <input type="checkbox"/> | Minor/technical revision of existing policy |
| <input type="checkbox"/> | Major revision of existing policy | <input type="checkbox"/> | Reaffirmation of existing policy |

(A) Policy statement

Establish guidelines for ordering STAT EEGs including Long Term Monitoring Epilepsy (LTME).

(B) Purpose of policy

To clarify the process for identifying the priority of an EEG/LTME.

Main indications for STAT studies are:

1. Evaluation for suspected non-convulsive status epilepticus
2. Acute repetitive seizures defined as multiple seizures per hour
3. As part of the status epilepticus protocol

(C) Scope

STAT procedures can only be ordered by a Neurology or Neurosurgery provider.

If a STAT procedure is requested, a neurology consult must be ordered. The neurology provider must determine the priority of the procedure (STAT, or routine).

If a procedure is determined to be STAT (outside of regularly scheduled department hours), the EEG technologist on call will be notified according to policy 3364-138-19 On Call Procedure.

The EEG technologist will notify neurology of the need for a STAT interpretation once the study has been initiated.

The Neurologist must interpret the study within 30 minutes and communicate the finding to the patients care team.

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| <p>Approved by:</p> <hr/> <p>Melissa Kukiela Director, Pulmonary</p> <hr/> <p>Date</p> <hr/> <p>Ajaz Sheikh MD Medical Director</p> <hr/> <p>Date</p> <hr/> <p>Russell Smith Senior Hospital Administrator</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Manager, Neurodiagnostics</i></p> | <p>Policies Superseded by This Policy: N/A</p> <p>Initial effective date:</p> <p>Review/Revision Date: N/A</p> <p>Next review date:</p> |
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