


Name of Policy: <u>EEG recording for electrocerebral silence</u> Policy Number: 3364-138-09 Department: Neurodiagnostic Services Approving Officer: Senior Hospital Administrator Responsible Agent: Director, Pulmonary Services Scope: The University of Toledo Medical Center Neurodiagnostic Services	 Effective Date: 6/1/2023 Initial Effective Date: 3/10/2004
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

Policy Statement

To provide EEG testing to confirm brain death using the published standards of the American Clinical Neurophysiology Society and according to 3364-100-45-02 Request for Determination of Death by Brain Criteria.

Procedure

1. Electrodes should be applied as outlined in Electrode Application & Removal Techniques, Procedure # 138-06.
2. Portable EEG Procedure 138-08 and Procedure for Performing EEG Recordings 138-05 should be followed.
3. Document temperature, blood pressure, pulse and all medication given in the past 24 hours.
4. Document any spontaneous respirations, pupillary responses, corneal reflexes, and cough or gag reflexes.
5. A bipolar double distance montage must be used for the majority of the recording.
6. HFF should not be below 30Hz. LFF should not be above 1Hz.
7. Sensitivity must be increased to at least 2uV/mm.
8. Electrodes should be tapped to check integrity of the system.
9. EKG, EMG, respirations and other artifacts should be eliminated or monitored. If EMG obscures the tracing, contact the ordering physician for a neuromuscular blocking agent. The RN must take any verbal orders.
10. Reactivity to intense somatosensory, auditory and visual stimulation should be documented during recording.
11. The EEG must be recorded for a minimum of 30 minutes.
12. Passive eye opening and photic stimulations should be performed.

<p>Approved by:</p> <p><u>/s/</u> <u>6/22/2023</u> Michael Taylor Director, Pulmonary Services Date</p> <p><u>/s/</u> <u>6/29/2023</u> Russell Smith Senior Hospital Administrator Date</p>	<p>Review/Revision Date:</p> <p>09/13/2004 10/03/2006 06/29/2007 08/11/2010 08/12/2011 08/01/2014 06/01/2017 05/29/2020 06/01/2023</p>
<p>Next Review Date: 06/01/2026</p>	
<p>Policies Superseded by This Policy: 17-1-10</p>	