


Name of Policy:	<u>EEG Monitoring during PET Scan</u>	 Effective Date: 6/1/2020 Initial Effective Date: 3/10/2004
Policy Number:	3364-138-14	
Department:	Neurodiagnostics	
Approving Officer:	Associate VP of Patient Care Services UTMC	
Responsible Agent:	Manager, Neurodiagnostics	
Scope:	The University of Toledo Medical Center Neurodiagnostics	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

Purpose is to establish guidelines for EEG recording prior to Interictal PET scan for outpatient.

1. When order is received the scheduling of patient is coordinated with Nuclear Medicine
2. An order for fasting blood sugar is needed from referring physician.
3. The patient should be given an EEG appointment, 2 hours prior to appointment time with Nuclear Medicine.
4. Patient will be instructed to have nothing to eat or drink after midnight. EEG instructions are given.
5. Patient should report to the Welcome Center about 15 minutes prior to the EEG appointment.
6. After registration, patient will report to lab for the fasting blood sugar then come to the EEG Suite.
7. Technologist should call Nuclear Medication to confirm patient arrival.
8. Check the clinical portal for FBS results. The blood sugar must be below 200 to have PET scan done. Notify Nuclear if great than 200.
9. Electrodes are applied according to Procedure 138-06, Electrode Application & Removal Procedure.
10. Standard routine EEG recording procedure, 138-05, should be followed for recording the EEG.
 - a. HV and PS are not performed.
 - b. After 20 minutes are recorded, tracer will be injected. EEG is recorded for 10 more minutes, if seizure free patient will go to Nuclear Medicine for PET scan.
11. The electrodes are removed according to Procedure 138-06, Electrode application & removal techniques.
12. Patient reports to Nuclear Medicine for PET scan.

Approved by: /s/ _____ Cynthia Zapotosky, BSN, RN Manager, Neurodiagnostics /s/ _____ Monecca Smith, MSN, RN Associate VP of Patient Care Services	_____ Date _____ Date	Review/Revision Date: 9/13/2004 10/03/2006 6/29/2007 8/11/2010 8/12/2011 6/01/2017 5/29/2020
		Next Review Date: 6/1/2023
Policies Superseded by This Policy: 17-1-10		

