


Name of Policy:	<u>Photic Stimulation During EEG</u>	 Effective Date: 6/1/2020 Initial Effective Date: 5/27/2014
Policy Number:	3364-138-16	
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

Activation procedures are performed during an EEG to induce, enhance, or better define abnormal EEG patterns. The most commonly used activation procedures are hyperventilation, photic stimulation, and sleep. Activation procedures should be used whenever possible and not medically contraindicated.

Photic stimulation (PS): is a series of brief, brilliant light flashes. The flash rate can vary.

1. Be sure to explain to the patient the expected normal changes experienced during photic stimulation. The patient may see colors or patterns
2. The photic light should be placed 12 inches or 30 centimeters from the patient’s face. The light should flash directly into the patient’s eyes. If the light is skewed to the left or to the right, an asymmetric response may be caused by how the patient is seeing the light and is not due to a true cerebral abnormality. Photic stimulation can be performed routinely with eyes open or eyes closed
3. PS should be performed on every patient, unless contraindicated.
 - a. Contraindications include
 - i. Intracranial hemorrhage
 - ii. Increased intracranial pressure
 - iii. Pregnancy
 - iv. Ongoing status epilepticus
 - v. History of epileptic seizures induced by photic stimulations
 - vi. Inability to cooperate
 - vii. Refusal

Approved by:	Review/Revision Date:
/s/ _____ Cynthia Zapotosky, BSN, RN Manager, Neurodiagnostics	5/27/2014 6/1/2017 5/29/2020
/s/ _____ Monecca Smith, MSN, RN Associate VP of Patient Care Services	Date _____ Date _____
Next Review Date: 6/1/2023	
Policies Superseded by This Policy:	