| Name of Policy: | Photic stimulation during EEG | ~ |
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| Policy Number: | 3364-138-16 | THE UNIVERSITY OF TOLEDO |
| Department: | Neurodiagnostic Services | |
| Approving Officer: | Senior Hospital Administrator | |
| Responsible Agent: | Director, Pulmonary Services | |
| Scope: | The University of Toledo Medical Center Neurodiagnostic Services | Effective Date:6/1/2023Initial Effective Date:5/27/2014 |
| New polic New polic Major revi | | cal revision of existing policy of existing policy |

Policy Statement

All EEG testing with photic stimulation will be performed as outlined in this 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.

Procedure

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: |
|-------------------------------|-----------|------------------------------|
| | | 05/27/2014 |
| | | 06/01/2017 |
| /s/ | 6/22/2023 | 05/29/2020 |
| Michael Taylor | Date | 06/01/2023 |
| Director, Pulmonary Services | | |
| /s/ | 6/29/2023 | |
| Russell Smith | Date | - |
| Senior Hospital Administrator | | |
| | | Next Review Date: 6/1/2026 |