(A) Policy Statement

Guidelines for Set-up and EEG Monitoring Protocol during a Tilt-Table Procedure.

(B) Purpose of Policy

(C) Procedure

Evaluation of head-upright Tilt-Table testing in the differential diagnosis of convulsive syncope from epileptic seizures in patients with recurrent idiopathic seizure-like episodes.

Scheduling: The patients are scheduled as both in-patient and outpatient coordinating the time, place and equipment with the Heart Station R.N. and Physician performing the Tilt-Table. The patient must arrive at the place of testing 1½ hour before the tilt-table testing is to begin. This is to allow the EEG technical staff to apply electrodes and run a 15-minute baseline and continue to run the EEG until completion of the tilt-table study.

Equipment: The equipment needed for the Tilt-Table is listed below.

1. Heart Station:
   a. Tilt-table
   b. Cardiac Monitoring Equipment
   c. IV Equipment
   d. Code Cart

2. Neurodiagnostic Services:
   a. EEG Monitoring Equipment
   b. Oxygen
   c. Suction
   d. IV Pole

EEG Set-up: The EEG set-up is performed with collodion technique according to the Universal 10-20 electrode placement system, adding EKG.

1. System Calibration:
   a. System/Instrument Calibration
   b. Impedance Check
   c. Bio-Cal

2. Montage
a. The EEG is recorded using a longitudinal anterior-posterior bipolar chain montage (LB-18.1)

3. Machine Settings
a. Time speed 10mm/sec
b. Calibration Voltage 50uV
c. Sensitivity 7.5uV/mm
d. LFF 1.0hz
e. HFF 70.0hz
f. Notch/60hz filter off

Recording Protocol: It is the responsibility of the EEG staff to document blood pressure, heart rate and symptom changes as well as constant observation of the EEG patterns for any epileptiform or slowing changes and report this to the attending physician. The raising and lowering times of all tilts must be recorded as well as the time and amount of medication (usually Isoproterenol) infusion.

Ending Procedure: When the Tilt-Table procedure is ended, the EEG technician continues to record for a minimum of 5 minutes before ending the EEG. The study is processed in the same manner as any EEG with backing up the file, processing a technician report and placing the paperwork in the appropriate area for the study to be read and dictated by the EEG Reader.

In-patient Test Planning and Preparations: Arrangements are made in the same manner for scheduling and procedures as with an out-patient.