

PATIENT NAME: DOB:

Has a **Video Ambulatory EEG** scheduled for the following dates/times:

VAMB HOOK UP: ***

VAMB REGEL: ***

VAMB REGEL: ***

VAMB DISCONNECT: ***

If your insurance requires a referral, our NPI # is 1215921457 and the CPT codes are as follows:

24 HR – 95700, 95714, 95720

48 HR – 95700, 95714, 95722

72 HR – 95700, 95714, 95724

If you have any questions regarding cost or billing, our Financial Counselors can be reached at 1-800-664-7855 for further assistance.

Scheduling and Appointment Issues:

- If possible, please find alternative care for siblings when coming to the lab. You could spend up to around two hours in a small exam room for set up and disconnection.
- You must return on the scheduled day to begin a subsequent day or discontinue the study. The recorded data may be lost if we do not download it as planned from the recorder which has limited battery life. Thus, it is extremely important that you arrive on time for each day of your scheduled visit.

Helpful tips to keep electrodes attached:

- Keep your child in a calm environment. Substantial activity may dislodge the wires or electrodes.
- Do not play any type of sports or do activities which require substantial movement. Standard walking is fine.
- Do not wear a pullover shirt. Wear a shirt that is either buttoned down or has a zipper.
- Do not chew gum or eat hard candy. Eating is fine and necessary, but extensive gum chewing is problematic.
- Do not scratch your head or put anything on your head, such as a hat.
- Do not pull on the wires.
- Do not drop or shake the box.
- Do not take a bath, shower, or get the wires or the box wet.
- Do not remove the electrode cable from the box.

Press the event button and write in the diary:

- If your child has a seizure or possible seizure.
- If an event of interest or possible event of interest occurs.
- When your child is going to sleep or waking up. You do not need to push it at the exact moment sleep starts or ends, but just at bedtime or when known to be awake.

Video Camera Setup and Use:

As part of your child's assessment, video will be recorded. We have set up the electrodes and the recorder to continuously monitor EEG signals, and there is nothing you need to do with the EEG components. However, your help is critical for the video component.

1. Remove the video camera from the carrying case.
2. Plug the power cord into a wall outlet.
3. Place the video camera onto a stable surface, such as a table.
 - a. During the day when the room is well lit, the camera should be within 30 feet of the patient.
 - b. At night when the room is dark, the camera should be within 10 feet of the patient.
4. Point the video camera at the patient.
5. Open the LCD screen on the side of the video camera.
6. Push the "START" button one time.

7. Ensure that "REC" (in red) is displayed on the LCD screen.
8. Do not close the LCD screen. Closing the LCD screen will stop recording.
9. If you move the camera to another room, then repeat the steps above. Use the LCD screen to make sure the patient is seen clearly by the camera.
10. On the subsequent day, **bring the camera even if you are undergoing a multi-day study**. Unplug the power cord, close the LCD screen, and repack the video camera in the carry box.

Helpful video recording tips:

- Do not change any settings or touch any buttons (other than the "START" button) on the camera.
- For the best video quality, the camera should be placed within 30 feet (9 meters) of the patient during the day in well-lit rooms and 10 feet (3 meters) at night in dark rooms.

What to do if you notice a problem:

- If you notice any problems with the machine or the camera, or electrodes loosen or start coming off, let the EEG Technologist know upon your return to the lab the next day. This is not an emergency. We can interpret the recording well even if some electrodes come off.
- Assistance:
 - Before 3:30pm: EEG Office at 215-590-2960.
 - After 3:30pm: Call 1-215-590-1000 and ask for the Neurologist-On-Call.

Possible side effects or issues that may occur during or after the study:

- Ambulatory EEG does not cause dizziness, blurred vision, vomiting, sedation, pain, or head swelling.
- Ambulatory EEG does not cause headaches. However, children may feel pressure from the electrodes and the head wrap. If you think the head wrap is too tight, then you can loosen it or cut it off. Be careful not to cut any wires. If the headache persists, call your neurology clinician for advice.
- If you feel the need to end the study immediately, then you can cut the head wrap off and remove the electrodes one at a time. Please use an acetone-based nail polish remover to lift off the gauze and the electrodes. Do not pull off the electrodes without the remover since you may injure the skin. You can call your neurology clinician for guidance.
- You may notice marks on your child's head once the electrodes are removed. You may notice the shape of the gold electrode on the forehead area, redness, puffiness, and even slight blisters/scabs. The severity of the marks depends on the length of the study and your child's skin texture (more prominent with fair or thin-skinned patients). is normal and fades over 1-2 weeks. We suggest using Neosporin on any areas with marks after the study. If you have concerns about these marks, please call your pediatrician or neurology clinician for advice.

How to get results:

- Please call your neurology clinician.
- The results are generally available 2-3 days after the study is completed.

For additional questions or to reschedule:

- Please call the EEG Lab at 215-590-2960