

Apply Patient Label here or  
fill in Patient details

# Outpatient EEG Requisition Form

Note: Incomplete or illegible forms will be sent back for amendment



**Select Test Requested:**

- Routine                       Sleep Deprived                       STAT  
 Adult                                       Pediatric

**PLEASE NOTE: We do not perform EEG for assessment of Infantile Spasms. If Infantile Spasms are suspected, the baby must be referred urgently to HSC.**

**Referral Information:**

Date Sent (DD/MM/YYYY)	
Referring Physician	Physician Name (print): _____ Physician Signature: _____ Physician Billing #: _____
Office Telephone #	
Office Fax #	

**Patient Information:**

Patient Name	
Patient DOB	
Primary Phone #	
Health Card # & Version Code	
MGH MRN (if applicable)	
Referral Reason & History - Provisional diagnosis - attach consult note if available - Seizures? - Head injury? - Focal neuro signs? - Other	
Medications (anticonv; tranquill, sedatives)	Medication: _____ Dose: _____ Frequency: _____
Diabetic	<input type="checkbox"/> Yes <input type="checkbox"/> No      Patient on Insulin: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, specify: _____
Other Pertinent Details:	

**Technician Use Only:**

Alert	Relaxed	Drowsy / Asleep Fx:
Oriented	Agitated	<input type="checkbox"/> V-Waves <input type="checkbox"/> Spindles <input type="checkbox"/> K-Complex <input type="checkbox"/> POST's
Cooperative	Tense	Previous EEG Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Uncooperative	Restless	Family History of Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No
Obtunded	Confused	Time of Last Meal: _____
Stuporous	Crying	Date Performed: _____
Comatose	Able to Speak	Technicians Impression / Notation:   
<input type="checkbox"/> HV <input type="checkbox"/> PS	Unable to Speak	
Awake-Alpha _____	Handedness    L   R	
Technician's signature: _____		Date: _____
		Time: _____

## EEG Patient Preparation Instructions:

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### What is an EEG?

- o An electroencephalogram (EEG) helps analyze brain wave function. Electrodes are placed on the scalp to record the brain's electrical impulses

### How to prepare for an EEG (Electro-Encephalogram)?

- o Discuss any medicines you are taking with your doctor prior to your procedure
- o Continue to take any anticonvulsant medications, you have been prescribed (unless your doctor specifically tells you otherwise)
- o Wash your hair the night before the test
- o Do not use hair cream, oils, or spray
- o No caffeinated drink or chocolate at least two hours before the test

### What happens during the EEG?

- o You lie down on the examining table or bed while about 31 to 35 electrodes are attached to your scalp and around face first with mild-abrasive fluid (NuPrep) and then hypo-allergic sticky conductive paste (Ten20)
- o The paste is water washable and you may need to wash hairs after the test
- o It is advised that bring a hat or bandana or anything to cover your head as hair and scalp will be sticky
- o You are asked to relax and lie first with your eyes open, then closed
- o You might be asked to breathe deeply and rapidly, and white strobe lamp will be flashed at 1 Hz to the 30Hz frequency it predetermined interval. Both of these activities produce changes in the brain-wave patterns.
- o EEG procedure is a video procedure and we will record video the entire time during the test for better interpretation of brain waves and correlate brain activity with physical movements.

### Routine EEG instructions

- o Washed and clean hair, No makeup
- o No coffee, tea or chocolates at least two hours before
- o Please keep electronic devices on silent mode
- o Relaxation and sleep are desired for the optimum result of the test, so, please do not bring young kids, if possible
- o If you are taking medications, continue all medicines as required

### Sleep Deprived EEG instructions

- o Sleep deprivation (having not enough sleep) and coming in a sleepy state during the test are important in helping us gain as much information as possible from the EEG
- o Follow all of the above instructions for routine EEG; do not sleep for at least 24 hours prior to the test (For Patients above Age 10)
- o **NOTE: Please arrange to have somebody drive you to and from the test center**

### For Pediatric (Age 0 to 6 years) and developmentally delayed patients EEG

- o There can be anxiety and emotions in both kids and parents if they are presenting for the test the first time. With the help and cooperation from parents, we can get through the test and it is easier than it sounds
- o You can bring anything for example iPad, cell phone to watch videos and play games, blankets, toys, pacifier
- o Mother can feed her baby during the test including breastfeeding. Note: we video during testing, incl. while breastfeeding

### Instructions for All Children

- o Do NOT give any sedatives (sleeping medicine) within 24 hours of the test (unless ordered by the physician for the test)
- o If Melatonin has been ordered by their referring physician, give as instructed
- o Continue giving all other medicines (unless otherwise advised by your child's doctor or nurse)
- o Do not give your child caffeine or sugar (including sodas, chocolate or candy) within 12 hours of the test
- o Before arriving for the test, wash and dry your child's hair. Do not use styling gels, oils or other products
- o Try to keep your child awake on the way to the clinic

### Duration of sleep loss in the pediatric Sleep Deprived EEG

#### *Nap-Deprived EEG (Age 3 and younger)*

- o On the night before your child's appointment, keep your child up one hour past normal bedtime, and wake your child (and avoid naps) three to four hours before your appointment time

#### *Sleep-Deprived EEG (Age 4 to 9 years)*

- o On the night before your appointment, keep your child up one hour past normal bedtime, and have your child sleep four to five fewer hours than usual