

UConn HEALTH

CLINICAL PROCEDURE Epilepsy Monitoring Unit (Workflow)

A. EFFECTIVE DATE :

April 7, 2021

B. PURPOSE :

To outline the workflow of the Epilepsy Monitoring Unit

C. POLICY :

Refer to EMU Policy: Epilepsy Monitoring unit Utilization

D. SCOPE :

UConn Health, John Dempsey Hospital, Epilepsy Monitoring Unit

E. DEFINITIONS :

Epilepsy Monitoring Unit (EMU) – The unit at John Dempsey Hospital configured for monitoring patients with high-risk seizure disorders.

F. MATERIAL(S) NEEDED :

Seizure Event Form

G. PROCEDURE :

1. Patients will:

- a. Have pre-authorization and will be scheduled for an admission into the EMU, if previously seen as an outpatient. Admissions typically occur on a Monday or Tuesday.
- b. Generally have a length of stay of 3-5 days and will be discharged.

2. Nurse Aide or RN will:

- a. Prepare patient room with necessary equipment: oral airway, bag valve mask, seizure pads, and floor mats.

3. Unit Secretary will:

- a. Notify Neurology Resident, Neurodiagnostic Technologist, and RN that the patient has arrived

4. RN will:

- a. Complete the inpatient admission process
- b. Review the patient's seizure history as outlined in the outpatient neurology office note

5. Neurodiagnostic Technologist will:

- a. See patient for the EEG application and monitoring
- b. Begin the process of EEG application

6. RN will:

- a. Review the following information during shift exchange
 - When was last seizure/ event
 - Characteristics of spells such as automatisms, pain, paresthesias, tonic or clonic activity
 - Duration time between spells
 - Aura present prior to the event
 - Postictal period assessment
 - What triggers the spells (i.e. lights, sounds, physical activity, TV watching, photic stimulation or hyperventilation testing)
 - Any history of grand mal or tonic-clonic seizures requiring benzodiazepines
 - Review any order for a Posey Belt positional aid for safety when sitting in chair.
 1. Verify patient understands it is being used to keep them safe during a spell.
 2. Verify they can remove the belt independently when necessary.
 - Any new orders for labs or radiology needed
 - Clinical plan for the day
 1. Sleep deprivation
 2. Medication taper/withdrawal

7. Monitor Watcher will:

- a. Notify the nurse during a spell
- b. Notify the EEG Tech during a spell:
 - UConn cell phone at 860-626-3079 (from 8 AM to 4 PM)

8. Neurodiagnostic Technologist will:

- a. Respond as soon as possible (if on-site/available) and assist RN with safety of patient

9. During an event RN will:

- a. Press the event button during a spell
- b. Stay with patient to ensure safety
- c. Note the time and speak the time
- d. Have code cart brought to the bedside
- e. Position patient safely
- f. Follow seizure precautions guideline:
[Seizures: Care of the Adult Patient with or at Risk for Seizures](#)
- g. Speak the following to capture on video:
 - Parts of body affected
 - If there was loss of consciousness
 - Presence of automatisms (such lip-smacking, mastication, or manual picking movements)
 - Grimacing
 - Eye movements
 - Presence of incontinence or diaphoresis
 - Presence of apnea.

h. As patient regains consciousness RN will:

- Reorient and reassure
- Explain what happened
- Answer the patient's questions
- Stay with the patient until the patient has fully recovered
- Assist the patient to a position of comfort in bed with side rails up and bed in lowest position with wheels locked
- Place call light or intercom system within reach
- Provide a quiet, non-stimulating environment
- Conduct a head-to-toe assessment to determine any injury, including an inspection of oral cavity for breaks in mucous membranes from bites or broken teeth
- Interview patient to ascertain what they remembered about the seizure. Ask if the patient experienced an aura
- Provide for ongoing patient safety
- Monitor respiratory status for compromise (hypoxia, decreased respiratory rate, and cyanosis) after administration of benzodiazepines (such as lorazepam/Ativan).
- In the event of respiratory depression, notify the health care practitioner immediately and initiate and provide airway support.
- Document the seizure on the Seizure Event Form.

10. RN will follow these guidelines when calling the resident/attending or APRN:

- a. Contact the Neurology resident/attending for any event/seizure unless otherwise directed by the provider.
- b. Neurology Resident **covering EMU** is the primary call for the EMU patient and should be paged first between **8AM - 5PM**
- c. The Neurology resident '**on call**' covers the patient from **5PM - 8PM**. (On call resident should have received sign-off from Neuro EMU resident @ 5PM)
 - Neurology Resident will contact the Neurology Attending covering EEG services for the week with questions and concerns.
- d. The Medicine 3 APRN is paged first between **8PM - 8AM** for non-urgent matters. (The APRN should have received sign-off from the Neuro Resident @ 8PM).
 - Medicine APRN should contact the Neurology Resident on call or the Neurology / EEG Attending physician if any questions or concerns.
- e. If there is no night shift APRN on, the Neurology Resident on call continues to take primary call from home.
- f. For emergencies (prolonged seizures, status epilepticus, other medical emergencies) the Rapid Response Team (RRT) and covering provider should be called.
- g. In the event that the Neurology Resident does not respond after paging, page the Neurology Attending on call for EEG that week.

H. ATTACHMENTS:

None

I. REFERENCES :

None

J. SEARCH WORDS :

Seizure, Epilepsy Monitoring Unit, Neurology

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

1. Nursing Standards Committee

N. FINAL APPROVAL :

1. Andrew Agwunobi (Signed) 04/16/2021
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer
Date
2. Anne Horbatuck (Signed) 04/16/2021
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair
Date
3. Scott Allen (Signed) 04/15/2021
Scott Allen, MD
Clinical Policy Committee Co-Chair
Date
4. Caryl Ryan (Signed) 04/13/2021
Caryl Ryan, MS, BSN, RN
VP Quality and Patient Service & Chief Nursing Officer
Date

O. REVISION HISTORY :

Date Issued: 10/2017

Date Revised: 04/2021

Date Reviewed: