#### **Rapid EEG Workflow**

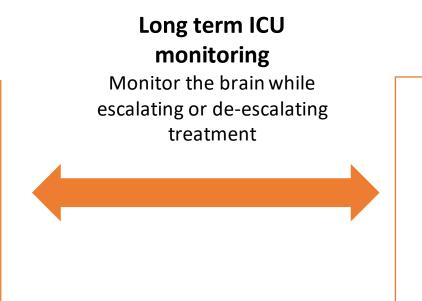
- CRITICAL STEPS
  - Provider team to order Ceribell using EPIC "POC Headband EEG 10 lead CERIBELL" order
  - Always Call Teladoc Reading Service at 1-888-973-9883 with Pt. Name, DOB, MRN, Hospital Location & provide the direct CRITICAL CARE callback number.
    - 🗢 Verify WIFI connection on recorder for transmission to Teladoc
- O Use Clarity graph to trend seizure burden and monitor medication effects
- WHEN SEIZURE BURDEN GRAPH is less than 10%, continue to monitor
- WHEN SEIZURE BURDEN GRAPH is 11%-89%, epileptiform activity present.
  - \*\*Notify attending for next steps.
- WHEN SEIZURE BURDEN GRAPH is > 90% the Seizure Alarm will sound, significant epileptiform activity present with potential for STATUS.
  - **\*\*Notify attending stat; consider medication intervention.**
  - \*\*Physician calls Teladoc for read 1-888-973-9883
- Ordering physician should receive a call from Teladoc Reading Service within 1 hour; written report can be viewed in EPIC under Chart Review → Procedures.
- Ise Medication Flag Tool to denote antiepileptic medications given on portal
- Remove Ceribell headband. Return to headband box or biohazard bag.
- Clean Ceribell recorder with Sani-Wipe and return to charger in ICU Nurse's Station.

## What Ceribell (Rapid Response EEG) IS..... and what Ceribell is NOT

#### STAT (Rapid Response EEG)

#### Patient with altered mental status Emergency Department / ICU (inpatient consult) Detect gross abnormalities such as non-

convulsive status epilepticus Make treatment decisions Monitor immediate effect of treatment Prevent over-treatment



#### **Not-STAT**

Patient with suspected diagnosis of epilepsy Routine outpatient EEG / Epilepsy Monitoring Unit Detect single spikes or subtle abnormalities Determine type of epilepsy Localize the precise source of abnormality

Rapid Response EEG only COMPLEMENTS current EEG Rapid Response Improves QOL for Neurophysiology

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## **Consider Rapid Response EEG for Patients with:**

- Altered Mental Status (AMS) with high-risk condition for Non-convulsive status epilepticus
  - Unexplained AMS, Stroke, TBI, Brain tumor, CNS infection, toxic/metabolic encephalopathy, sepsis-related encephalopathy, recent neurosurgical procedure
- Cardiac Arrest patients that remain altered post-ROSC (per AHA guidelines)
  - 20-30% of these patients have seizure activity
- Seizure Assessment
  - Recent convulsive seizure without return to baseline (prolonged post-ictal period)
  - Known hx seizures, new onset seizure activity
  - Seizure vs. syncope clinical scenario

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# Contact us 24/7 for Nursing or IT Support 1 (800) 763-0183

