




## 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
-  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.**
-  Use 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

## **Long term ICU monitoring**

Monitor the brain while  
escalating or de-escalating  
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

## 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

# ceribell

Contact us 24/7 for Nursing or IT Support

1 (800) 763-0183

