

Physician Web Scheduler (PWS) Approved Procedures

EEG (5)

EEG

EEG *SPECIAL NEEDS*

EEG AMBULATORY 24 HOUR (PRT/OUT)

EEG PEDS (CHILD BETWN 2-5 YEARS OLD)

EEG PEDS (CHILD UNDER 24 MONTHS OLD)

Procedure Full Record

MUNSON HEALTHCARE

Procedure: EEG

Notes

IF PATIENT IS **UNDER 5 YEARS OLD**, DO NOT SCHEDULE!
GO BACK AND SELECT APPROPRIATE **EEG PEDS**.

MUNSON ONLY:

SPECIAL NEEDS PATIENT (PHYSICAL, MENTAL, LANGUAGE)?
GO BACK AND SELECT "EEG *SPECIAL NEEDS*."

IS CALLER ASKING FOR PROLONGED OR 2 HR RECORD?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

CADILLAC ONLY:

If scheduling EEG with a MRI schedule EEG first.
NO patients under 1 years old (refer to MMC or St. Mary's Epilepsy Program in Grand Rapids).

Default Preparations

Please report to the Registration desk 15 minutes prior to your appointment time.
This procedure may take up to 2 hours to complete.

Instructions for the day of testing:

- Please wash and dry your hair before your EEG.
- Do not use hair spray, gels or hair oils.
- Bring a comb or brush with you.
- Take medications as ordered.
- Eat prior to testing - no caffeine or sugar.

We want you to sleep during the test.
Stay up late, get up early.
Generally, not more than 4 hours of sleep for adults and considerably less than a normal nights sleep for children.
No naps on the day of testing - especially in the car en route.

For your safety, and the safety of others, we recommend you have someone drive you to and from your appointment due to sleep deprivation.

If you are unable to keep this appointment, please call to cancel or reschedule.

Linked Resources

Level: Primary Resources-Room	Type: Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
C/EEG-PFT	MERCY HOSPITAL CADILLAC				1	30
G/EEG	MERCY HOSPITAL GRAYLING				1	0
M/MMC EEG ROOM1	MUNSON MEDICAL CENTER				1	40

Procedure Full Record

MUNSON HEALTHCARE

Procedure: EEG *SPECIAL NEEDS*

Notes

Use for patients with SPECIAL NEEDS including physical, mental, language, etc.

****IMPORTANT****

IF **TWO TECHS** ARE REQUESTED BY THE PHYSICIAN OFFICE, ENTER "**TWO TECHS REQUESTED**" IN THE **MODIFIER**.

Default Preparations

Please report to the Registration desk 15 minutes prior to your appointment time.

This procedure may take up to 2 hours to complete.

Instructions for the day of testing:

- Please wash and dry your hair before your EEG.
- Do not use hair spray, gels or hair oils.
- Bring a comb or brush with you.
- Take medications as ordered.
- Eat prior to testing - no caffeine.

We want you to sleep during the test.

Stay up late, get up early.

Generally, not more than 4 hours of sleep for adults and considerably less than a normal nights sleep for children.

No naps on the day of testing for children - especially in the car en route.

For your safety, and the safety of others, we recommend you have someone drive you to and from your appointment due to sleep deprivation.

If you are unable to keep this appointment, please call to cancel or reschedule.

Toll Free: 1-877-484-4536 or Local: 231-935-2812.

Linked Resources

Level: Primary Resources-Room	Type: Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
M/MMC EEG ROOM1	MUNSON MEDICAL CENTER				1	40

Procedure Full Record

MUNSON HEALTHCARE

Procedure: EEG AMBULATORY 24 HOUR (PRT/OUT)

Notes

PATIENT **MUST** HAVE **PREVIOUS EEG** FOR COMPARISON **WITHIN THE LAST YEAR.**

PATIENT WILL **NOT** BE ABLE TO HAVE **CT HEAD** AND/OR **ANY MRI SCANS** WITH MONITOR ON.

PATIENT WILL **NEED TO RETURN AT THE SAME TIME THE NEXT DAY** FOR THE MONITOR TO BE TAKEN OFF.

IF CALLER HAS FURTHER QUESTIONS, THEY MAY CALL EEG AT (231) 935-6239.

IS A 48-72 HOUR AMBULATORY NEEDED?

PWS USER: CONTACT MMC TO SCHEDULE AT (231) 935-2812

Default Preparations

Please report to the Registration desk 15 minutes prior to your appointment time.

This procedure may take up to 1 hour for adults, longer for a small child.

Instructions for the day of testing:

Please wash and dry your hair before your EEG appointment.

Do not use hair spray, gels or hair oils.

Take medications as ordered unless your doctor has stated otherwise.

Follow normal routine for eating, drinking and sleeping.

Patient may want to bring a knit cap or ball cap to wear home.

While wearing this monitor, DO NOT bathe, shower, wash and style your hair.

While wearing this monitor, DO NOT have CT Head or any MRI scans.

You will be asked to limit vigorous exercise.

Small children will need to be attended to at all times while wearing the monitor.

You will be instructed to return the next day for the monitor to be removed.

This will take approximately 30 minutes.

If you are unable to keep this appointment, please call to cancel or reschedule.

Toll Free: 1-877-484-4536 or Local: 231-935-2812.

Linked Resources

Level: Primary Resources-ROOM

Type: Room

Qty.: 1

Marked: N

Usage: First

Linked Resources

Facility

Hrs. Min.

M/MMC EEG ROOM1

MUNSON MEDICAL CENTER

1 40

Procedure Full Record

MUNSON HEALTHCARE

Procedure: EEG PEDS (CHILD BETWN 2-5 YEARS OLD)

Notes

MUNSON ONLY:

NO PATIENTS ARE SCHEDULED WITH SEDATION UNLESS ORDERED BY A STAFF NEUROLOGIST. IF AN MRI IS ORDERED WITH EEG, AND THE PATIENT WILL BE SEDATED FOR MRI, EVERY EFFORT TO SCHEDULE THE EEG PRIOR TO MRI OR ON ANOTHER DAY SHOULD BE MADE.

ANY QUESTIONS, PLEASE CALL EEG AT (231) 935-6239.

CADILLAC ONLY:

NO patients under 1 years old (refer to MMC or St. Mary's Epilpsy Program in Grand Rapids).

Default Preparations

Please report to the Registration desk 15 minutes prior to your appointment time.

This procedure may take up to 2 hours to complete.

Instructions for the day of testing:

Please wash and dry your hair before your EEG.

Do not use hair spray, gels or hair oils.

Bring a comb or brush with you.

Take medications as ordered.

Eat prior to testing - no caffeine.

We want you to sleep during the test.

Stay up late, get up early.

Generally, not more than 4 hours of sleep for adults and considerably less than a normal nights sleep for children.

No naps on the day of testing for children - especially in the car en route.

If you are unable to keep this appointment, please call to cancel or reschedule.

Toll Free: 1-877-484-4536 or Local: 231-935-2812.

Linked Resources

Level: Primary Resources-Room

Type: Room

Qty.: 1

Marked: N

Usage: First

Linked Resources

Facility

Hrs.

Min.

C/EEG-PFT

MERCY HOSPITAL CADILLAC

1

30

G/EEG

MERCY HOSPITAL GRAYLING

1

0

M/MMC EEG ROOM1

MUNSON MEDICAL CENTER

1

40

Level: Additional Resources-Peds Room

Type: Room

Qty.: 1

Marked: N

Usage: First

Linked Resources

Facility

Hrs.

Min.

M/PEDS EEG ROOM

MUNSON MEDICAL CENTER

1

40

Procedure Full Record

MUNSON HEALTHCARE

Procedure: EEG PEDS (CHILD UNDER 24 MONTHS OLD)

Notes

MUNSON ONLY:

NO PATIENTS ARE SCHEDULED WITH SEDATION UNLESS ORDERED BY A STAFF NEUROLOGIST. IF AN MRI IS ORDERED WITH EEG, AND THE PATIENT WILL BE SEDATED FOR MRI, EVERY EFFORT TO SCHEDULE THE EEG PRIOR TO MRI OR ON ANOTHER DAY SHOULD BE MADE.

ANY QUESTIONS, PLEASE CALL EEG AT (231) 935-6239.

CADILLAC ONLY:

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Linked Resources

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Type: Room

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Linked Resources

Facility

Hrs. Min.

C/EEG-PFT

MERCY HOSPITAL CADILLAC

1 30

G/EEG

MERCY HOSPITAL GRAYLING

1 0

M/MMC EEG ROOM1

MUNSON MEDICAL CENTER

1 40

Level: Additional Resources-Peds Room

Type: Room

Qty.: 1

Marked: N

Usage: First

Linked Resources

Facility

Hrs. Min.

M/PEDS EEG ROOM

MUNSON MEDICAL CENTER

1 40

EEG TEST

Procedure Questionnaire Input for TEST DONOTUSE ZZZZTEMPUSFOU...

IS PATIENT PHYSICALLY OR MENTALLY HANDICAPPED?

SPECIAL NEEDS (IE. WHEELCHAIR):

IS THERE A CAREGIVER?

IF YES, CAREGIVER NAME AND PHONE:

HAS PATIENT SEEN A NEUROLOGIST BEFORE?

IS YES, WHICH NEUROLOGIST?

DO YOU PLAN ON SEEING A NEUROLOGIST IN THE FUTURE?

IF YES, WHICH NEUROLOGIST?

NOTE ADDRESS AND PHONE # IF OUTSIDE OF MUNSON/MERCY HEALTHCARE NETWORK

COMMENTS:

EEG TEST

OK Cancel Help

EEG AMBULATORY

Procedure Questionnaire Input for TEST DONOTUSE ZZZZTEMPUSFO...

**PATIENT NEEDS TO HAVE A PREVIOUS EEG FOR COMPARISON WITHIN THE LAST YEAR.
IT MUST BE SENT WITH THE PHYSICIAN ORDER PRIOR TO CONNECTION.**

HAS PATIENT HAD AN EEG IN THE LAST YEAR?

IF YES, FAX EEG REPORT TO EEG DEPT AT (231)935-7251.

IF NO, THE PATIENT CANNOT BE SCHEDULED FOR AN AMBULATORY EEG.

IS PATIENT PHYSICALLY OR MENTALLY HANDICAPPED?

SPECIAL NEEDS? (IE. WHEELCHAIR)

IS THERE A CAREGIVER?

IF YES, CAREGIVER NAME AND PHONE:

HAS PATIENT SEEN A NEUROLOGIST BEFORE?

IF YES, WHICH NEUROLOGIST?

DO YOU PLAN ON SEEING A NEUROLOGIST IN THE FUTURE?

IF YES, WHICH NEUROLOGIST?

NOTE ADDRESS AND PHONE # IF OUTSIDE OF MUNSON/MERCY NETWORK

COMMENTS:

EEG AMBULATORY