

Duke University Health System – Clinical Neurophysiology Service

Policy for performing electroencephalograms (EEG) on patients with a suspected or confirmed COVID-19 infection

Purpose: To provide the best possible care to patients with a suspected or confirmed COVID-19 infection while undergoing EEG procedures and taking every precaution to protect the safety and wellbeing of our staff during the performance of those procedures.

For any EEG requests (STAT, routine or prolonged) for patients with suspected or confirmed COVID-19 infection (these patient are identified using the infection banner in the medical record):

1. We will ask the ordering team if the EEG can wait until the COVID-19 test results are back. If results are negative, the EEG will be performed as requested (STAT, routine or continuous).
2. If the ordering team feels that the EEG cannot wait for COVID-19 test results or if the patient tests positive, the EEG fellow (adult or pediatric) will screen the case and discuss the necessity of doing the EEG with the ordering team. If it is deemed necessary, the EEG fellow will discuss the need for performing the study with the relevant attending. Once the attending confirms medical necessity, the requested EEG will be performed.
3. In these situations, whenever possible, a STAT or routine EEG should be done, and a prolonged EEG should be performed only if absolutely necessary.
4. When an EEG has to be done on a patient with a suspected or confirmed COVID-19 infection, in addition to using appropriate PPE, technologists should limit their time in the patient's room. Whenever possible, only one technologist should perform the study. Alerting stimuli should be used, however, photic stimulation and hyperventilation should not be done unless the technologist can be outside the room while these are being performed.

Effective: March 21, 2020 @ 21:00