

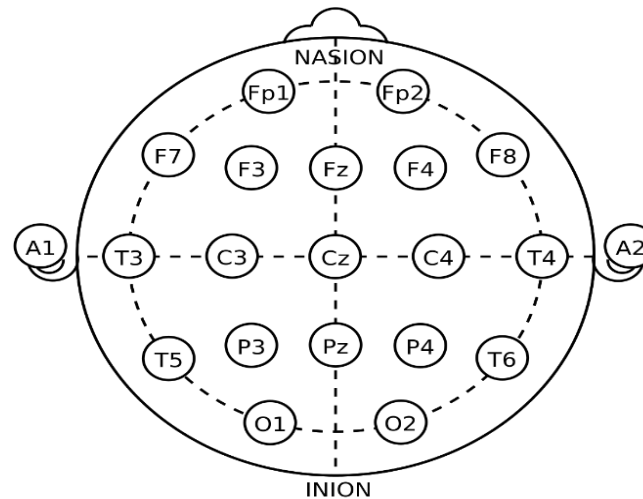
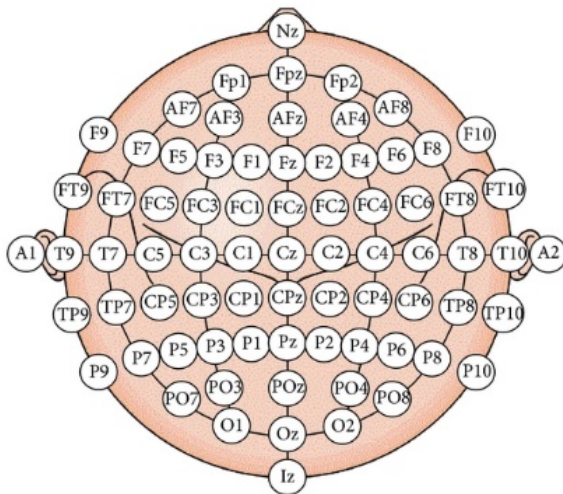
Daily Technologist Summary Report

(Facility Header)

Patient information:

Last Name:	Dx:	Start Time:
First Name:	Ref Phys:	End Time:
DOB:	Reader:	EEG #:
MRN:	Hookup Tech:	Credentials:
Room:	EEG Machine:	Archival #:
Medications:		
History:		
Hookup type: Standard Grid Strips Other: _____		Activation procedures: HV IPS Sleep Dep Other: _____
Additional monitors required:		

Document extra leads, cranial defects, skin breakdown and distance in mm lead was moved.



Reporting Information:

*Required elements for the tech description include: Continuity, symmetry, reactivity, amplitude, synchrony, presence of stage II sleep, PDR, description of periodic patterns (G/BI, PD/RDA/SW). See ACNS Guideline 14 for additional details.

Tech Name	Reporting shift	Technical Description of continuous EEG & all events, activations								Report Submitted to EMR: Date & Time	
		Continuity	C	NC A	NC S	D	BA	BS	S		
		Symmetry	S	A-A	A-F	A-A&F					
		Synchrony	S	AS							
		Amplitude	Avg	Low	Atten	Supp					
		PDR	Present:			ABS					
		Reactivity	Reactive	NR	Unclear	UNK					
		Variability	Variable	NV	Unclear	UNK					
		Anterior-Posterior gradient	Present	Absent	Unclear						
		Stage II Sleep	Present	Absent	Unclear						
		Periodic Discharges	Absent	Present- see notes below							
		Significant Events	Absent	Present - see notes below							
		Additional Notes	NONE	See below							
Notes (Any PD, Events, Technical Issues): If PD or events, ACNS description must be included. If technical issues, must include start & stop times of monitoring.											
PD: (G, L, BI, MI) & (PD, RDA, SW) Events:											
Technical Issues:											

Timeout occurred at handoff between _____ and _____.
 Patient name, date of birth, machine ID and summary of critical values and significant events reviewed.

(Copy and paste the table below for each tech monitoring, type in techs name and the shift covered in the appropriate columns)

Tech Name	Reporting shift	Technical Description of continuous EEG & all events, activations								Report Submitted to EMR: Date & Time
		Continuity	C	NC A	NC S	D	BA	BS	S	
		Symmetry	S	A-A	A-F	A-A&F				
		Synchrony	S	AS						
		Amplitude	Avg	Low	Atten	Supp				
		PDR	Present:			ABS				
		Reactivity	Reactive	NR	Unclear	UNK				
		Variability	Variable	NV	Unclear	UNK				
		Anterior-Posterior gradient	Present	Absent	Unclear					
		Stage II Sleep	Present	Absent	Unclear					
		Periodic Discharges	Absent	Present- see notes below						
		Significant Events	Absent	Present - see notes below						
		Additional Notes	NONE	See below						

Notes (Any PD, Events, Technical Issues): If PD or events, ACNS description must be included. If technical issues, must include start & stop times of monitoring.

PD: (G, L, BI, MI) & (PD, RDA, SW) Events:
Technical Issues:
Timeout occurred at handoff between _____ and _____. Patient name, date of birth, machine ID and summary of critical values and significant events reviewed.

During the course of monitoring the following data processing activities and procedures were accomplished:

Procedure	Date/Time/Tech/Result	Date/Time/Tech/Result	Date/Time/Tech/Result
Uploading/transferring data to server/ storage			
Reviewing raw data & events			
Editing- clipping/pruning			
Archiving			
Impedance Checks			
Skin integrity checks			
Camera position			
Electrode placements			