

**Adult Neurology**

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## **EEG Instructions For Pediatric Patients**

### **EEG Instructions for Parents and/or Guardians**

An Electroencephalogram (EEG) is a safe and pain-free test which records the electrical activity of the brain. The brain waves are typically recorded for 30-40 minutes depending upon cooperation of the child. The EEG is recorded on a computer and interpreted by a neurologist. If your child's study is abnormal, additional digital analysis will be performed and a separate bill will be submitted to your insurance for this analysis. Please contact Janet at extension 286 if you have any questions regarding your claim.

The test is 1 to 1½ hours long.

Please arrive at the office on time for your child's appointment.

### **Before your child's EEG**

- Wash your child's hair the night before test, but do not use any oil, gel or hairspray. Let us know if your child has hair extensions. Please do not braid or pull up long hair.
- If your child has hair lice, please reschedule your appointment as health precautions prevent us from carrying out an EEG on a child with lice.
- Give your child his/her medications as usual, unless your doctor tells you otherwise.
- If you were given special instructions about waking your child up early or changing his/her sleep schedule on the day of the EEG, **please follow these instructions.**
- Your child should not have any drinks that contain caffeine on the day of the test. These drinks include soda, tea and chocolate.
- If your child still takes naps, please schedule the EEG appointment around the nap time.
- Please do not allow your child to sleep on the way to the office. The test will be more useful if it records drowsiness and/or sleep.
- Eat 2 hours before the EEG. Eat a regular meal, or at least a snack, as your child will not be able to eat during the recording.
- Please bring your child's favorite book, DVD player with his/her favorite movie, stuffed animal, blanket and an extra bottle to help comfort him/her during the installation process.

**Please follow these instructions to assure that your child is properly prepared for the EEG.**

**(Continue to next page)**

## **A Parent's or Guardian's Role During Test**

We welcome your help and support during this test. Therefore, one parent or guardian is invited to stay with your child in the room during the EEG. Other adults and children must stay in the waiting area.

The role of a parent and guardian during the EEG recording is to help your child stay calm and relaxed.

## **During the EEG Test**

- Your child will be asked to sit on a reclining chair or your lap.
- The EEG technician will be in the room and will explain the test to you and your child.
- The technician will measure your child's head and make small marks on the scalp with a **washable marker**.
- Each marked area will be rubbed gently with a gritty lotion that helps the electrodes work better.
- The technician will apply 24 electrodes on the scalp and 2 on your child's chest.
- According to your child's level of cooperation, the head can be wrapped to secure the electrodes.
- After all electrodes are in place, the test will begin.
- During the test, your child should remain **as still as possible**.
- At times, your child may be asked to breathe fast, look at flashing lights and try to sleep.
- At the end of recording, the electrodes will be removed from your child's scalp and the paste will be washed off with warm water. If the paste does not come off at first, you may need to wash your child's hair at home with regular shampoo.

**All cell phones must be turned off while in the EEG laboratory.** If you have any questions, or are unable to keep your child's appointment, please call the office at 201-444-0868.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

### **DISCLAIMER**

***OUR OFFICE WILL OBTAIN AUTHORIZATION FOR YOUR TEST; HOWEVER, THIS IS NOT A GUARANTEE OF PAYMENT. IT IS IMPORTANT THAT YOU UNDERSTAND YOUR INSURANCE PLAN'S CURRENT BENEFIT AND COVERAGE RULES. SOME INSURANCE PLANS PAY DIFFERENTLY DEPENDING ON THE PLACE OF SERVICE, FOR EXAMPLE; OUT-PATIENT HOSPITAL VERSUS A DOCTOR'S OFFICE. YOU MAY BE AT RISK FOR A GREATER OUT-OF-POCKET FINIANCIAL RESPONSIBILITY; THEREFORE, YOU SHOULD CALL THE MEMBER SERVICES OR BENEFITS TELEPHONE NUMBER LISTED ON YOUR INSURANCE CARD TO FIND OUT WHAT YOUR FINANCIAL OBLIGATION MAY BE PRIOR TO ANY APPOINTMENT.***

**A CANCELLATION / NO-SHOW FEE OF \$100.00 WILL BE BILLED TO YOU IF YOU DO NOT GIVE AT LEAST 24 BUSINESS HOURS NOTICE PRIOR TO CANCELLATION OF YOUR APPOINTMENT.**