



ACNS Recommendations

Managing Requests for Neurodiagnostic Testing

NOTE: The situation surrounding COVID-19 is evolving rapidly and there are unique aspects at the institutional and local levels. Guidance provided by your institution, state and federal authorities should always take precedence over the recommendations provided here.

Managing Inpatient Requests for Neurodiagnostic Testing

1. Inpatient EEG
 - i. Neurology or Neurophysiology attending should establish medical necessity and appropriate timing of all NDT studies on COVID +/PUI.
 - ii. If NDT staffing is limited, then consider Neurology or Neurophysiology approval of ALL NDT procedures, regardless of COVID status. Determine in advance who will be involved in the approval process (Neurology resident, Neurophysiology fellows, attending physicians).
 - iii. Give careful consideration to whether EEGs ordered as routine should be converted to continuous (long-term) EEG prior to the start of the procedure to reduce the need for re-connections and time in the room.
2. Elective EEG monitoring/EMU
 - i. In keeping with national directives to limit elective admissions to optimize bed availability for potential COVID-19 patients, many institutions have cancelled elective EMU admissions. Local factors, including COVID-19 activity in the region and utilization of resources in the hospital may impact this decision.
 - ii. Consider the urgency of the request and alternatives to elective EEG monitoring (particularly for diagnostic evaluations).
 1. Acquire home video of events.
 2. Consider in-home (ambulatory) EEG or video EEG monitoring.

Outpatient Testing

1. Ambulatory EEG (with video if available)
 - a. Balance risk vs. benefit; Ambulatory EEG data may inform treatment to avoid ED visits.
 - b. Cleaning – Clean all surfaces with antiseptic wipe.
 - c. If not already being done, consider having hookup/take down done at the outpatient lab (or even the patient's home) and not the hospital to limit exposure and hospital traffic.
2. Outpatient “Routine” Neurodiagnostic Procedures
 - a. Due to the potential risk of infectious exposure to both patients and healthcare providers, hospitals are encouraged to postpone non-urgent elective outpatient procedures such as EEG and EMG.
 - b. However, urgency of a particular procedure should always be considered on an individual basis.
3. Sleep Studies
 - a. AASM website: <https://aasm.org/clinical-resources/covid-19-faq/>
 - b. One specific area of concern is exposure of health-care workers by aerosolized particles during positive-airway ventilation. Many institutions are rescheduling or foregoing CPAP titration studies, instead relying on autotitration.
 - c. Home sleep testing remains an option. As above, balance risk vs. benefit and importance of cleaning all equipment between uses.