

Welcome to HCC-12, the Epilepsy Monitoring Unit at NYU Langone Medical Center. We understand that this can be a stressful time and you may have many questions. We hope this booklet will help answer your questions and make your stay with us a positive one. Please read through the information below and make sure to ask any member of your health care team about any remaining questions or concerns.

We will work with you to meet your needs and carry out your health care goals. We look forward to making your stay on HCC-12 a positive one.

-THE EPILEPSY MONITORING UNIT TEAM



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A stylized illustration of a human head in profile, facing left. The head is composed of a blue wireframe grid. Inside the head, a blue EEG-like waveform is visible, representing brain activity. The background is dark blue with a subtle grid pattern.

WELCOME TO THE EPILEPSY UNIT

HCC
12



WHO IS TAKING CARE OF ME?

You may have been admitted to the hospital by your neurologist or epileptologist (a doctor who treats patients with seizures). You will have a team of health care professionals working with this doctor to take care of you. Some members of the team will come see you every day. Those team members include:

- Attending doctor on the unit
- Nurse Practitioner
- Nurse Manager
- Neurology resident
- Psychiatry intern
- Nurse (will change every shift)
- Social Worker
- Recreational Therapist
- Patient Advocate
- Patient Care Technicians
- Medical students
- Others as needed including psychiatrists and neuropsychologists.



WHY AM I HERE?

There are four main reasons why you may have been admitted to HCC-12.

1. Answer the question “Are you having seizures?”
 - We can help to answer this question by recording your typical seizure or episode on video-EEG.
 - It is possible that you are having something that looks and/or feels like seizures but may not be.
2. To find out what kind of seizures you are having and what part of the brain they are coming from.
 - There are two main categories of seizures:
 - “Generalized” seizures: The electrical activity that produces the seizure starts in the entire brain.
 - “Partial” or “focal” seizures: The electrical activity starts in one specific region of the brain.
 - We can usually determine what type of seizure you are having by recording your typical seizure on video-EEG.
 - Treatment options are often different for different types of seizures.

3. To be evaluated before surgery.
 - If your doctor is considering epilepsy surgery you may have been admitted to the unit for an evaluation to determine:
 - What part of the brain your seizures are coming from.
 - If your seizures can be helped by surgery.
 - While you are here, you will need to have:
 - Video-EEG to record about 3 seizures. (The number may vary for each person).
 - Neuropsychology testing. This includes testing your memory and comprehension. This is a standard part of being evaluated for surgery. If you have had neuropsychology testing recently you may not need to be tested again.
 - You will also meet with our unit psychiatrist. This is a standard part of being evaluated for surgery. If you have met with a psychiatrist recently you may not need to meet with our psychiatrist.
4. To change your medication plan.
 - A medication may be:
 - stopped because it is not working or because you are doing well and we want to see how you do on fewer medications.
 - added.
 - We usually do not need to record seizures unless your epileptologist requests a video-EEG.

NOTE:

To record seizures we try to cause seizures by:

- Lowering the amount of antiepileptic drugs you are taking.
 - We DO NOT stop all medications at once. This can cause many and/or prolonged seizures (status epilepticus).
 - We will discuss the plan to lower the dose of your medications with you. We do this gradually. We often do not lower medications on the first night you are in the hospital.
- Using “sleep deprivation.”
 - We will have you stay awake until 4:00 am.
 - Seizures may occur the next day when you are tired.
- Doing hyperventilation and photic stimulation.
 - These tests are done while you are in bed. They involve deep-breathing and flashing lights. Both deep-breathing and flashing lights are known to cause seizures for some people. A technician is with you to do the test and to make sure you are safe if you have a seizure.

HOW LONG WILL I BE HERE?

You are most likely scheduled to be here for about 3 days. This time may vary depending upon why you are here. Seizures are unpredictable so though we will try to cause a seizure as quickly as possible, we never know how long it will actually take to record one.

You may be concerned because your insurance provider approved only a 3 day hospital stay. The insurance companies are aware that this type of hospitalization often needs to be extended because we are waiting for seizures to happen. Most often, insurance companies approve the extension. If there are any issues or problems, we will be notified and will discuss it with you right away.

We understand that you have everyday activities, plans, responsibilities and families. Waiting for seizures to happen can sometimes take up to a week or more. If you must leave the hospital by a certain day, please let us know as soon as possible. We will do our best to make this happen though this may mean a change in your treatment plan. We will discuss the plan with you every day. We want to make sure that your medical needs are met to the best of our ability and in a way that is most convenient for you. **Please let us know at least 24 hours before you need to leave.** This gives us time to put you back on your regular doses of medication (if any have been changed) and make sure you can leave safely.

NOTE: If you are going to wear your own clothes while you are here, we ask that you wear button down tops. With these tops, it is not necessary to disconnect the monitoring equipment when you change your clothes. Every time we disconnect the monitors, we risk missing the chance to record an event. Remember...the sooner we get the needed number of recordings, the sooner you will be able to go home.



HOW WILL YOU KEEP ME SAFE?

The procedures listed below are followed to help keep you safe during your stay on HCC-12.

- Your room is monitored by staff at the nursing station. Two staff at the nursing station continuously view monitors that display:
 - Both EEG and heart rate recordings.
 - A live video of your room. The video records your entire room EXCEPT the bathroom.
 - Each bed has cushions to help protect you if you have a seizure.
 - If you feel a seizure coming on, press the “event” button if possible. (Your nurse will show you where this button is). When you press the “event” button, a nurse will come evaluate you. It also marks the EEG record so the doctors can see exactly when your seizure occurred. If you are having a seizure and cannot reach the button, the staff monitoring the screens at the nursing station will alert the nurses so they can come and assist you.
 - The bathroom doors do not lock so that we can gain access to help you if you have a seizure. Remember...the video does not record the bathroom. It is important that you tell your nurse when you need to use the bathroom so an attendant can stand outside of the door to assist you if you have a seizure.
- When necessary, medications will be lowered and stopped gradually. If you are off your medications, your movement may be limited to your bed or chair. You may be allowed to walk in the hallway once you are back on your medications but you will not be able to walk alone. Someone will need to be with you to assist and observe.**NOTE:** If we are lowering medications, we may also place an intravenous (IV) catheter (a small plastic tube) in one of your veins. The IV is placed just in case we need to give you “rescue medicine” (such as Ativan) to stop or prevent a seizure.
- For your safety, it is unit policy that you will not be allowed to leave the floor (except for scheduled tests or procedures and you will be escorted to and from these) until you are released from the hospital. If you smoke cigarettes, we can provide you with a nicotine patch.
- People sometimes get blood clots called “DVTs” (deep vein thromboses) when they cannot move around for long periods of time. Because we may limit your movement we may suggest one or more of the following to help prevent DVTs:
 - Simple leg exercises while you are in bed.
 - Short walks around your room.



- “Booties” that massage your legs and help circulate blood.
- Heparin shots to “thin” the blood so it does not clot as easily.
- Electronic devices (including cell phones) may interfere with your EEG recording. Tell your nurse if you would like to use a cell phone, computer or other electronic device. The staff will look at your EEG recording to make sure it is okay. Battery chargers placed too close to the head of your bed can also affect the recording. It is best to plug your battery chargers in a different outlet.
- You are not permitted to chew gum or eat hard candies on the unit. Chewing gum may interfere with your EEG recording. We also don’t want you to choke on gum or candy during a seizure.



WHAT HAPPENS WHEN I LEAVE THE HOSPITAL?

It is important that you know how to take care of yourself at home. Before you leave the hospital we will:

- Review any medication changes that will begin after you go home. Remember...you should not suddenly stop taking anti-seizure medications. You should always take your medication exactly how your health care team tells you to. It is possible that the dose of a medication will change one or more times after you leave the hospital. All medication changes will be written out for you.
- Give you any new prescriptions.**NOTE:** It is important to make sure that your pharmacy has any new medications ready for you on the day you leave the hospital.
 - If you start taking any new medication while you are in the hospital, it is important to check with your local pharmacy while you are still in the hospital to make sure they have the medication in stock. Your pharmacy may need to order this medication and it could take 1-2 days for the prescription to be filled. Let your nurse know if a prescription needs to be faxed.

- Tell you when to follow up with your epileptologist.**NOTE:** Your video-EEG report will be sent to your referring doctor when it is complete, but it may take up to two weeks to be finalized. Please contact your epileptologist’s office if you would like copies sent to any of your other doctors. Discharge summaries are also entered explaining what happened during your admission. You can request a copy of your discharge summary from medical records.

WHAT TIME SHOULD I BE READY TO LEAVE THE HOSPITAL?

Be ready to leave the hospital at 10:00 AM!

As mentioned before, we begin planning for the day you leave the hospital early in your hospital stay. We want to make sure that all of your medical needs (medications back to regular doses, seizures regulated, prescriptions written) are taken care of by **10:00 am** on the day your doctor says you are ready to go home. We ask that you make any transportation arrangements in advance so that you are ready and able to leave at **10:00 am**. If any family members wish to speak with the team before you leave the hospital, we ask that they plan to be at the hospital on the day you are leaving. They should be there at some time BEFORE 10:00 am so that you are still able to leave on time. If you need to leave earlier, we will do our best to make this possible. If you need help arranging your transportation (such as an Ambulette) you should speak with our social worker as soon as possible. Ask your nurse if you need to speak with the social worker.

