

**Procedure for inpatient admission and examination of patients in the
Video-EEG-Monitoring-Unit, Section Epileptology, University Hospital
Aachen**

Ihre Nachricht vom

Unser Zeichen

Durchwahl/Name

Datum

**The following patients are admitted to the epilepsy ward for
simultaneous video-EEG monitoring admitted to the epilepsy ward:**

1. Patients with confirmed epilepsy who are pharmacoresistant, i.e. who, despite the use of at least 2 anticonvulsants or antiepileptic drugs are not seizure-free. The video-EEG recording is used to detect the origin of the seizure and, if necessary, to evaluate surgical treatment options.
2. Patients with confirmed epilepsy with a severe course and frequent seizures frequent seizures to optimize anticonvulsant medication, accompanied by physiotherapy and occupational therapy, neuropsychological testing and training as well as assistance with psychosocial issues (epilepsy complex treatment)
3. Patients with a seizure-like disorder for the purpose of cause classification, i.e. it should be clarified whether epilepsy or another disease (syncope, psychogenic disorders) is present.
4. Epilepsy patients in whom the specific type of epilepsy is still unclear.
5. Epilepsy patients with unknown seizure frequency.

What examinations are scheduled for you on the day of admission?

1. On the day of admission, patients register at the elevator B3, 7th floor and are then registered there by our staff (admission labels incl. admission numbers) and are then accompanied to the ward NE07.
2. You will be admitted by a doctor and undergo a physical examination, blood sample, instructions and information about the desired behavior of the patients during the monitoring (e.g. dosing off anticonvulsant medication before

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leaving the bed to go to the of the bed to go to the toilet, pressing the bell so that in monitoring

3. A note can be made and the patient can go to the WC under the toilet under the supervision of the MFA/MTA).
4. The patients are then wired up by the MFA/MTA, i.e. the EEG electrodes are placed and fixed on the head and the recording Recording is started.
5. In the event of a seizure, which is observed either in the video or in the EEG by the staff, an immediate alert is sent to the medical and nursing NE07 medical and nursing staff are alerted immediately and the patient is is immediately given medical care and monitored.

What do you need to bring with you for admission?

On the day of admission, please bring an inpatient referral from your neurologist or general practitioner and your insurance card.

We advise you to bring:

- Towels
- Clothes
- Slippers
- Washcloths

You are welcome to bring your phone, books, etc. to pass the time.

If the persons to be examined are people who need special attention from relatives they need special attention in their everyday lives from people they know, it is care by a caregiver during the inpatient stay can be organized in advance. Stay can be organized in advance.

What do you need to have in mind during your stay as an inpatient?

For medical reasons, your typical seizures should be recorded. be recorded. With your consent, we will gradually reduce the medication if necessary. Gradually if necessary. To minimize your risk of injury and to be able to record all seizures, you will have limited bed rest during your stay Restricted bed rest (use of the toilet is possible). Showering is not possible during your entire stay. Also Smoking is also not possible during your entire stay, However, we can offer you a nicotine patch as a substitute.

How long will your stay last?

In order to make a correct diagnosis and plan your treatment in the best possible we need to record some of your typical seizures. The duration of your stay depends on the number and timing of your seizures. occurrence of your seizures. As the occurrence of seizures cannot be predicted, we cannot determine the exact length of your stay in advance.

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beforehand. On average, around 3-7 days are required to obtain a sufficient number of meaningful seizures.

There are daily medical rounds, usually between 9-10 am. Meetings with relatives can take place on admission, discharge or by appointment by appointment (between 4 and 5 pm).

When will I be released?

We make every effort to plan your stay as efficiently as possible. When a sufficient number of meaningful seizures have been recorded and additional examinations have been completed (e.g. tomograms of the brain or brain or neuropsychological examinations), a final medical discussion about the results and further treatment will be held. We can usually only give you an exact time of your discharge on the day of discharge.