

## BRONSON NEUROSCIENCE CENTER

### NEUROMONITORING UNIT

I am the parent or guardian of \_\_\_\_\_ who is being admitted to the Bronson Neuromonitoring Unit on \_\_\_\_\_. During my child's stay I need to know this information and follow these rules for my child's safety.

- My child may be in the hospital up to five days for Long Term Video EEG Monitoring.
- An adult must stay with my child for the entire time. The adult may be me or another parent or adult caregiver over the age of 18.
- My child will be videotaped to help determine a diagnosis. The camera will not be on my child when he/she is in the restroom or is undressed changing clothes. If my child starts to have an event at this time a staff member will make sure he/she is covered. Then recording will start.
- The staff in the monitoring room can hear what we are saying in the room.
- My child will not be able to shower. My child can bathe using a washcloth, soap and water.
- An IV line will be placed in one of my child's veins. This can be used if he/she has a seizure and needs emergency medicine.
- My child's seizure medicines MAY be decreased or stopped to help bring on a seizure.
- My child may be asked to stay up late without sleep or naps. This will help show changes on the EEG.
- I will call and wait for staff to help my child get up and move around the room or go to the bathroom.
- My child will not be able to leave the room.
- My child can have visitors.
- I have been told how to use the "event button" if my child has a seizure or feels one coming on. I will make sure that any other adult staying with my child will know how to use the "event button".
- I will not give my child any medicines unless my nurses and doctors have told me it's okay. This includes prescriptions and over the counter medicine.
- The adult staying with my child will be given two meal trays per day at no cost. If more food is needed, guest trays can be purchased. Also, the adult can briefly visit the cafeteria.

I understand that if I choose not to follow these rules and the Epilepsy Team does not feel they can safely care for my child or obtain accurate information, we may be asked to stop the evaluation.

I agree to follow the guidelines of the unit for my child's safety.

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Signature

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Date

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Witness