

Protocol For Telephone Transmission

MOP 36 (Use with TDS T-7 / 8-Channel Transmitter)

Routine Awake/Asleep

Run	Duration	Procedure	Gain	Channels
CAL	Up to 1½ minutes ¹		10	1-8 EEG
BIO-CAL	10-15 seconds	Eyes Closed		
#1	20 seconds	Eyes Closed ²		
	20 seconds	Eyes Opened ²		
	3 minutes	Eyes Closed		
#2	20 seconds	Eyes Closed ²		
	20 seconds	Eyes Opened ²		
	2 minutes	Eyes Closed		
#3	3 minutes	Eyes Closed		
#4	3 minutes	Eyes Closed		
#5	3 minutes	Eyes Closed		
#6	20 seconds	Eyes Closed ²		
	20 seconds	Eyes Open ²		
	2 minutes	Eyes Closed		
	3 minutes	Eyes Closed – Hyperventilation ^{2,3}		
	2 minutes	Eyes Closed – Post Hyperventilation		

If the patient has been sleeping or if hyperventilation was not performed, repeat Runs 2 and 5 with the patient awake.

#2	1 minute	Eyes Closed ²
	1 minute	Eyes Opened ²
	2 minute	Eyes Closed ²
#5	3 minutes	Eyes Closed
CAL	30 seconds	

Check with the receiving technician for any added procedures or special techniques.

NOTES:

¹ Proceed to Run 1 when signaled by the receiving technician. Stop transmission and return to the telephone if not signaled within 1½ minutes.

² Press and hold the signal button, for a period of 3 seconds, to indicate onset and conclusion of procedure.

³ All patients should routinely be hyperventilated unless there are contraindications. (See Activation Procedures in Section 6.0) For sleep tracings, hyperventilation may be performed earlier in order to facilitate drowsiness.

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Children – Partial Set of Electrodes

If the child's head measures below 46 cm in circumference, use a partial set of electrodes, (i.e. Infa-cap II, Infa-cap III, or a discs at Fp1, Fp2, T3, T4, C3, C4, O1, O2, A1, A2 and Ground).

Schedule the EEG around the child's normal naptime to facilitate sleep. Instruct the parents or nursing staff to keep the child up late the night prior to the test and wake the child early. Provide a bottle, blanket or toy to keep the child quiet. The child should be fed before starting the electrode application. Do not feed the child or allow a pacifier during the transmission. The child's sucking or chewing may produce a glossokinetic artifact.

Run	Duration	Procedure	Gain	Channels
CAL	Up to 1½ minutes ¹		10	1-8 EEG
BIO-CAL	10-15 seconds	Eyes Closed		
#1	10 minutes	Eyes Closed		

The EEG must be STOPPED at this point, in order to modify electrode positions as noted below. Continue with EEG after modification.

#6 10 minutes Eyes Closed

Gently arouse the child, without touching, and repeat Run 6, while awake.

#6 5 minutes Eyes Closed
 CAL 30 seconds

Check with the receiving technician for any added procedures or special techniques.

Upon completion of EEG, return all moved electrodes back to their original and correct positions.

The following electrode changes must be made to the headbox when using the Infa-cap II or Infa-cap III. Changes to the headbox are only necessary for Run 6.

Move	Fp1	to	F3
	Fp2	to	F4
	T3	to	P3
	T4	to	P4
	A1	to	T3
	A2	to	T4

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