

Commissione Neurochirurgia LICE

Sottocommissione su "Safety in EMU"

Responsabile G.Rubboli

Componenti: M.P. Canevini, T. Granata,
G.P. Vatti, F. Villani, L. Fusco

- La Sottocommissione "Safety in EMU" si e' proposta come obiettivo iniziale dei propri lavori di valutare la situazione relativa alle condizioni di sicurezza del paziente nelle Unità di Monitoraggio Intensivo per l'Epilessia (Epilepsy Monitoring Unit-EMU) in Italia.
- A tale scopo ha utilizzato i dati estratti da un questionario sulle procedure ed attività che si svolgono in EMU (comprese quelle relative alla sicurezza del paziente) proposto dalla Task Force su "Safety in EMU" della European Epilepsy Monitoring unit Association (EEMA), inviato ai centri italiani dotati di EMU nell'ottobre 2012.

Sono stati ricevuti i questionari da 11 Centri dotati di EMU

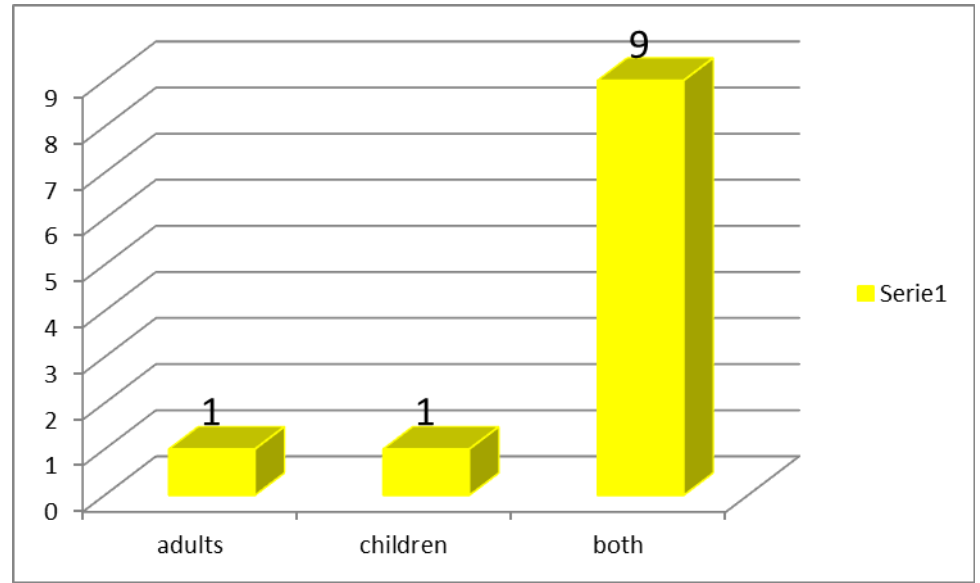
I centri che hanno contribuito sono:

- U.O. Neurologia, Conegliano Veneto
- Neuropsichiatria Infantile, Padova
- Centro Epilessia, Osp. S.Paolo , Milano
- Neurochirurgia, Osp. Gemelli, Roma
- IRCCS Neuromed, Pozzilli, Isernia
- IRCCS Osp.Bambin Gesu', Roma
- IRCCS Osp. Meyer, Firenze
- IRCCS, Istituto Scienze Neurologiche, Osp. Bellaria, Bologna
- Centro Epilessia Vchirurgia, Osp. Niguarda, Milano
- Neurologia, Osp. Le Scotte, Siena
- IRCCS, Istituto Neurologico Besta, Milano

EMU CHARACTERISTICS

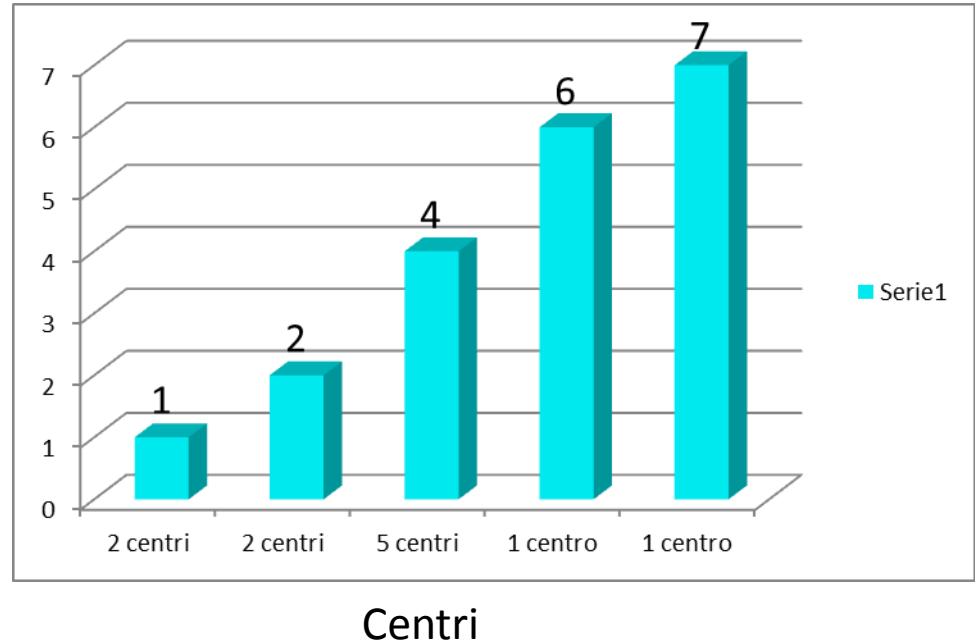
1) In your EMU do you monitor:

N. centri



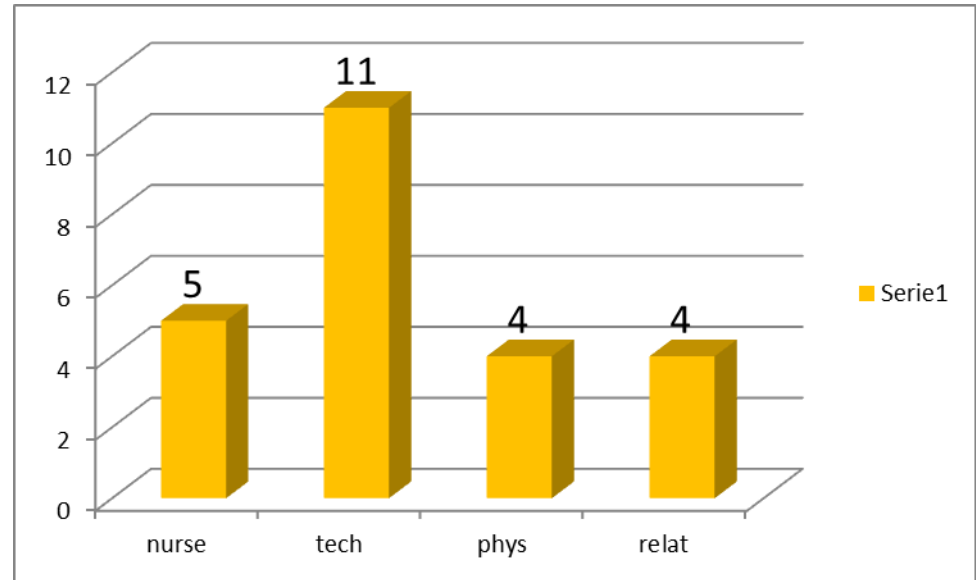
2) How many physicians staff the EMU ?

N. medici



6) Patient observation in the EMU is performed by:

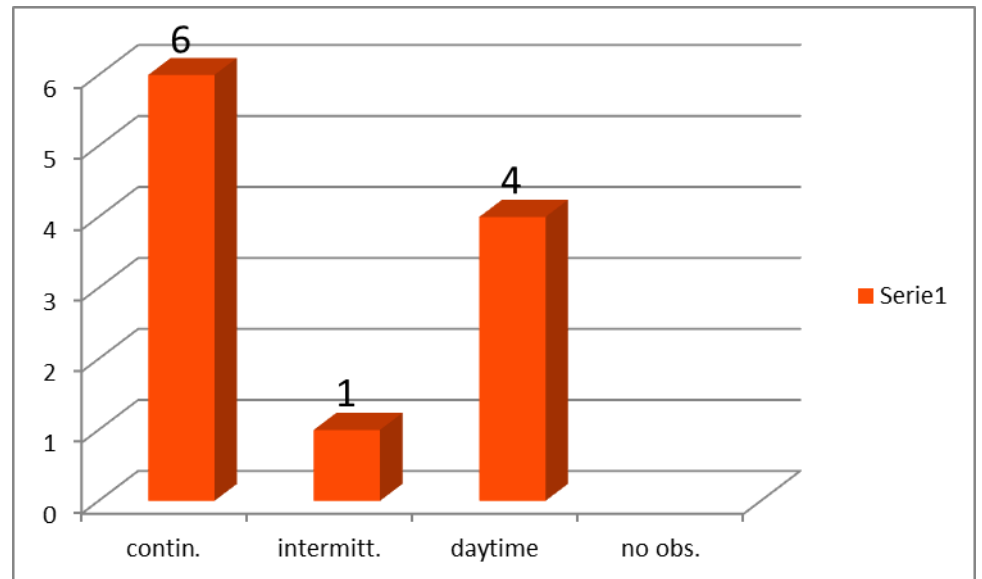
N.Centri



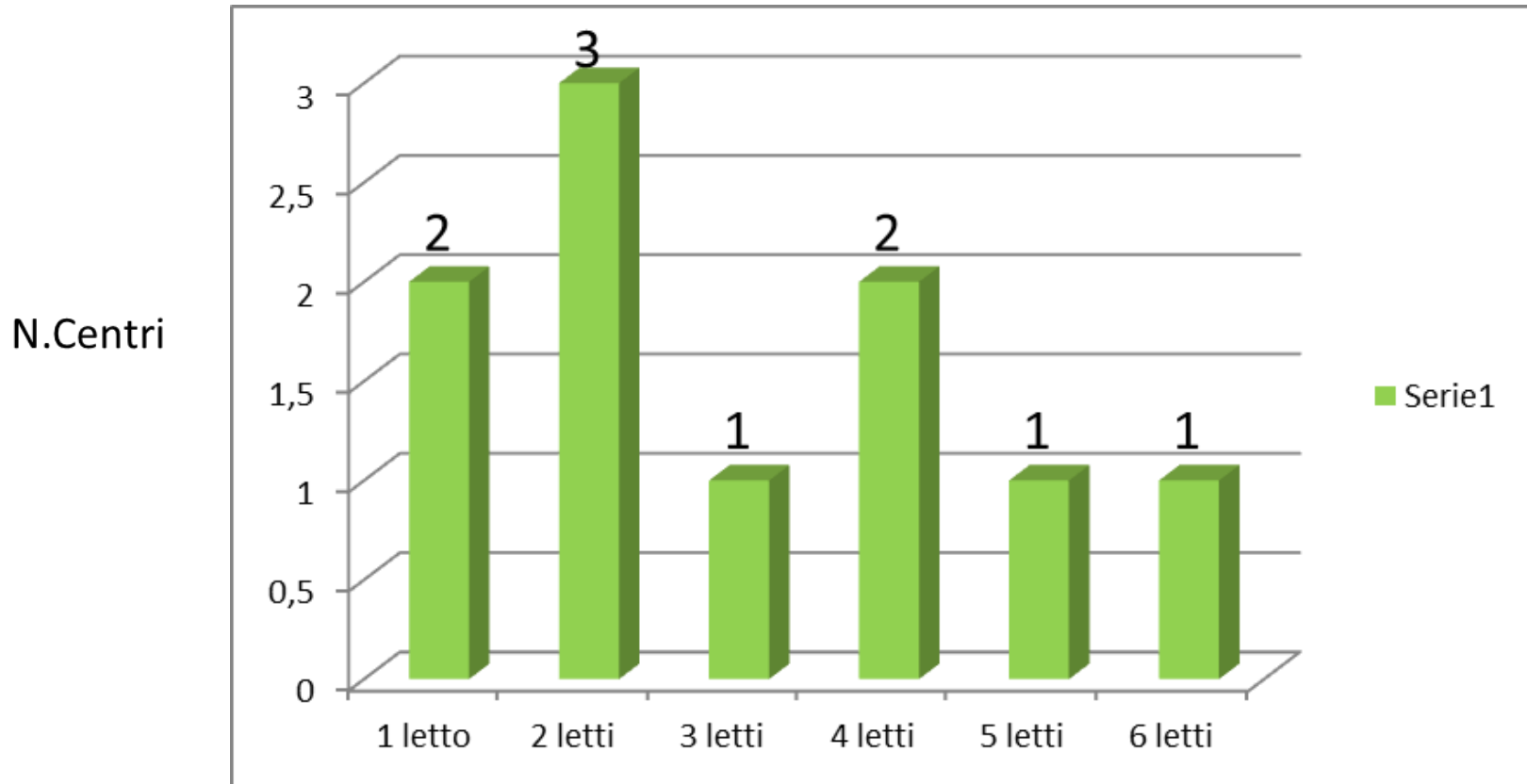
Legenda: tech= technician; phys: physician; relat.=relatives

7) Observation in EMU is :

N.Centri

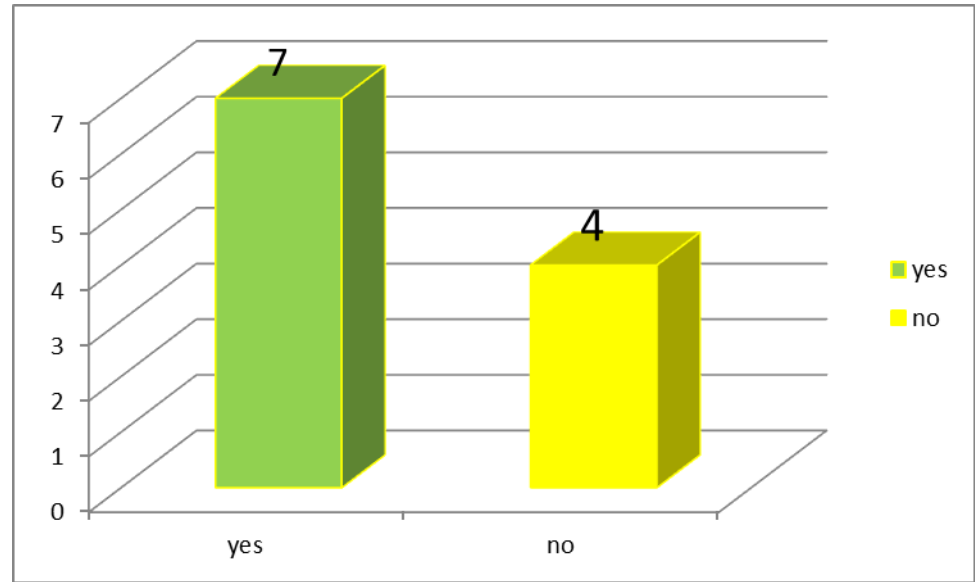


8) How many EMU beds operate simultaneously ?



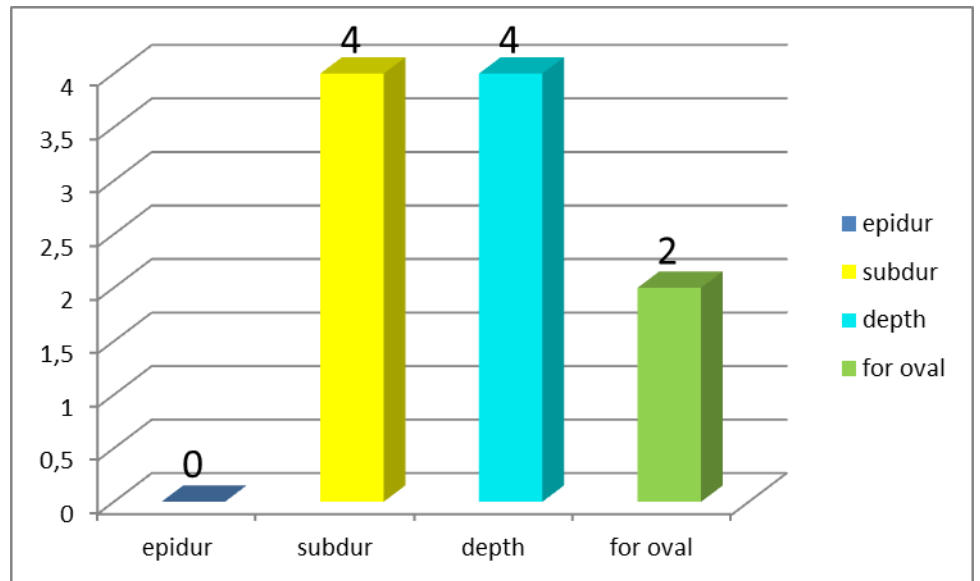
11) Is intracranial recordings performed at your centre?

N.Centri



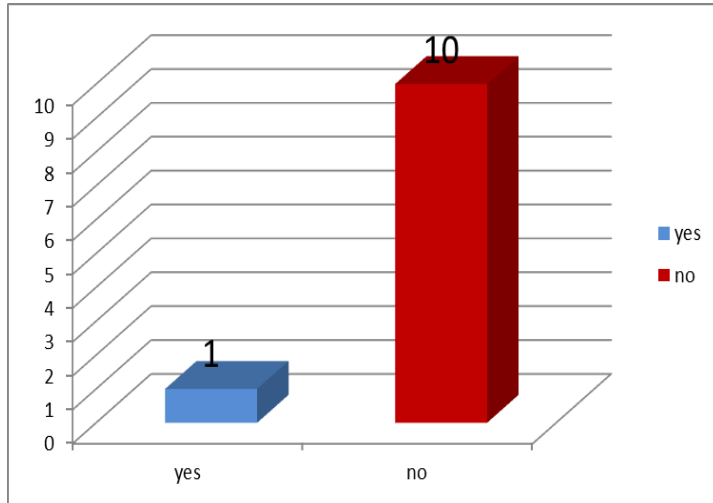
12) Types of invasive studies

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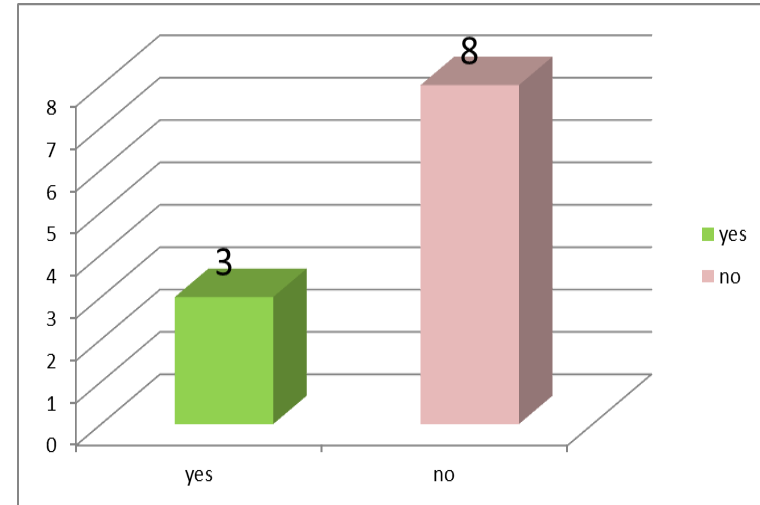
19) Automatic systems for detection of ECG abnorm.

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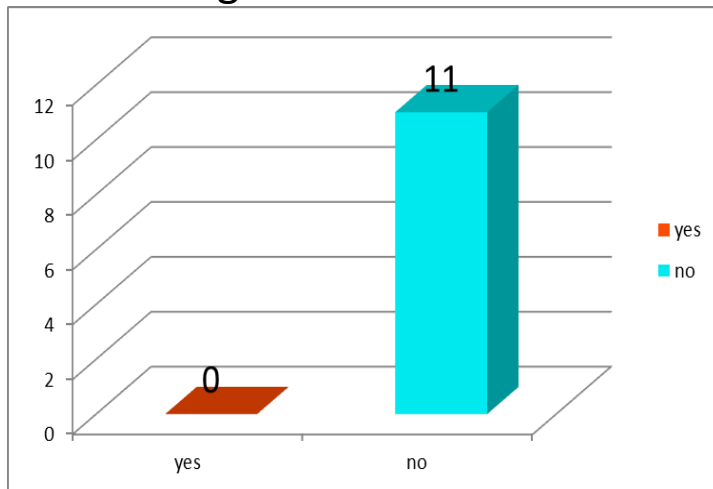
20) System for oxygen desat and alarming purposes?

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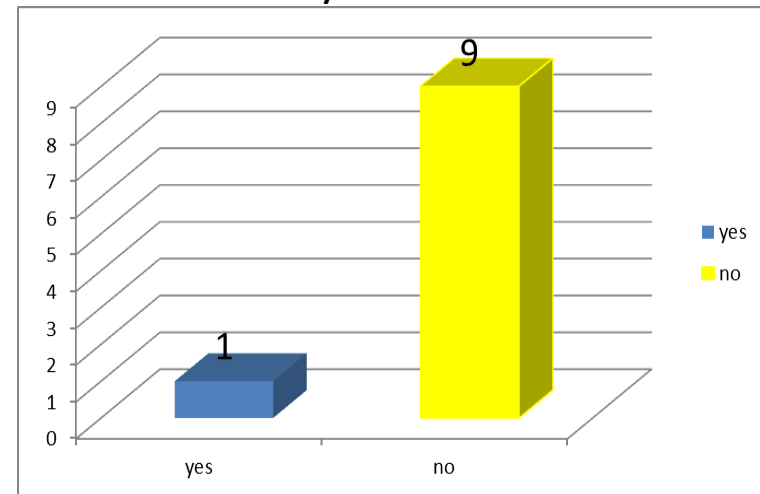
21) Seizure detection based on detecting movement

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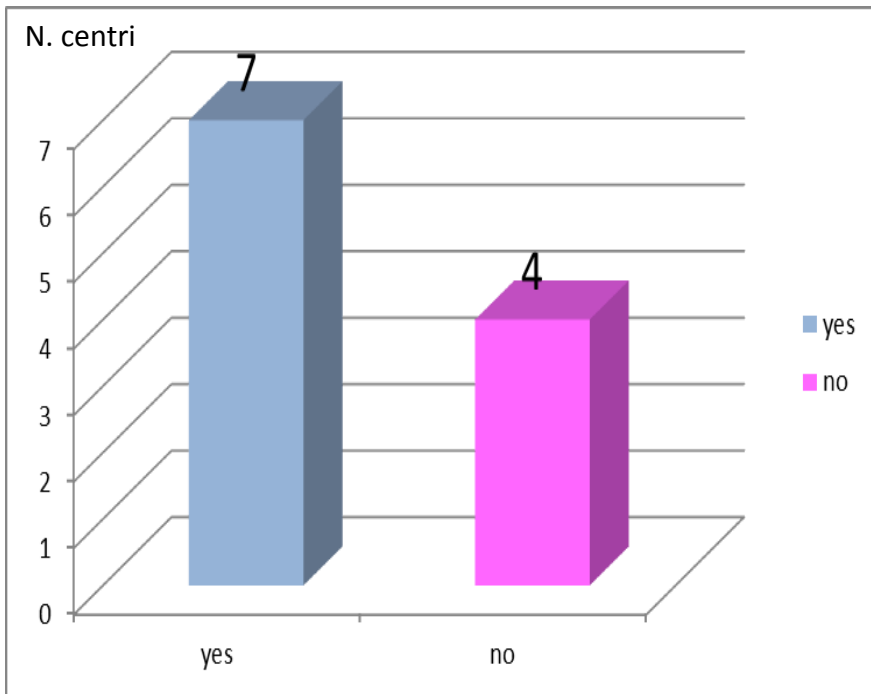


22) On-line automated seizure detection system?

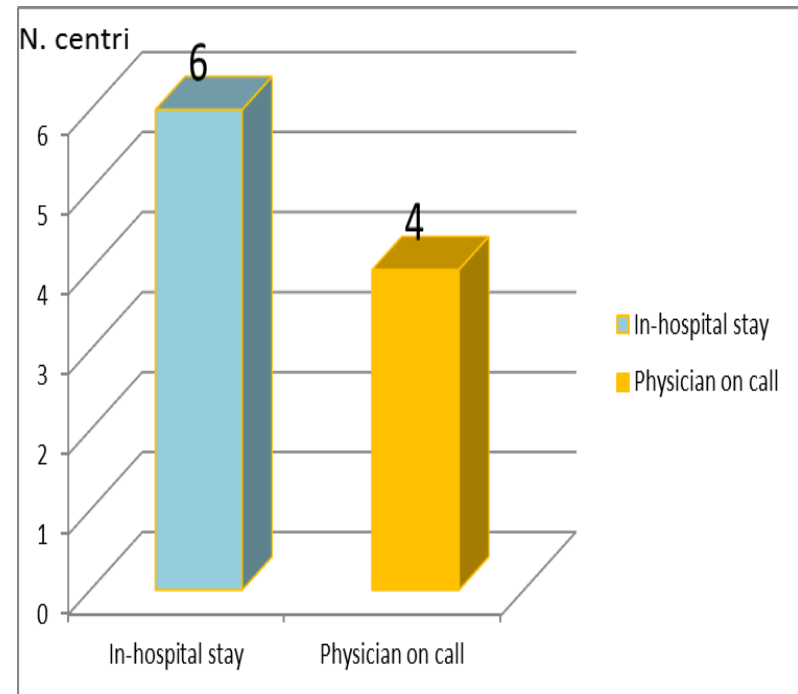
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23) Are there standard protocol for patient safety after EMU discharge

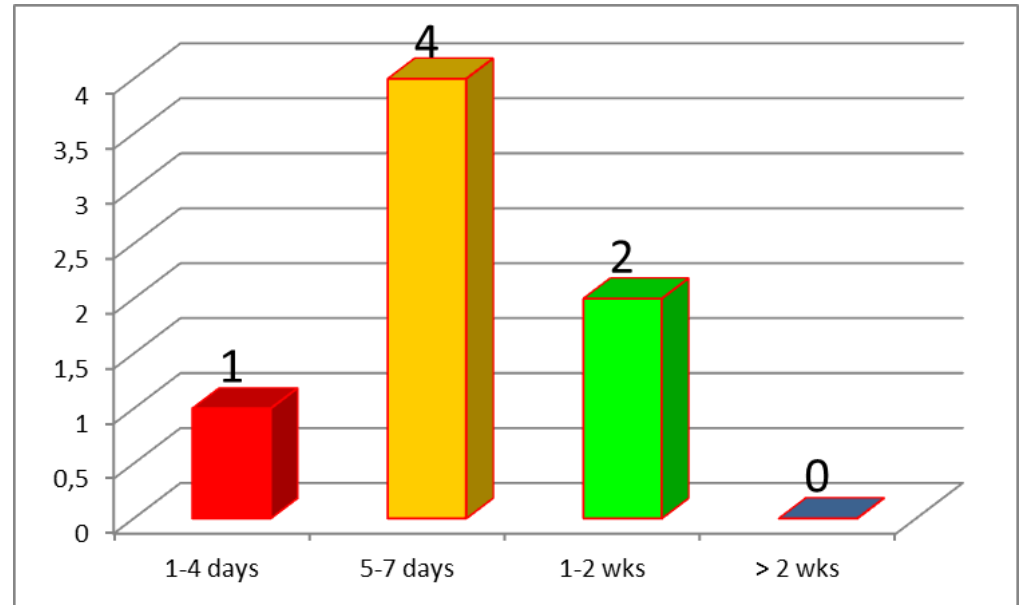


If yes, which procedure



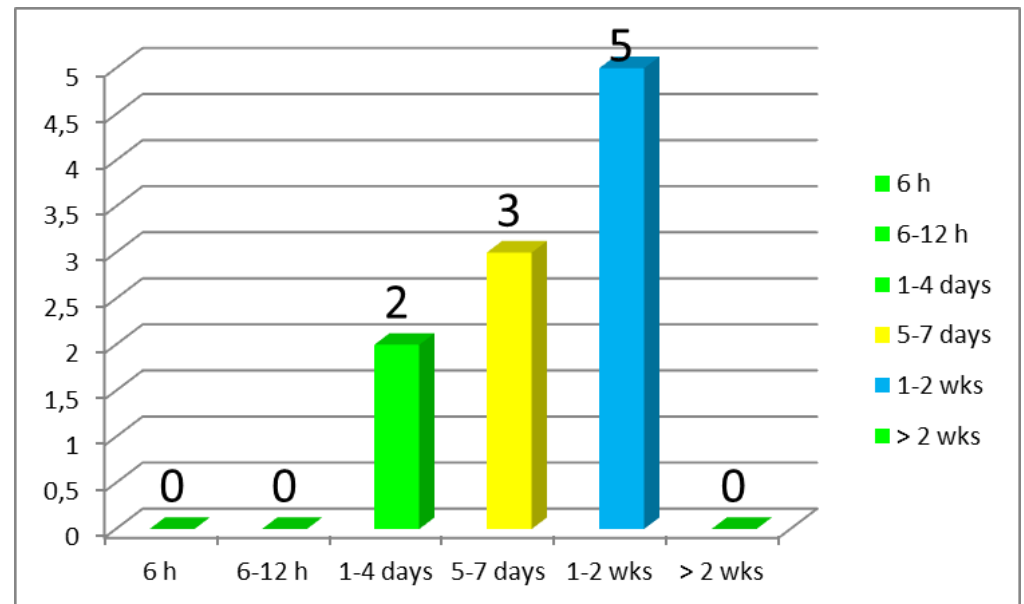
24) How long the admission for invasive presurgical monitoring ?

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25) How long the admission for non-invasive presurgical monitoring?

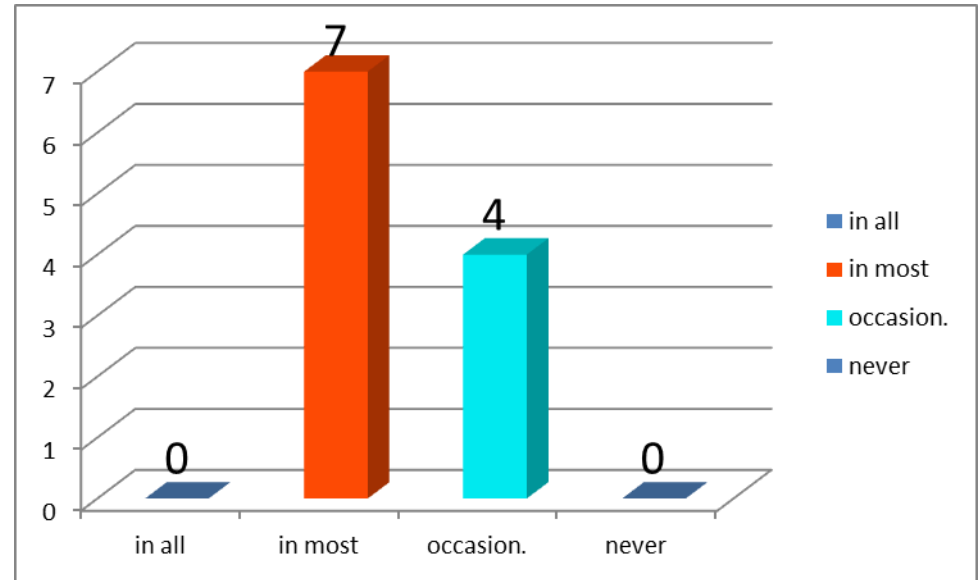
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ANTI-EPILEPTIC DRUG WITHDRAWAL

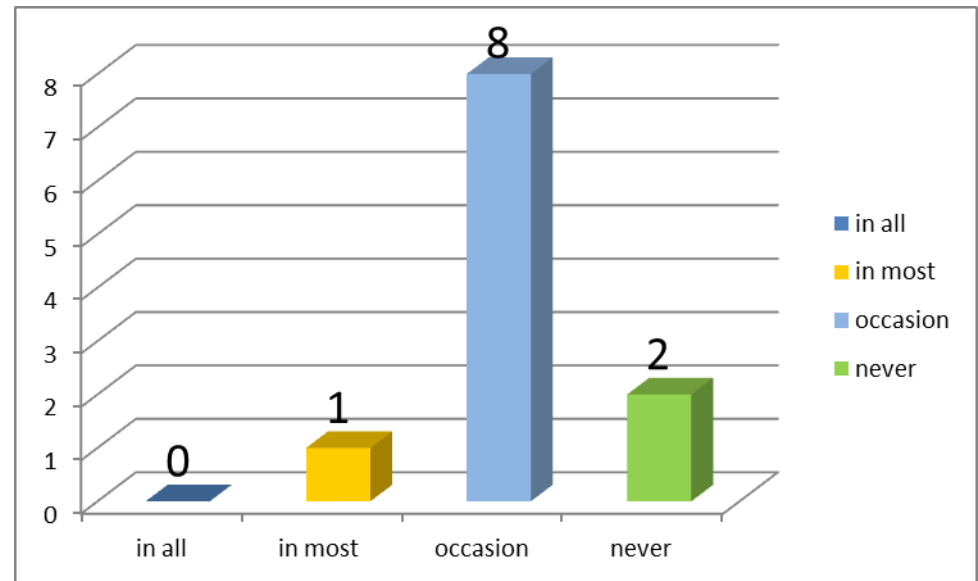
36) Taper or totally withdraw AED for presurgical EMU in which patients

N.Centri



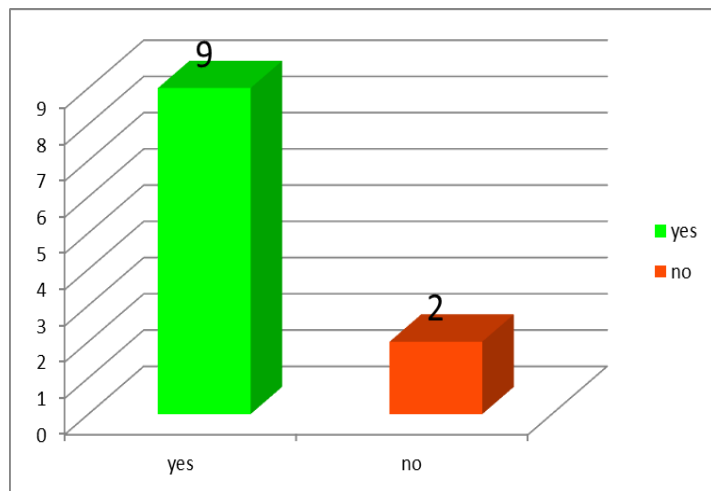
37) Taper/withdraw AED for non-presurgical diagnostic EMU in which patients

N.Centri



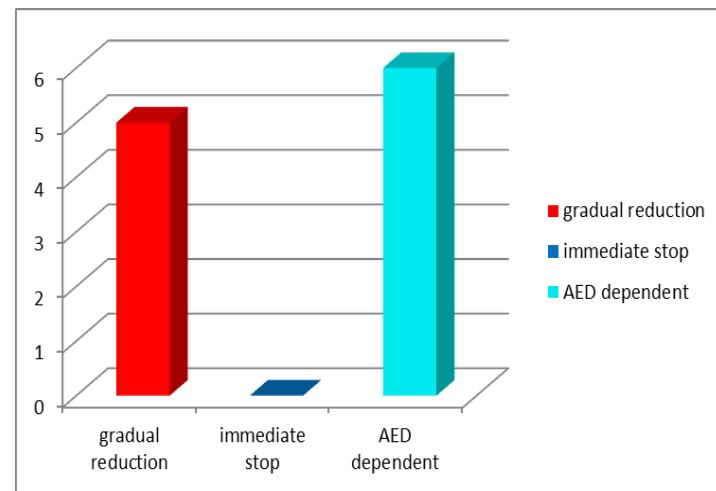
47) Is withdrawal AED- dependent?

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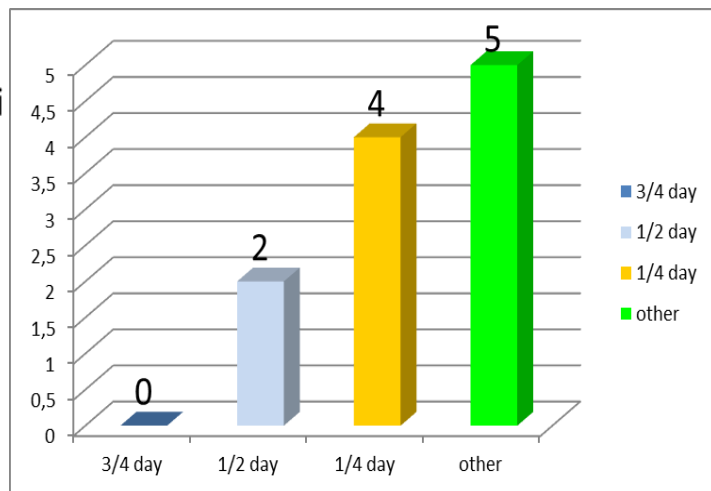
49) Per AED, do you perform:

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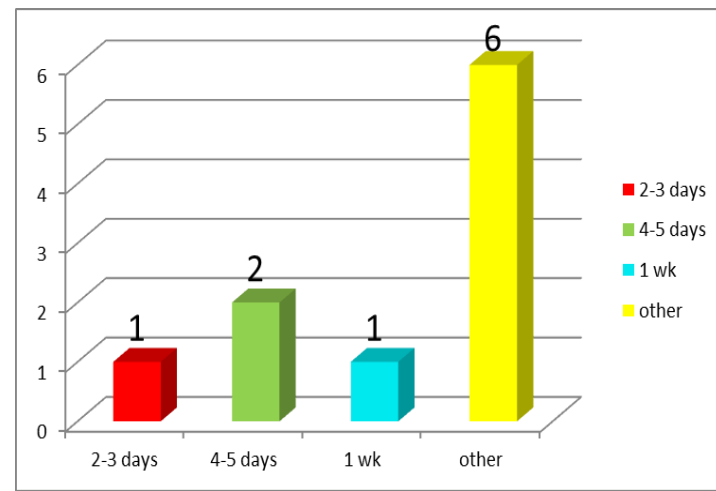
51) If gradually do you taper down to

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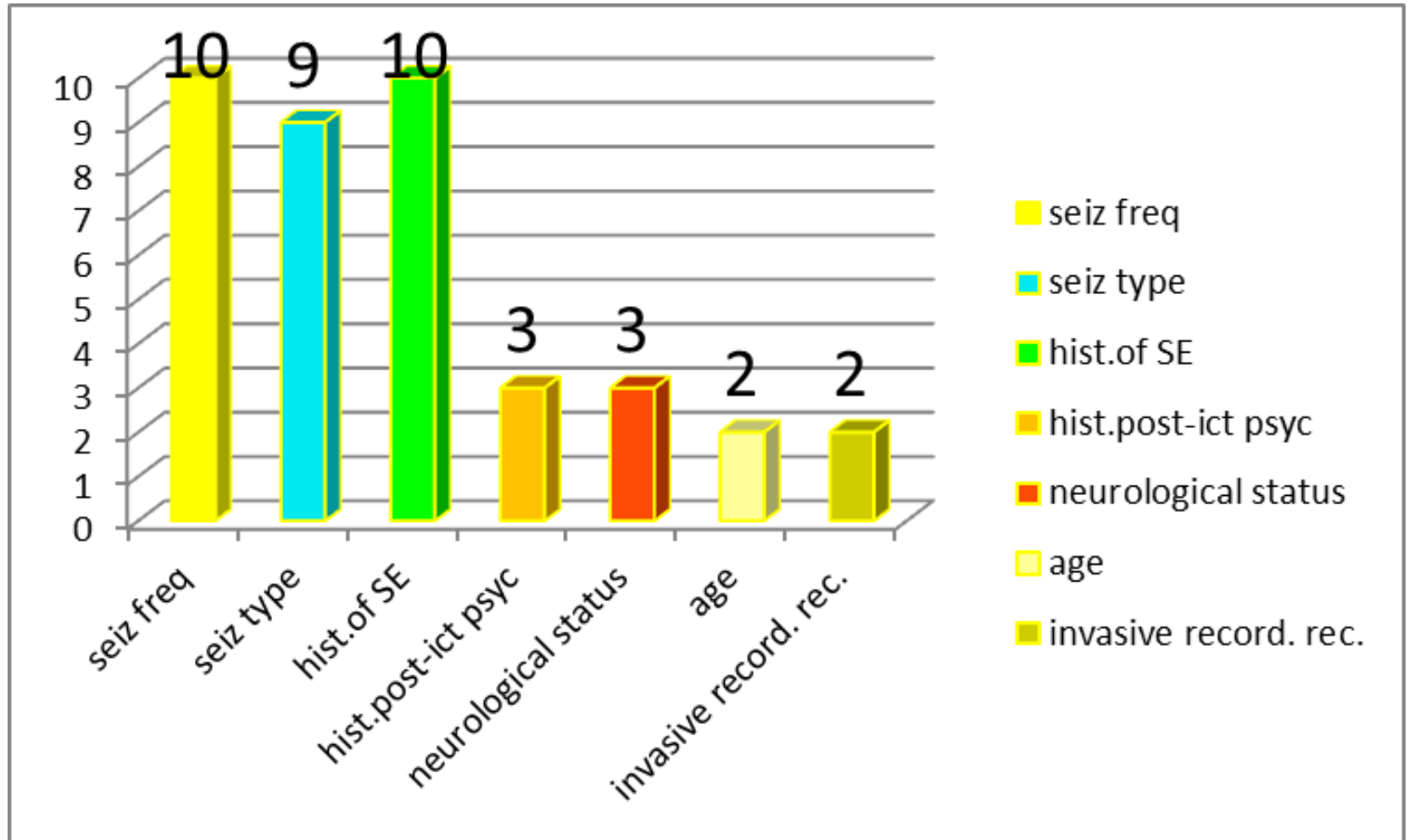
52) If gradual tapering, tapering duration?

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54) Issues relevant to withdrawal regimen

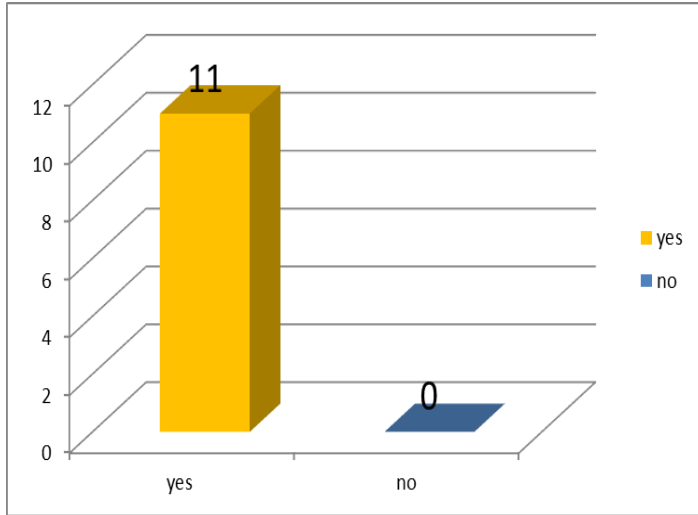
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PREVENTION OF FALLS AND INJURIES

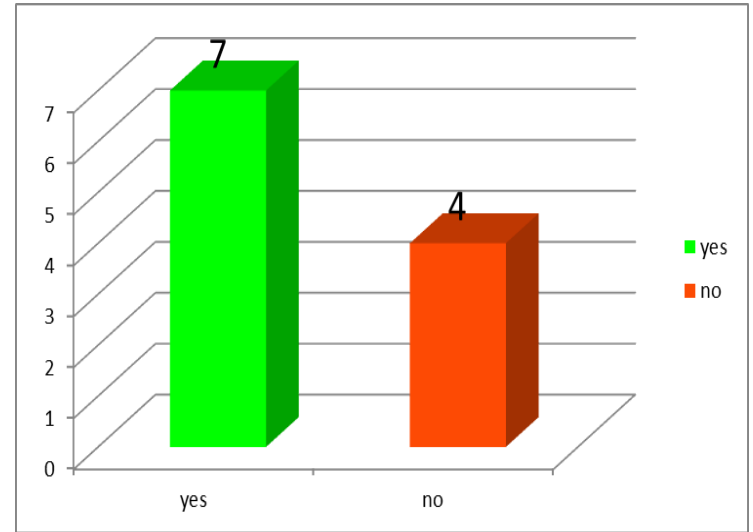
69) Protection for injuries in beds (guard rails, etc.) ?

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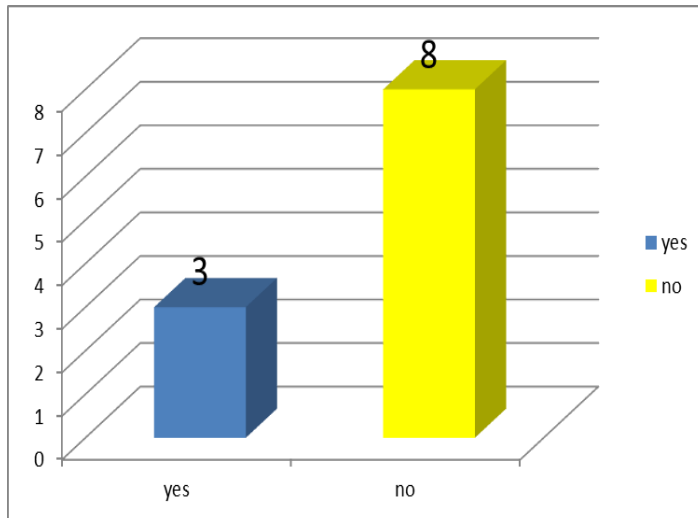
70) Do you use anti suffocation pillows?

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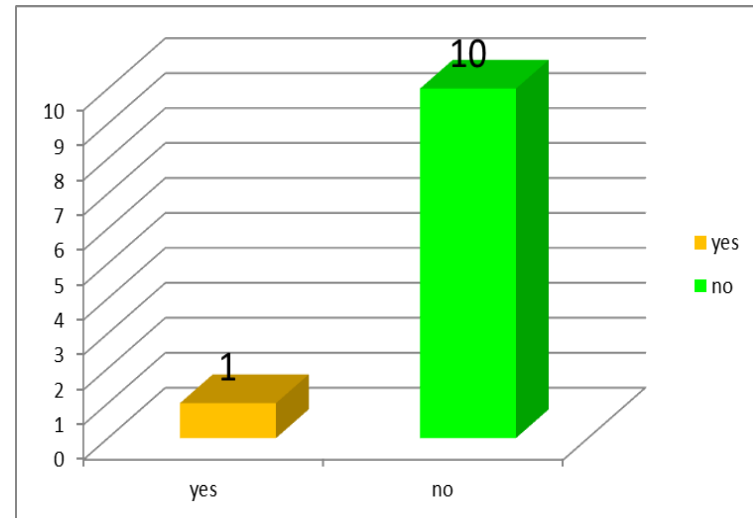
71) Injury protections in EMU rooms ?

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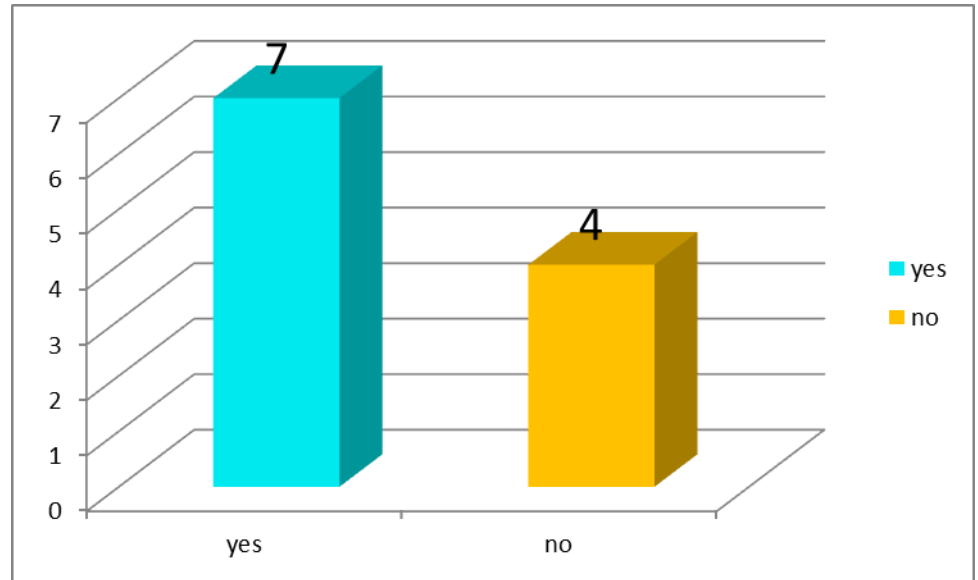
72) Are the bathrooms protected ?

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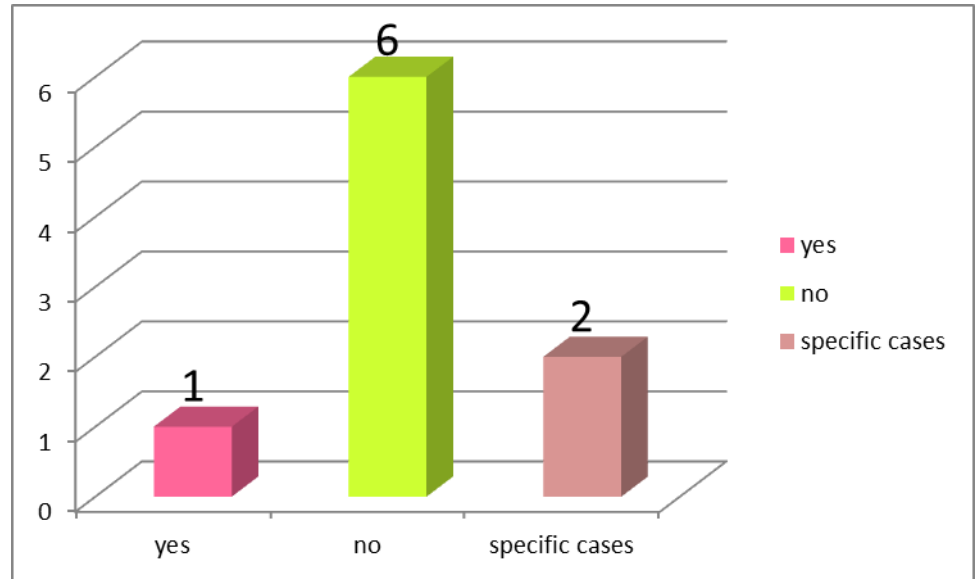
73) Can patients ambulate during monitoring?

N.Centri



74) If yes, are they obliged to wear protections ?

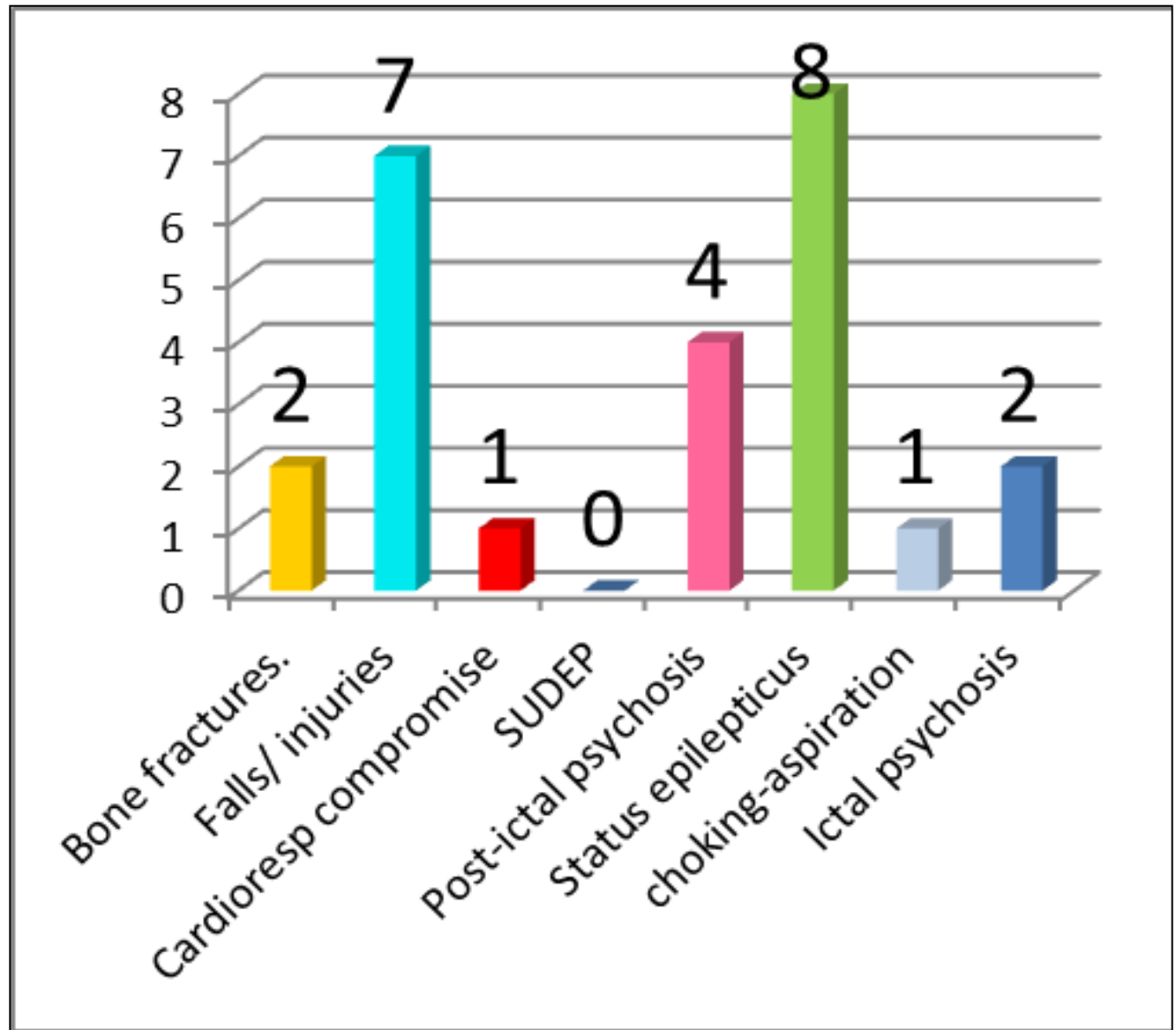
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SEIZURE-RELATED COMPLICATIONS

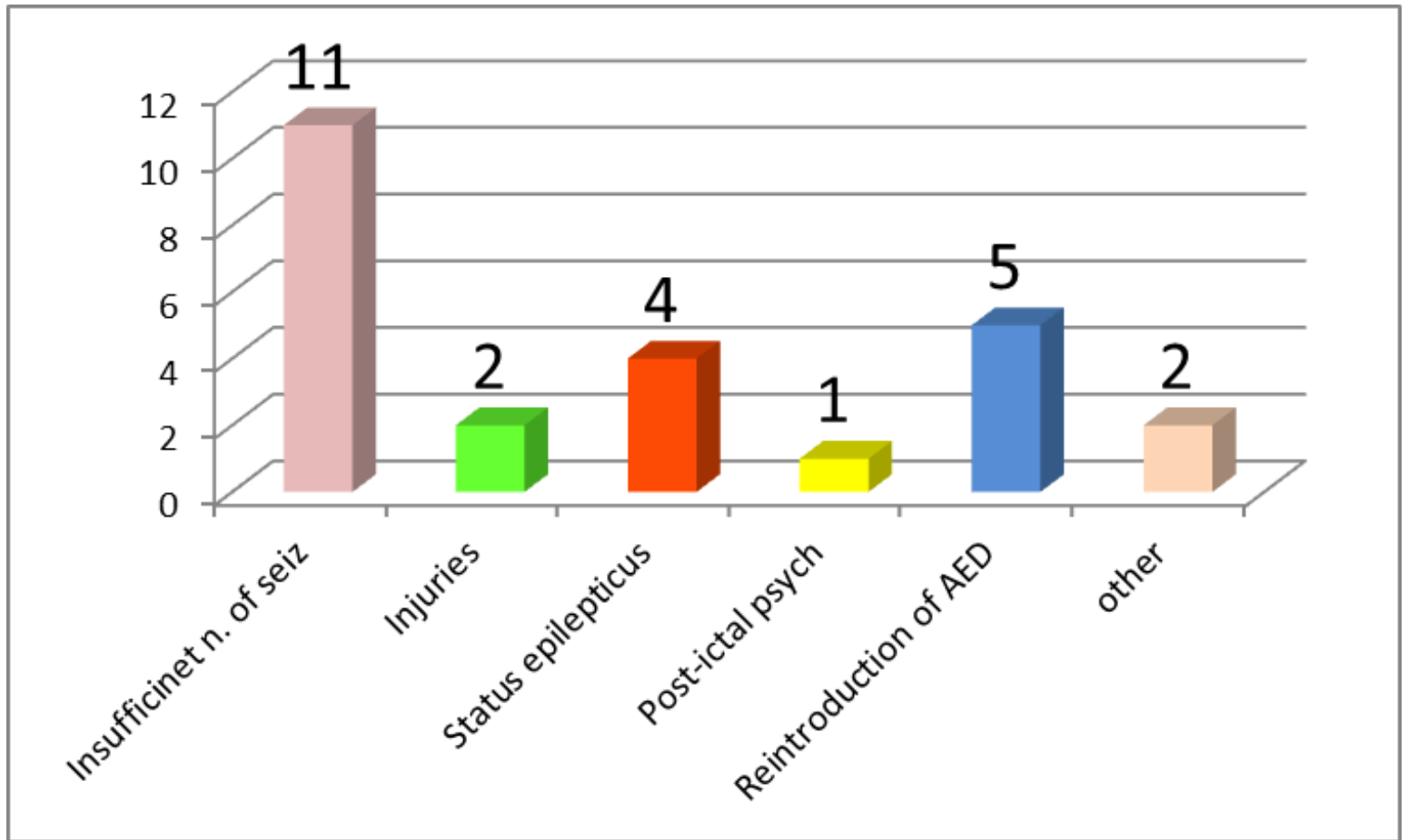
78) Seizure-related events in the last 15 yr

N. Centers
who experienced
the indicated
seizure-related
adverse events



79) Causes of extended EMU stays

N. Centri



COMPLICATIONS RELATED TO INVASIVE RECORDINGS

80) Complications related to invasive recordings

N. of centers
who experienced
the indicated
complications

