PAED NEURO EEG i.e. <16 YEARS ON DATE REQUESTED

| Date Scan | DOB | M/F | Date of Request | Standard EEG | Sleep Deprived EEG | Sedated | Melatonin | Long Video | Amb. EEG | Inpatient VT | Inpatient Amb EEG | Inpatient Standard EEG | Wait |
|--------------|-----|-----|--------------------|-----------------|--------------------------|---------|-----------|---------------|-------------|-----------------|----------------------|------------------------------|------|
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PAED NEURO EEG i.e. <16 YEARS ON DATE REQUESTED Summary Sheet

01-04 BPNA

Please approach your Department of Clinical Neurophysiology and discuss this proposed clinical audit with them. They may be able to collect the data automatically and give you a print-out without having to complete the table. Data on a patient is written in each row of the table, use a tick to indicate which EEG procedure was done, and write the time waited in days in the final column. You may wish to record other data in addition for local use e.g. date request received in the department.

I suggest you ask them to provide the data for one calendar month. Please summarise the data below, keep a copy for local use and return the summary sheet to:

Dr W Whitehouse E Floor East Block Queen's Medical Centre

Nottingham NG12 1AX

All summary data will be kept securely and confidentially and an overall summary complied, including the names of participating departments but not including department's individual data. This will be circulated to all contributors.

Contributor's name and contact address:

| Date of audit: from / / to / / | |
|--------------------------------|--|
|--------------------------------|--|

Procedure Number done Waiting Time
Mean Median Range

Out-patient Standard EEGs

Out-patient Sedated EEGs

Out-patient Melatonin EEGs

Out-patient Prolonged video-EEGs

Out-patient ambulatory EEGs

In-patient video-telemetry EEGs

In-patient ambulatory EEGs

In-patient Standard EEGs

Other specified type: