

Sample Protocol #4: Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes.

POLICY AND PROCEDURES

Care of Patients with Intracranial Electrodes

PURPOSE: To provide guidelines for the safe care of patients with extra-operative implanted intracranial electrodes.

POLICY: Maintenance of safety and quality of recording during extra-operative seizure monitoring with implanted intracranial electrodes.

Prevention of post-operative infections

1. Head dressings to be managed by the neurosurgery team only. No other personnel are to manipulate the head dressing or the wires as they enter the head dressing.
2. Head wraps are removed if concerns arise, or if there is obvious wetness or staining of the head dressing. This will be completed by the neurosurgical team. If the head dressing becomes dislodged, the neurosurgical team will be notified, and the head dressing will be re-applied.
3. During replacement of head wrap, wire exit sites are inspected and cleaned with ChloroPrep.
4. Any evidence of infection (redness, warmth, pus, etc) necessitates immediate notification of the neurosurgeon.
5. Any evidence of compromised wiring (kinks, insulation breaks, etc) necessitates immediate notification of the neurosurgeon and the EMU physician and associated EEG technicians.
6. Replacement head wrap will utilize sterile dressing materials.

Other post-operative care issues

1. Decadron <age appropriate dose> q6hr for first 48hrs then a slow steroid taper over 1 week to reduce brain and soft tissue swelling.
2. Sequential compression devices in use at all times to prevent DVTs in older patients.
3. Neurosurgery handles all surgical issues, neurology manages AEDs.