Dear

Welcome to the VCU Medical Center. You have been scheduled for patient admission to the Epilepsy Monitoring Unit. Please proceed to the Admission (Patient Access Service) area on the first floor of the Gateway Building on They will register and direct you to the Epilepsy Monitoring Unit.

Please call us at (804) 828-3680 if:
- You need to change or cancel this appointment.
- Your insurance or contact information has changed between now and the time of your admission.

Please bring the following:
- A picture ID
- Your insurance card
- Please review the Welcome to the Epilepsy Monitoring Unit letter for further information about your stay.

Please complete the following:
- EMU Seizure Worksheet
- Medication Information Sheet

We look forward to seeing you at your visit.

*The staff of Virginia Commonwealth University Health System’s – Epilepsy Monitoring Unit*

*Proud to be the Only Level 4 Epilepsy Center in Central Virginia*

Sincerely,

Epilepsy Monitoring Unit Team

Enclosure: Map & Directions
Welcome to the Epilepsy Monitoring Unit (EMU)

This letter is designed for you and your family to read before your admission. The following information is given to answer questions you may have regarding your stay in the hospital. Our EMU staff will also be available to answer questions and address any concerns you may have.

The EMU is a 5 bed inpatient monitoring unit, located on the 11th floor of the Main Hospital. Parent, guardian or adult family member must stay with our pediatric patients, as well as any patient that has a disability. Meals will be provided for one parent staying with our pediatric patients. Cable television and telephone service are available at no extra charge.

The purpose of your EMU stay is for intensive Video/EEG Monitoring to enable us to see exactly what happens during your typical seizures. We do this by using specialized Continuous Digital Video/EEG Monitoring equipment. This detailed information allows the Epilepsy team to develop customized treatment plans. The Video Monitoring will be continuous while you are in your room. This is necessary since many seizures "come on" without warning or without the patient's knowledge or memory. Your recorded behavior and actions during a seizure provide the team with important information for evaluating your condition. We understand your need for privacy and this will be protected.

The EEG is used in the diagnosis and treatment of seizures by measuring electrical activity from the brain. Electrodes (metal buttons) are glued to the scalp using a special glue. Inform nurses and technicians of allergies and skin sensitivity prior to application. Colored wires connected to these electrodes are placed into a small headbox which is placed into a bag or back pack. This bag or back pack will allow you mobility in your room. The computer cable attached to the headbox will only allow you to move within your room. This will limit your activity to things you can do in bed or sitting in a chair.

Your anti-convulsion medications may be held or the dosage altered during your stay. This would be based on your doctors' recommendations from evaluations of the studies. Although we will provide your medications, please bring your current medications (in original container) from home so we can verify the types and dosages. We will then send your medications back home with your family.

Hospital Education Program: School age children may be seen by teachers with consent from parent or legal guardian and therefore will not be counted as absent from school. You may bring books, class work and/or homework.

<table>
<thead>
<tr>
<th>What to bring/wear:</th>
<th>Prior to Admission</th>
<th>Dining Options:</th>
<th>ATM's: 2 available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Button-up shirts only</td>
<td>Use of hair oils, gels, Braids, Sew-ins or Quick Weaves Hairspray *A clean, dry scalp is best for application</td>
<td>Hospital Cafeteria Wendy's Subway Einstein's Bagel Chick-fil-a AuBon 'Pain</td>
<td>(1) Located in the Gateway Lobby (1) Located in Main Hospital across from cafeteria</td>
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EMU Worksheet Seizure History

Preferred Name or “Nickname”

Why are you here? (Reason or admission)

Frequency (How often do you have them?)

Aura (What do you see, taste, smell or feel right before event?)

Duration (How long does it last?)

Description of event(s)

Post-ictal period (after event)

Last Seizure

Allergies

Past Medical History