

MORTality in Epilepsy Monitoring Unit Study

Reserved for
analyze

I. Contact Information:

Center:

Name:

Address:

..... Country

Referring Contact:

Function:

Name:

Phone number: Mail:.....@

II. Monitoring Unit activity since census:

a. Start date of documented census (*review of activity*) (dd/mm/yyyy): __ / __ / ____

b. Number of long term video-EEG monitoring since start of census: _____

c. Proportion of **pre-surgical** versus other diagnostic long term monitoring: __ %/ __ %

d. Proportion of adults versus children: __ %/ __ %

e. Average duration of in-hospital days (*including periods without supervised monitoring*):

- For **pre-surgical monitoring**: _____ d

- For other diagnostic purposes: _____ d

1	2	3
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III. Average duration of supervised video-EEG pre-surgical monitoring (>48h):

a. Number of days per monitoring: __ d

b. Number of nights per monitoring: __ d

c. Usual starting and ending hour of Day-time monitoring __ h / __ h

d. Usual starting and ending hour of Night-time monitoring __ h / __ h

1	2	3
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IV. About Cardiac or Respiratory dysfunction during in-hospital:

Total number of cardio respiratory arrest collected since census: _____

1. Resulting in death:

o In patients undergoing **pre-surgical monitoring** _____

o In patients monitored for other diagnostic purposes _____

o With available EKG data _____

2. Resolving after resuscitation procedure:

o In patients undergoing **pre-surgical monitoring** _____

o In patients monitored for other diagnostic purposes _____

o With available EKG data _____

3. Spontaneously resolving ictal asystole:

o In patients undergoing **pre-surgical monitoring** _____

o In patients monitored for other diagnostic purposes _____

1	2	3
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Date:
__ / __ / 200__

First name: _____
Last name: _____

Signature: _____

**Please, fax back this completed form to: Alice DUBOIS
+33 472 115 711**

