

TMS Safety in the EMU TMS Quiz:

1. What do VEEG/LTM/EMU stand for?
 - a. Virtual Electric Genome/Lumbar Tensile Monitoring/Electric Monitoring Unit
 - b. Visual Estimation Gustatory/Laser Temporal Monitoring/Estimation Monitoring Unit
 - c. Video Electroencephalogram/Long Term Monitoring/Epilepsy Monitoring Unit
 - d. Validation Epilepsy Genetics/ Lengthening Testable Monitoring/Essential Monitoring Unit

2. What is the purpose of the VEEG/ LTM/EMU? Select all that apply.
 - a. Identify and characterize seizures
 - b. Localize origin of seizures in the brain
 - c. Diagnose non-epileptic seizures

3. In 2017, the Epilepsy Classifications were updated. What is the **new** term for partial seizures?
 - a. Simple motor seizures without impaired awareness
 - b. Focal seizures with and without impaired awareness
 - c. Complex partial seizures with impaired awareness
 - d. Partial temporal lobe seizures

4. How does a generalized seizure differ from a focal seizure?
 - a. In a generalized seizure, the patient is always conscious; while in a focal seizure, the patient is always unconscious.
 - b. A generalized seizure always begins with an aura, while a focal seizure always happens with no warning.
 - c. Generalized seizures begin in both sides of the brain, while a focal seizure only begins on one side of the brain.
 - d. There is no difference between generalized and focal seizures.

5. What is a psychogenic non-epileptic seizure?
 - a. A psychogenic non-epileptic seizure is a spell that resembles a seizure, but it is not caused by abnormal electric discharges in the brain.
 - b. A psychogenic non-epileptic seizure is a spell that is caused by a side effect of taking an anti-epileptic medication.
 - c. A psychogenic non-epileptic seizure is a spell that is caused by a metabolic imbalance.
 - d. A psychogenic non-epileptic seizure is a spell that is caused by liver problems.

6. Which is **NOT** a method used to provoke seizures in the EMU?
 - a. Sleep Deprivation
 - b. Administration of Placebo Drugs
 - c. Titration Down of their Anti-Epileptic Drugs (AEDs)
 - d. Photic Stimulation and Hyperventilation

7. Which of the following **SHOULD** be done to make the patient's room as safe as possible? Select all that apply.
- Put the bed at a low height
 - Have oxygen ready with a new cannula
 - Clear clutter and unnecessary equipment from room
 - All of the above
8. The following action/actions **SHOULD** be taken *immediately* when a patient is actively having a seizure:
- Place a bite block in their mouth.
 - Call the patient's nearest family member.
 - Hold the patient down.
 - Place the patient on their side, and call a coworker for assistance.
9. If a patient is having a tonic clonic seizure, the following action or actions **SHOULD** be taken: Select all that apply.
- Roll the patient on to their side.
 - Carefully suction secretions from the side of their mouth and apply the nasal canula.
 - Assign someone to notify the MD.
 - All of the above
10. True or False? When a patient is having a generalized tonic clonic seizure, you should always place something in their mouth to prevent them from swallowing their tongue.
11. Which of the following are **NOT** part of a seizure protocol upon admission to the EMU?
- Rescue Medications
 - Room set up with seizure safety measures in place
 - When to call a physician
 - Determining when the patient can be discharged
12. Please identify which question is part of the patient seizure assessment.
- "Are you going to have another seizure?"
 - "What is your name?"
 - "Would you like to use the bathroom?"
 - "Would you like me to call a family member?"
13. How often **SHOULD** the patient seizure assessment be performed?
- The seizure assessment should be done every minute until the patient returns to baseline.
 - The seizure assessment should be done every 15 minutes until the patient returns to baseline.

- c. The seizure assessment should be done every 30 minutes until the patient returns to baseline.
 - d. The seizure assessment only needs to be done once.
14. Where should the RN's seizure assessment be documented?
- a. On a scratch sheet of paper
 - b. On the change of shift report
 - c. On the "Seizure Assessment" template or a similar note in CPRS
 - d. On the "EMU Assessment" folder on CPRS
15. Please identify which question is part of the patient's Seizure Assessment, and **SHOULD** be asked when the nurse suspects an event is starting:
- a. "Are you going to have another seizure?"
 - b. "What is your name?"
 - c. "Would you like to use the bathroom?"
 - d. "Would you like me to call a family member?"
16. The following item or items is/are included in documentation of the patient's seizure: Select all that apply.
- a. Date and time of seizure
 - b. Duration of the seizure
 - c. A description of the seizure and of the aura and postictal phase, if applicable
 - d. All of the above
17. Upon encountering a patient experiencing a non-convulsive event-with or without impairment of consciousness (for example, they press the seizure button because they are having an odd feeling, the patient appears to be fumbling with their equipment, the patient is demonstrating chewing movements, and is rubbing his fingers together, and exhibiting confused speech, etc.), the nurse **SHOULD** do the following: Select all that apply.
- a. Pull back the bed sheets
 - b. Take note of the time the event started
 - c. Perform the language and memory test
 - d. Reassure the patient
 - e. Stay with the patient and call a team member to the room to assist
 - f. All of the above
18. After having a seizure, a patient becomes confused, and begins trying to get out of bed. Do you
- a. call for help in holding the patient down?
 - b. apply restraints (and get the restraint order later)?
 - c. let the patient sit up and the side of the bed, assess their strength & readiness, and/or assist the patient to the bathroom?
 - d. remain with the patient until he or she returns to their baseline mental status?

e. C and D