

**ARROWHEAD REGIONAL MEDICAL CENTER
NEURODIAGNOSTIC SERVICES (NDL) POLICIES AND PROCEDURES**

2022 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
			X		Numeric Index	
<u>Policies</u>						
101 v2				X	Mission and Goals	
102 v4			X		Table of Organization with Lines of Responsibility and Accountability	
102A v2				X	Medical Direction – Neurodiagnostic Services	
102B v2				X	Administrative/Technical Direction	
103 v2				X	Plan for Provision of Care	
104 v3				X	Departmental Communications – Shift Meetings, Interdisciplinary Committees	
105 v3				X	Competency Assessment	
106 v2				X	Environmental Safety	
107 v2				X	Scheduling of Appointments, Late Arrivals, and No shows	
108 v2				X	Performance Improvement	
109 v2				X	Service Orders	
110 v4		X			Information Privacy & Security – HIPAA Compliance	Retired
111 v3				X	Hospital Information System (HIS) Downtime Procedures	
112 v4				X	Emergency Operations Disaster Plan	
113 v4		X			Safety Policy	Retired
114 v5				X	Departmental Orientation Program	
115 v2				X	Documentation Requirements and Records Retention	
116 v4				X	Code Pink / Code Purple	

Procedural Competencies

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101 v2				X	Age Appropriate Care	
102 v2				X	Neonatal Intensive Care Unit Protocol	
103 – 200					No Policy	
201 v3				X	Guideline One – Minimum Technical Requirements for Performing Clinical Electroencephalography	
202 v3				X	Guideline Two – Minimal Technical Standards for Pediatric Encephalography	
203 v2				X	Patient History	
204 v3				X	Head Measurement	
205 v3				X	Electrode Application and Removal	
206 v3				X	Montage Selection	
207 v2				X	Eye Movement Monitoring	
208 v3			X		Activation Procedures	
209 – 300					No Policy	
301 v2				X	ECl – Electro Cerebral Inactivity	
302 – 400					No Policy	
401 v4			X		Continuous Electroencephalogram in the Intensive Care Unit	
402 v3				X	Continuous Electroencephalogram in the Neonatal Intensive Care Unit	
403 v3				X	Ambulatory Electroencephalogram	
404 – 500					No Policy	
501 v3				X	Guidelines on Evoked Potentials	
502 v3				X	Guidelines on Somatosensory Evoked Potentials	
503 v3				X	Guidelines for Brainstem Auditory Evoked Potentials	

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504 v3				X	Guidelines for Brainstem Auditory Evoked Potentials	
505 v3				X	Patient History for Evoked Potentials	
506 v3				X	Brainstem Auditory Evoked Response (BAER) Testing	
507 v3				X	Latency Intensity & Auditory Testing	
508 v3				X	Tibial & Peroneal Somatosensory Evoked Potential	
509 v3				X	Median & Ulnar Somatosensory Evoked Potential	
510 v2				X	Visual Evoked Potential Testing	
511 – 600					No Policy	
601 v3				X	Nerve Conduction Velocities	
602 v2				X	Patient History for Electromyography	
603 – 700					No Policy	
701 v3				X	Transcranial Doppler (TCD)	
702 v2				X	Patient History for Transcranial Doppler (TCD)	
703 – 800					No Policy	
801 v5				X	Infection Control	
802 v4			X		Handling of Patient Information Procedure	