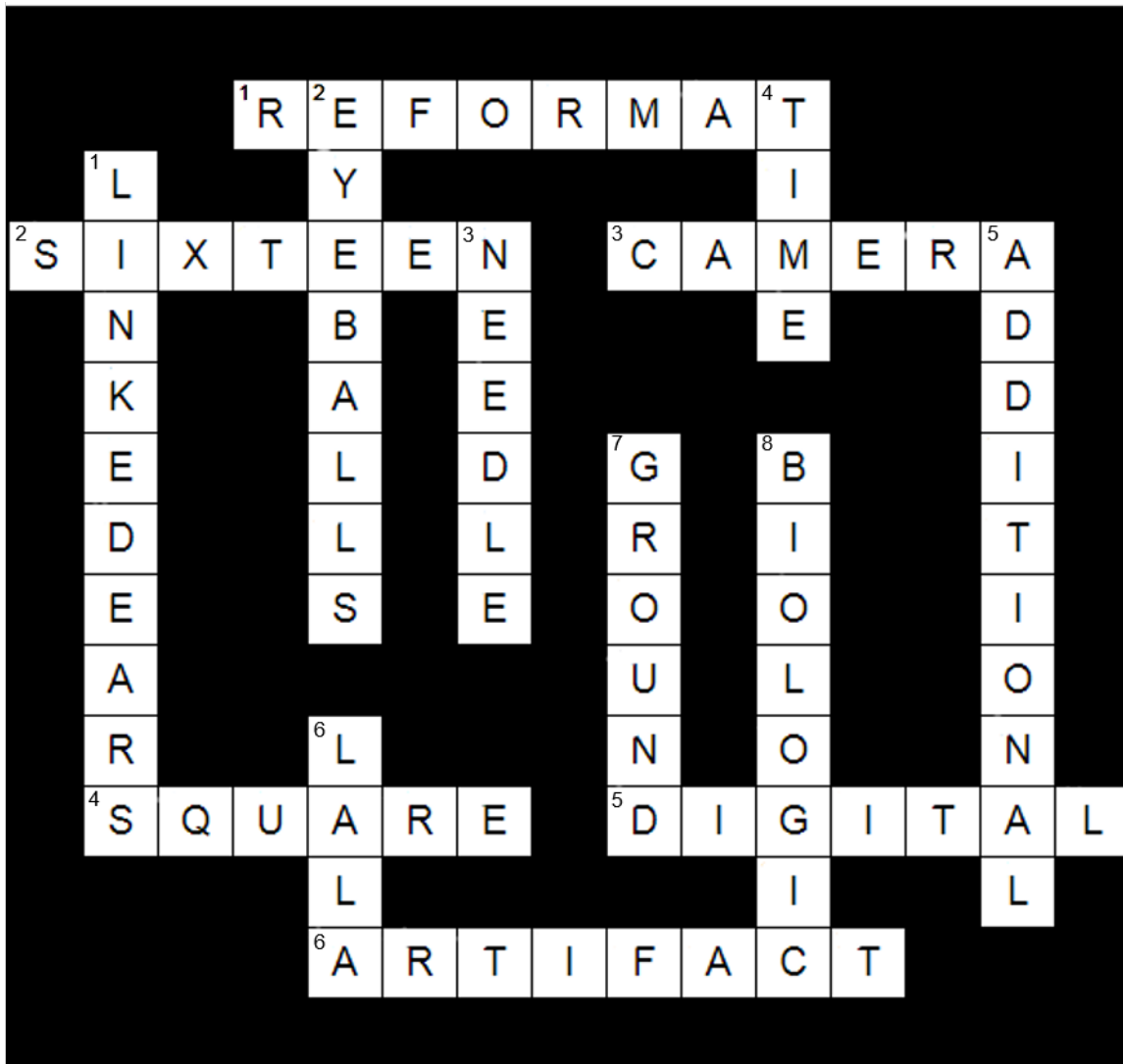


ACNS Minimal Technical Standards for Recording EEG



Across

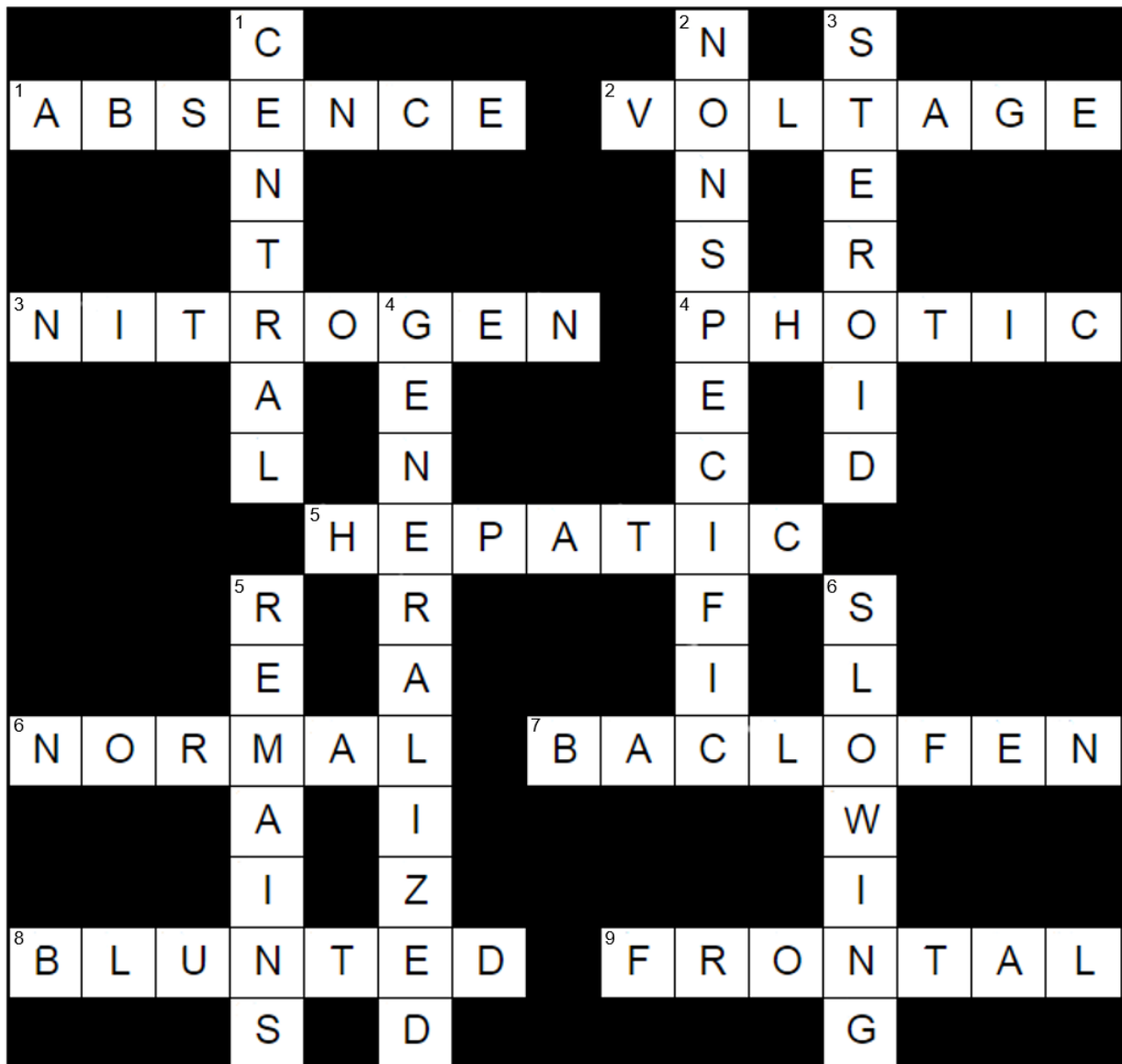
1. Post-acquisition, this is possible with digital EEG systems
2. Minimal number of simultaneously recording EEG channels
3. Provides visual evidence of clinical events and artifacts
4. Wave used for system calibrations
5. Changing filter settings does not permanently alter recorded data with these systems
6. May be present even if electrode impedances are satisfactory

Down

1. Not recommended for use as digital recording reference
2. Their movement can mimic anterior delta or theta electrocerebral activity

3. Electrodes that are not recommended for routine clinical use
4. It's constantly referenced when describing high pass filter
5. 10-10 system provides standardized means for selecting these electrodes
6. The technologist properly annotated that they asked the patient to say *this* to elicit glosso-kinetic artifact
7. An isolated one of these electrodes should be used with EEG recordings
8. This calibration is not necessary in digital systems

EEG in Metabolic Encephalopathy and Coma



Across

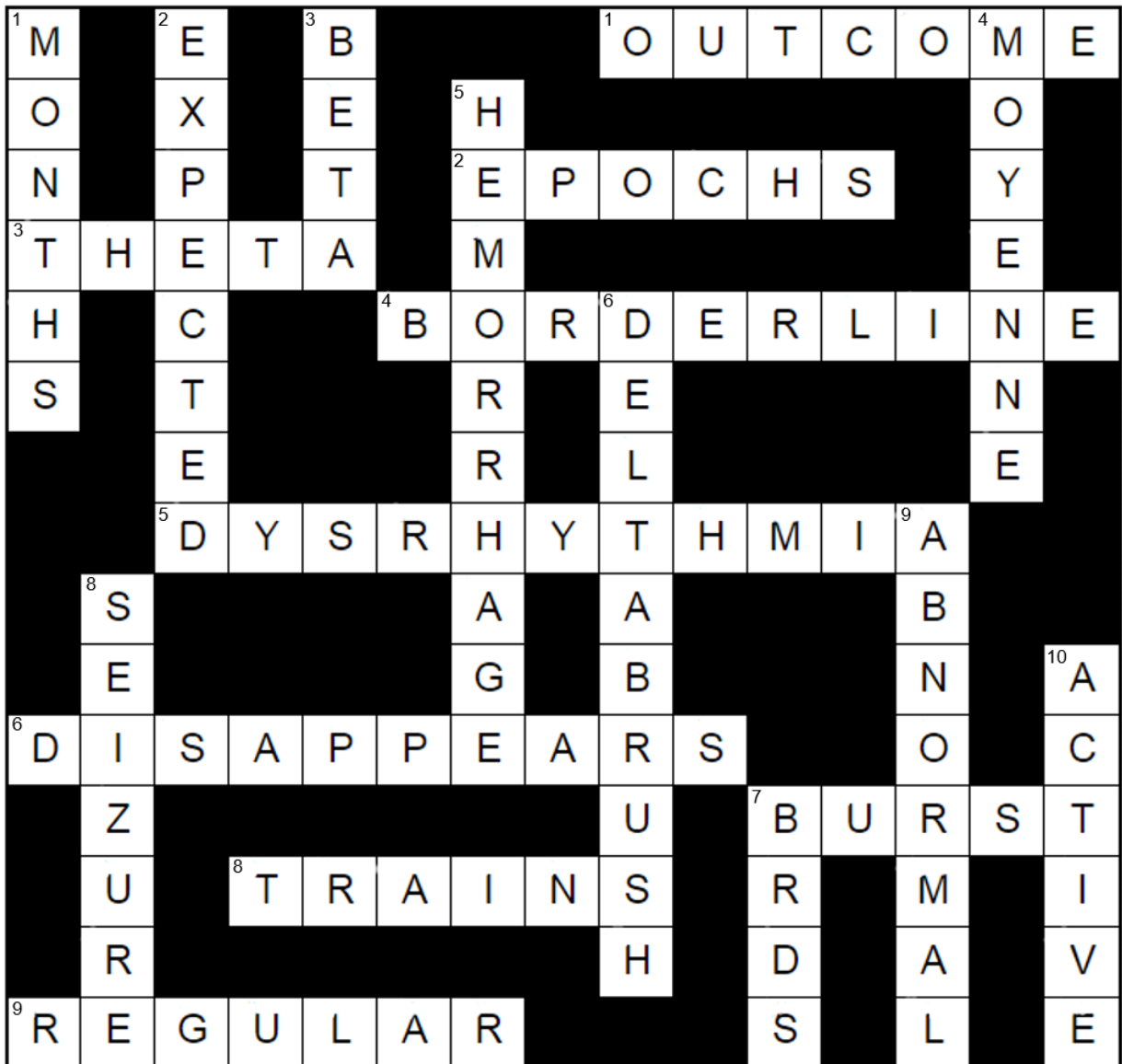
1. Generalized nonconvulsive status epilepticus has often been referred to as this type of status. The discharges may predominate anteriorly. Absence
2. Hypothyroid states are typically associated with a pattern that is dominated by theta frequencies and background that is low what? Voltage
3. GPDs with triphasic morphology can be seen in renal encephalopathy, correlated in part to the blood urea _____ level. Nitrogen
4. Patients with uremic encephalopathy may show sensitivity to what? Photic

5. GPDs with triphasic morphology were originally described as pathognomonic for this type of encephalopathy. Hepatic
6. A reactive low-voltage (<20 μ V) background can be seen in this classification of patients. Normal
7. Toxicity associated with this medication can produce GPDs with triphasic morphology. Baclofen
8. The initial phase of a typical GPD with triphasic morphology is what? Blunted
9. Although the term FIRDA has been obsoleted, it is appropriate to describe such activity as GRDA with this predominance. Frontal

Down

1. Hyponatremia can be associated with high-voltage 6-7 Hz activity arising from this region. Central
2. GPDs with triphasic morphology are etiologically what? Nonspecific
3. Hashimoto Encephalopathy is usually responsive to this type of medication. Steroid
4. The EEG of a patient with Hashimoto Encephalopathy will typically show this type of slowing. Generalized
5. For hepatic encephalopathy, even when the alpha rhythm _____, there can be frontal or more posterior intrusion of bursts of bilateral rhythmic delta waves. Remains
6. In general, as metabolic encephalopathies intensify, EEG amplitude increases while the background exhibits what? Slowing

Neonate



Across

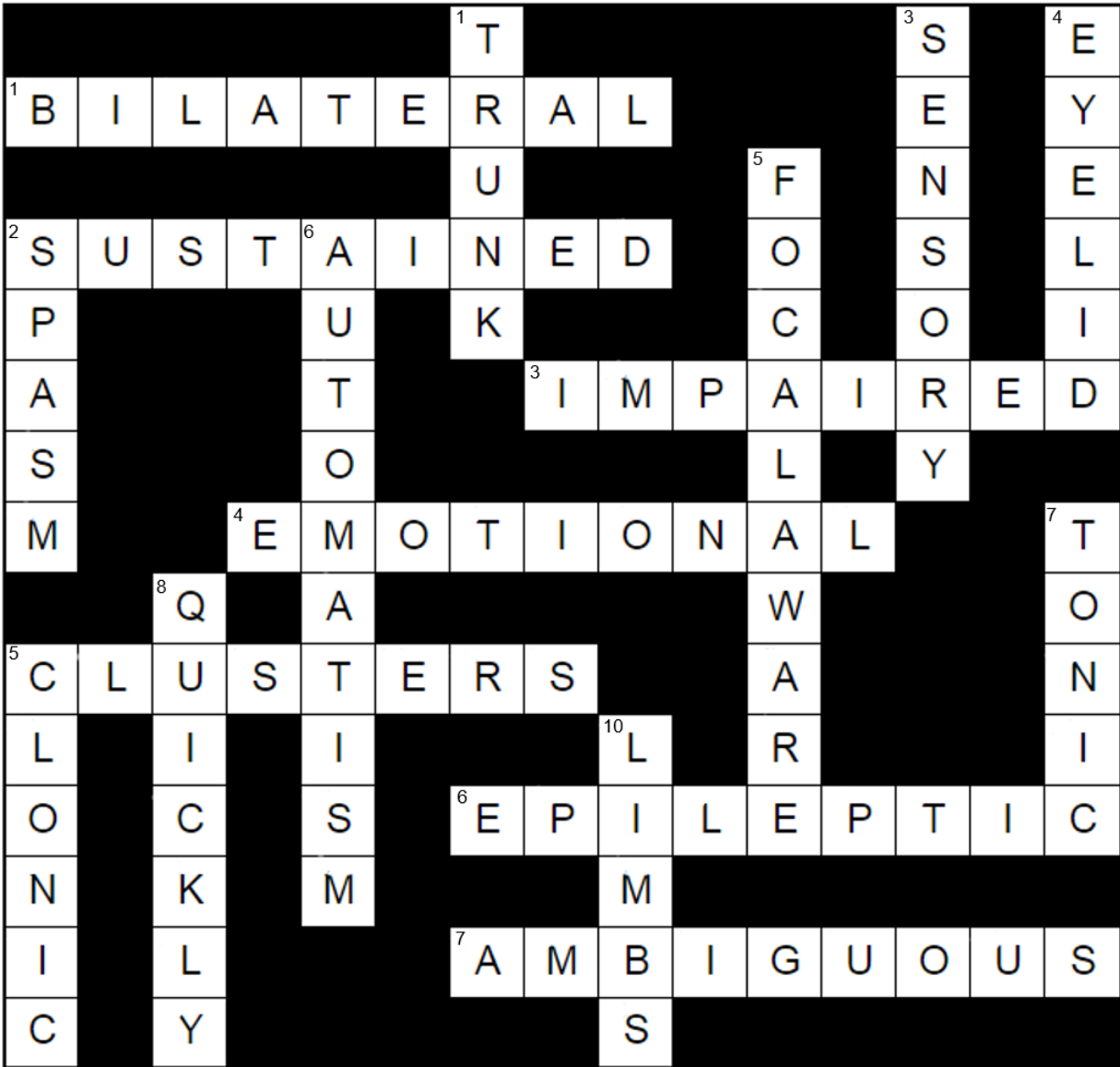
1. A persistently dysmature EEG is abnormal and associated with increased risk of abnormal neurologic _____? Outcome
2. Graphoelements appear, peak, and then fade during certain neonatal development _____? Epochs
3. Rhythmic temporal _____ is a normal graphoelement seen between 24 and 34 PMA. Theta
4. Between 10 and 25 μ V, this background is termed _____ low voltage. Clinical significance is unclear. Borderline

5. Seen in the frontal regions, the graphoelement is normal despite containing this word in its name; seen first at 32 weeks PMA and is not seen after 44 weeks. Dysrhythmia
6. As the neonate matures, trace alternant eventually does what? Disappears
7. To be synchronous, this must occur in each hemisphere within 1.5 seconds of each other. Burst
8. Sharp wave transients can occur as single events or present in? Trains
9. For trace' discontinu and alternant, the respiration pattern is very what? Regular

Down

1. Until about 4 _____ after term equivalent age, the awake term infant usually first falls into an active sleep state. months
2. Between 30 and 37 months of PMA, some degree of asynchrony is what? Expected
3. Delta brushes have also been described as _____-delta complexes. Beta
4. Activity that is average can be called? Moyenne
5. Positive sharp wave transients were first described in preterm EEG infants who developed a significant intraventricular _____. Hemorrhage
6. This pattern is most prominent between 24 and 36 weeks of PMA and consists of 0.3 to 1.5 Hz slow waves with superimposed fast activity. Delta brush
7. Share many characteristics with seizures but are very brief (less than 10 seconds). BRDs
8. In neonates, different types of this include diffuse, bilateral independent, migrating, and lateralized. Seizure
9. Negative sharp wave transients that are more frequent than 13 per hour for term infants are what? Abnormal
10. Eyes closed, intermittent periods of REM, and irregular respirations with small and large body movements. What type of sleep? Active

KEY: ILAE Seizure Classification



Across

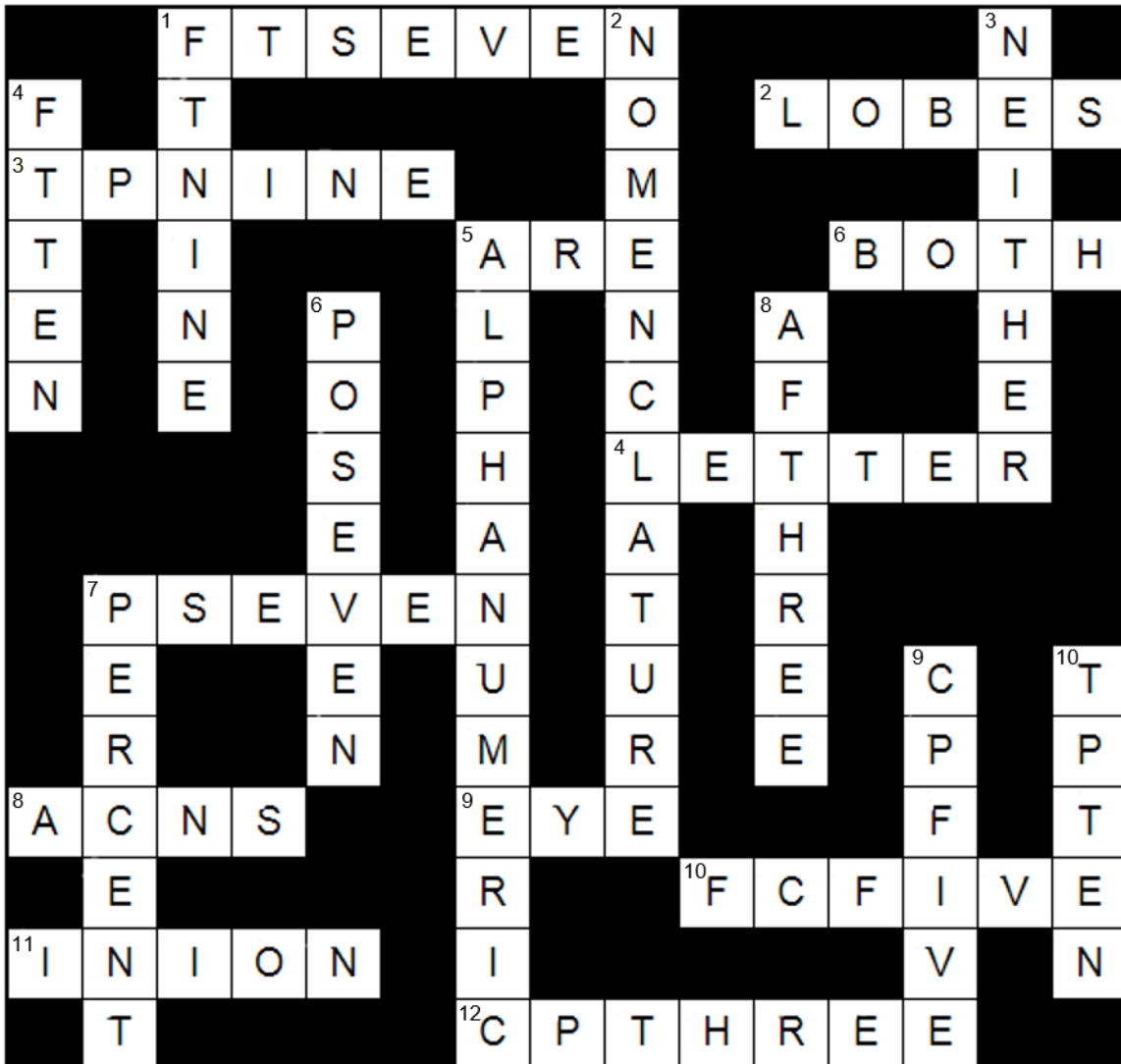
1. Not secondarily generalized, but focal to? Bilateral
2. Myoclonic implies brief and irregular jerking; tonic implies rhythmical, _____ jerking.
Sustained
3. Opposite of retained (with respect to awareness). Impaired
4. Type of focal non-motor onset seizure which involves involuntary laughing or crying. Emotional
5. In young children, seizures associated with flexion at the waist and flexion or extension of the arms typically appear in? Clusters
6. The term "infantile spasms" should only be used if the patient is actually an infant; this word replaces "infantile" (unless patient is an infant). Epileptic

7. As long as a seizure name is not _____, redundant words can be removed from the full seizure name. Example: "Focal onset non-motor sensory seizure" can be consolidated to read "focal sensory seizure". Ambiguous

Down

1. Brief spasms are associated with Flexion or extension of the limbs or flexion at the _____.
trunk
2. Epileptic or infantile. Spasm
3. Focal seizures associated with tingling or numbness, visual symptoms, sounds, olfactory symptoms, gustatory symptoms, vertigo, and hot-cold feelings. Sensory
4. This type of myoclonia can be associated with absence seizures and when present together are considered features of a non-motor seizure. Eyelid
5. Formerly called simple partial. Focal aware
6. Robotic repetitive semi-purposeful ictal movement. Automatism
7. Limb stiffening. Tonic
8. Typical absence seizures typically recover more _____ than atypical absence seizures.
Quickly
9. Sustained rhythmical jerking phase of seizure. Clonic
10. Generalized tonic seizures involve stiffening of all what? Limbs

10-10 with ACNS Reference



*Numbers spelled out without spaces; also note that clues utilize both 10–20 and 10–10 naming conventions.

Across

1. Halfway between T7 and F7. FTseven
2. The letters of electrodes should be representative of the underlying _____ or other anatomic landmarks. Lobes
3. Halfway between P9 and T9. TPnine
5. T8 and T4 are/are not the same electrode. Are
6. T7/8 and P7/P8 versus T3/4 and T5/6. Which are acceptable to use clinically and educationally including publication? Both
4. Each _____ should appear on only one coronal line. Letter

7. Halfway between T3 and O1. Pseven
8. Sponsor of 10-10 electrode position nomenclature. ACNS
9. Essentially, Nz is positioned between each what? Eye
10. Halfway between FC3 and FT7. FCfive
11. Iz? Inion
12. Halfway between TP7 and CPz. CPthree

Down

1. Next electrode posterior to F9. FTnine
2. A system or set of terms. Nomenclature
3. Which of the following terminology – FpF, FF is acceptable? Neither
4. Next electrode anterior to T10. FTten
5. A characteristic of the 10-20 and 10-10 electrode position terminology system. Alphanumeric
6. A hypothetical spike's surface discharge is recorded exactly halfway between TP7 and O1. Within an anterior-to-posterior bipolar montage, T5 and what other electrode would exhibit equipotentiality? POseven
8. Halfway between Fp1 and F3. AFthree
7. The distance between 2 electrodes within the 10-10 and 10-20 electrode systems is a _____ of that particular cranial landmarks' distance. Percent
9. Since the distance between TP9 and TP10 can be considered 100% of that plane's total distance, which electrode is located at 20% of that total distance (starting at TP9)? CPfive
10. Within same coronal plane, electrode that is located anterior to P10. TPten