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ASET POSITION STATEMENT Technologists On-Call for Neurodiagnostic Services

Neurodiagnostic technologists are often asked to be on-call in order to provide emergency diagnostic or monitoring services after regular working hours. Although each individual health care institution will determine monetary compensation, response times, frequency of call, and who will be expected to provide the service, on-call policies and procedures should not conflict with the prescribed Scope of Practice for Neurodiagnostic Technologists.

This Scope of Practice states that neurodiagnostic technologists do not interpret data, but work under the supervision of physicians or Ph.D. neurophysiologists. Therefore, if a neurodiagnostic technologist is called in to perform studies, it is imperative that the interpreting individual be readily available to provide interpretive information to the requesting physician. The technologist can provide a technical description of the data, but cannot, under any circumstances, provide an interpretation of the data.

Appropriate criteria for requesting after-hours services should be determined by the Medical Director of each laboratory. The results of the testing should be essential for making emergency decisions regarding the medical care of the patient. Situations in which after-hours testing might be essential include:

- Management of status epilepticus
- Determination of sub-clinical seizures
- Confirmatory test for brain death
- Evaluation of acutely altered level of consciousness
- Monitoring of drug-induced coma
- Acute ischemic stroke
- Trauma/emergency surgery

REFERENCES

American Clinical Neurophysiology Society. Guidelines in electroencephalography, evoked potentials, and polysomnography, *J Clin Neurophysiol.* 1994; 11(1):2-124.

ASET – The Neurodiagnostic Society. Statement of Professional Ethics and Scope of Practice for Neurodiagnostic Technology.

ABRET Neurodiagnostic Credentialing and Accreditation. Standards of Practice, Adopted by the ASET Board of Trustees, February 2001.