

ASET Guide for Writing Technical Descriptions

[adapted from [ACNS Guideline 7: Guidelines for EEG Reporting](#) and [ACNS Guideline 14: Standardized Critical Care EEG Terminology](#)]

History: Technologist and/or Physician

The history section is an aid to interpretation of the EEG and should be succinct, including the reason for obtaining the recording and any relevant clinical information, as well as identification of the patient and EEG recording. The purpose of the EEG should be documented (e.g., to evaluate altered mental status).

Technical Description: Technologist and/or Physician

The technical description should detail the conditions and parameters of the recording, including the date and location of acquisition and interpretation. Technical parameters should include the number of electrodes used and that the placement was in accordance with the International 10–20 or 10–10 System. Additional electrodes, modifications of the electrode placement, and skull defects, if present, should also be noted.

EEG Description: Technologist and/or Physician

This section should include a detailed description of the background electrocerebral activity, including all the essential characteristics of waveforms in the record, as well as a description of all events, including clinical semiology, and patient clinical state(s).

Required elements for the tech description include continuity, symmetry, reactivity, amplitude, synchrony, presence of stage II sleep, PDR, and a description of rhythmic and periodic patterns.

Required elements include the following:

Background EEG:

- Continuity: Continuous <1%, NC (nearly continuous- continuous with occasional 1-9% periods of attenuation or suppression), NC with attenuation, NC with suppression; Discontinuous (10–49%), Burst attenuation or Burst Suppression (50% or greater)
- Suppression (>99%) must be < 10 μ V

Regarding Rhythmic and Periodic Patterns:

- Main term 1: G (generalized), L (lateralized), BI (Bilateral independent), Mf (multifocal), UI (unilateral independent)
- Main term 2: PD (periodic discharges), RDA (rhythmic delta activity), SW (spike and wave or sharp and wave)
- For lateralized patterns: FPTO or hemispheric for the specific lobe or the hemisphere
- For Prevalence: Continuous ($\geq 90\%$), Abundant (50–89%), Frequent (10–49%), Occasional (1–9%), Rare (< 1%)
- Duration: Very Long (≥ 1 hour), Long (10–59 min), Intermediate (1–9.9 min), Brief (10–59 seconds), Very Brief (< 10 sec)

- Sharpness: spiky (< 70 msec), Sharp (70–200 msec), Sharply contoured, Blunt
- Amplitude: Absolute, very low (< 20 µV), low (20–49 µV), medium (50–149 µV), high (≥ 150 µV)

Impression: Physician Only

Refer to [ACNS Guideline 7: Guidelines for EEG Reporting](#)

Clinical Correlation: Physician Only

Refer to [ACNS Guideline 7: Guidelines for EEG Reporting](#)

References

Hirsch LJ, Fong MWK, Leitinger M, LaRoche SM, Beniczky S, Abend NS, Lee JW, Wusthoff CJ, Hahn CD, Westover MB, et al. 2021. American Clinical Neurophysiology Society's Standardized Critical Care EEG Terminology: 2021 Version. J Clin Neurophysiol. 38(1):1. doi:10.1097/WNP.0000000000000806.

Tatum WO, Olga S, Ochoa JG, Munger Clary H, Cheek J, Drislane F, Tsuchida TN. 2016. American Clinical Neurophysiology Society Guideline 7: Guidelines for EEG Reporting. J Clin Neurophysiol. 33(4):328. doi:10.1097/WNP.0000000000000319.