

## Patient information factsheet

# Home video telemetry record chart

Barcode:

URN:

Hospital number:

Patient name:

DOB:

Gender:

Encounter number:

Patient list code:

Clinic:

Date and time of test:

Date and time of return:

Clinical physiologist:

| Date and time | Activity<br>For example, meals and sleeping | Description of event or attack<br>For example, vacant, not responding, falls, jerks, twitches, shaking, eye movements, speech or colour change, odd behaviour | How long event lasted | Button pressed (yes or no)<br>Start, during or end of attack | Symptoms after attack and how long it took to fully recover |
|---------------|---|---|-----------------------|--|---|
|               |   |   |                       |  |   |
|               |   |   |                       |  |   |
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| <b>Date and time</b> | <b>Activity</b><br>For example, meals and sleeping | <b>Description of event or attack</b><br>For example, vacant, not responding, falls, jerks, twitches, shaking, eye movements, speech or colour change, odd behaviour | <b>How long event lasted</b> | <b>Button pressed (yes or no)</b><br>Start, during or end of attack | <b>Symptoms after attack and how long it took to fully recover</b> |
|----------------------|--|--|------------------------------|---|--|
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### How to complete your home video telemetry record chart

Please keep the chart with you and fill it in throughout the day. Record all events and press the event marker as soon as an event begins.

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| Don't  | Do  |
|--|---|
| <ul style="list-style-type: none"><li>• get the equipment or leads wet</li><li>• put the unit under your pillow at night</li><li>• chew gum or suck sweets</li><li>• brush or style your hair</li><li>• touch the electrodes or leads, or scratch your head</li><li>• wear tight fitting tops</li><li>• hold a mobile phone near your face or equipment box (you can still text and make hands-free calls)</li><li>• use any electrical device while it is charging, such as a laptop, mobile phone or iPad (always fully disconnect your device from the power source before using)</li><li>• use an electric blanket</li></ul> | <ul style="list-style-type: none"><li>• press the event marker as soon as you feel an event coming on (if you are unable to do this, ask someone else to do this on your behalf)</li><li>• record all the symptoms you experience (or your family or friend witnesses) as soon as you are able to</li><li>• remain in view of the camcorder</li><li>• keep the equipment secured to you as it was originally set up</li><li>• record all your meals and snacks</li><li>• record the time you go to bed and the time you wake up (including any daytime naps)</li><li>• record when you take your medication</li><li>• record when you brush your teeth</li><li>• record your day-to-day activities (for example, reading and watching TV)</li><li>• wear button up or loose fitting tops</li><li>• bring the record chart with you to your third hospital appointment</li></ul> |

## Technical use only (physiologist initials on removal of equipment)

Did the patient have any typical attacks or events? **Yes/No** If 'yes', please check details complete overleaf.

Did the patient press the event marker? **Yes/No** If 'yes', please check details complete overleaf.

## Contact us

Clinical neurophysiology team

Telephone: **023 8120 6785** (Monday to Friday, 8am to 4pm)

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