

CH 328770

Page: 120

E. E. G. DEPT.		AFFIX LABEL HERE OR ENTER:—		
Royal Victoria Hospital, Belfast, 12	Form No. M232 RS268	MR. MRS. MISS	FULL NAME Claire Roberts	HOSPITAL NUMBER 328770
E.E.G. No. 6803		CONSULTANT	WARD/CLINIC	DATE OF BIRTH

REPORT

Remarks

The patient was — alert, drowsy, semi-conscious, unconscious, unco-operative.

Conclusion: The record is outside normal limits for age (8 mths). No well-defined components of sleep were seen during the patients somnolent periods, and one poorly formed episode of spike-wave, complexes was associated with a left-sided body jerk. The latter is of doubtful significance, due to associated movement, artefact and the likelihood of 'K' complexes arising during this period of sleep/drowsiness. Further EEG investigation may be useful.

WMQ 320		
Date of Recording 10.9.87	Report signed by	E. E. G. REPORT

CH 328770

Page:

121

E. E. G. DEPT.		AFFIX LABEL HERE OR ENTER:—		
Royal Victoria Hospital, Belfast, 12	Form No. M232 RS268	MR. MRS. MISS	FULL NAME Claire Roberts	HOSPITAL NUMBER 328770
E.E.G. No. 6309		CONSULTANT Dr Hicks	WARD/CLINIC Allen	DATE OF BIRTH 10.1.87
REPORT				

Remarks

The patient was — alert, drowsy, semi-conscious, unconscious, unco-operative.

The baby drifted between drowsiness and sleep for most of the recording. During the more alert periods a rhythmic pattern of mixed frequencies at 3-7Hz of amplitude 30-70uv was recorded fairly symmetrically. When the patient was drowsy the voltage of the dominant activity increased to 50-250uv, the pattern showed hypersynchronous qualities. Slightly deeper sleep was achieved and the background frequencies gave way to arrhythmic waves at 3-6Hz. At this stage the patient had a left-sided body jerk, this was accompanied by a high voltage burst of indefinite spikes and slow waves. Further, less well developed complexes occurred without clinical signs. No consistent focus noted.

WMQ 320

Date of Recording
10.9.87

Report signed by

E. E. G. REPORT

CH 328770

Page:
122

Royal Victoria Hospital, Belfast, 12	Form No. M232 RS268	MR. MRS. MISS	FULL NAME Claire Roberts	HOSPITAL NUMBER 328770
E.E.G. No. 6303A		CONSULTANT	WARD/CLINIC	DATE OF BIRTH
REPORT		Claire Robert		10.1.87

Remarks

The patient was — alert, drowsy, semi-conscious, unconscious, unco-operative. *+ sleeping.*

Conclusion:- the record is outside normal limits for age (8 mths) and level of consciousness, due to the questionable morphology of a few components of the sleep pattern.

Conclusion

WMQ 320		
Date of Recording 14.9.87	Report signed by	E. E. G. REPORT

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CH 328770

Page: 123

14.9.37

Remarks

The patient was — alert, drowsy, semi-conscious, unconscious, unco-operative. *sleeping.*

At the outset of the recording the baby was drowsy and very rhythmic, high voltage activity at 4-5Hz was recorded symmetrically. When the child was sleeping lightly the dominant rhythm dropped in voltage and became less well organised. Bursts of irregular, slow components at 2-3Hz stood out from the background pattern with voltages up to 250uv and forming phase reversals in the region of the vertex; they arose spontaneously and following sound stimulus in the manner of 'K' complexes. A few irregular runs of fast components at 14-18Hz were noted in the central regions and once they occurred in a very brief generalised episode with marked attenuation of voltage. No consistent localising signs or epileptiform discharges noted.

WMQ 320

Date of Recording	Report signed by	E. E. G. REPORT
14.9.37		