

DEPARTMENTAL PROTOCOL FOR PERFORMING PHOTIC STIMULATION

Procedure is explained as well as possible effects to both parent and child before the onset of photic stimulation.

Check parents are not photosensitive or have a history of seizures. If in doubt, and parents consent to the procedure, call for assistance or ask parents to leave the room until the end of the procedure.

Photic lamp is positioned 30cm directly in front of the patients face (nasion to lamp). Ambient lighting is reduced sufficiently to still observe the patient.

NOTE: some subjects are more sensitive in a well-lit room and others in darkness.

Flashes are delivered in trains of 4-5 seconds duration, and each flash will follow an interval of at least of 4 seconds.

At each onset of the flashes, eyes will initially be open and patient will be asked to look directly at the centre of the lamp.

Desired frequency is selected.

After 4-5 seconds of stimulation, the patient is asked to close their eyes and to keep them closed until the end of the stimulation.

Procedure is repeated in the following order at the following frequencies for:

MANUAL: 1,2,4,6,8,10,12,14,16,18,20,25,30Hz

ALTERNATE: 1,40,2,35,4,30,6,25,8,20,10,18,12,16,14Hz

If any photo-convulsive response is evoked, lamp is **immediately switched off**, and testing in that frequency is aborted.

If the abnormal response is a generalized epileptiform discharge, stimulation at the same frequency is repeated to check reproducibility of abnormal response.

Clinical signs or symptoms that are elicited with this abnormal response are noted down.

If any epileptiform abnormality persists and/or evolves in morphology, child safety is ensured. Hard/sharp objects are moved away and child is placed in a position to maintain a clear airway. Child is moved to the bed if it has not been done so.