

# EMERGENCY

## LOSS of SSEP/MEPs

### Electrophysiology Technician

- Declares Loss of Signal and confirmed monitor integrity
- Notify EP Attending

### Surgeon

- Acknowledges /stops surgery

### Anesthesia Provider

#### confirms/corrects)

- Assures Attending Aware
- No change in anesthetic
- BP MAP>80mm Hg
- Pt. Temp >36.5°C
- Hgb >10gm/dl
- Glucose >80mg/dl

### Surgeon

- Requests Wake-Up Test

### Anesthesia Provider

- Concurs and Wakes up Patient

### RN At Patient foot

- Declares YES/NO movement

### If YES Movement:

#### Anesthesia Provider

- Re-establishes anesthetic
- Anticipate ICU admission

**Surgeon**

- Modest correction or *in situ* fusion

#### Electrophysiology Technician

- Resumes monitoring of pt

### If NO Movement:

#### Anesthesia Provider

- Re-establishes anesthetic
- Anticipate ICU admission

#### Surgeon

- Declares intentions: Remove Correction

#### Electrophysiology Technician

- Resumes monitoring of pt

### Team:

- Consider Repeat Wake-up Test
- Consider Steroid Protocol
- Consider Removing Implants unless Spine Unstable
- Consider MRI
- Anticipate ICU Admission

Adapted from...

Pahys, et. Al. Neurologic Injury in the Surgical Treatment of Idiopathic Scoliosis: Guidelines for Assessment and Management *J Am Acad Orthop Surg* 2009;17: 426-434

