

Supplementary material

Clinical vignettes of patients transferred exclusively for EEG monitoring

Patient 1: A 69-year-old female with extensive medical comorbidities, including post-stroke epilepsy, presented with altered mental status and shaking concerning for convulsive status epilepticus and was found to have a small intracerebral hemorrhage. Rapid-EEG showed diffuse slow activity and generalized periodic discharges with triphasic morphology. Subsequent EEG monitoring at the flagship hospital did not reveal seizure activity, so the patient was transferred back to the community hospital.

Patient 2: A 61-year-old male with medically and surgically refractory epilepsy whose primary epilepsy care was based at the flagship academic hospital presented to the community hospital affiliate with generalized convulsive status epilepticus. After the patient's convulsions ceased with initial benzodiazepine treatment, Rapid-EEG was set up and immediately detected persistent non-convulsive status epilepticus. Anti-seizure therapies were escalated appropriately, intubation was avoided, and Rapid-EEG was used to confirm non-convulsive seizure cessation prior to transfer.

During the study period, two patients were transferred for services other than EEG monitoring. The first patient, an 82-year-old man with a history of an intracerebral tumor, who presented with altered mental status without distinct clinical events, was transferred for neurosurgical biopsy of the brain mass after Rapid-EEG ruled out non-convulsive seizures. The second patient, an eight-year-old boy with developmental delay who presented with clinical episodes concerning for

seizure, was transferred for pediatric neurology services after Rapid-EEG showed only diffuse slow activity.