

NEURO-CARDS NEURO EMERGENCIES AND 1ST STEPS

William Buxton, M.D.

UCLA-Santa Monica Neurologic Associates

CLINICAL PRESENTATION

POSSIBLE DIAGNOSIS

FIRST STEPS:

ENCEPHALOPATHY:

Fever, stiff neck, leukocytosis

CNS infxn or SAH

Image and LP

Malnutrition, ophthalmoplegia, gait ataxia

Wernicke's

Thiamine IM or IV (always consider empiric banana bag)

Rhythmic motor or eye activity

Subclinical Seizures

Neurology eval, EEG, Consider benzo dose

Gaze preference, lateralized signs

Stroke, mass, cerebral Bleed, SDH, EDH

Image

Rigidity, fever, elevated CPK (on psych meds or if Parkinson's Meds stopped suddenly)

NMS

Dantrolene, Bromocriptine, Cooling, (resume Parkinson's meds if stopped suddenly)

Agitation, autonomic instability, seizure, EtOH withdrawal

DT's

Benzos as needed, supportive care

Metabolic disturbances

Metabolic enceph.

Correct underlying problem

Tox screen as part of initial workup for all.

HEADACHE (For imaging, MRI OK for acute blood as long as GRE or T2* sequences done):

Sudden severe

SAH

Image, if negative then LP

Fever, stiff neck, leukocytosis

CNS infection

Image and LP

Nausea, central visual loss, papilledema

Pseudotumor

Image, LP if safe, diuretics steroids, nerve fenestration

Visual loss, jaw pain, elevated ESR

Temporal arteritis

Rheum eval and biopsy

Focal signs

With neck pain /trauma/chiro

Intracerebral mass/bleed Dissection

MRI/A MRI/A +/- CTA

Awakened earlier than usual

Tumor

MRI

Rapid onset with dizziness

Cerebellar bleed

CT and evacuation

Hypercoagulable incl. pregnancy

Cerebral sinus thrombus

MRI/V (or CT with contrast)

New onset in >45 y/o

Intracerebral mass

MRI

LOWER BACK PAIN:

Fever, DM, infection, IVDA	Epidural abscess	MRI, ID input, surgery eval.
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Bowel or bladder dysfunction	Cauda Equina	MRI, surgery eval, consider Steroids if from tumor
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History of malignancy:

Symmetric signs in BLE	Vertebral met	MRI, steroids, XRT
Patchy signs in lower extr.	Carcinomatosis	MRI, LP with cytology if safe to tap

PERIPHERAL NERVE AND MUSCLE

Rapidly ascending in LMN pattern	GBS	NCS / EMG if feasible, LP, Follow FVCs, phresis/IVIG, Follow for autonomic probs
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Fluctuating weakness, esp. bulbar

Myasthenia gravis

Tensillon /trial of mestinon
Follow FVCs
Phresis/IVIG

if constipated and febrile

Botulism

Antibody and antitoxin
Follow FVCs

Proximal weakness and pain	Myositis	Hydrate, follow renal
elevated CK		consider steroids

DIZZINESS

Rapid onset with headache

Cerebellar bleed

CT and evacuation

Other brainstem signs and sympt. Recent neck trauma	Vertebrobasilar dz. Dissection	MRI/A and hydrate MRI/A or CTA
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NECK OR UPPER BACK PAIN

Myelopathy/bowel or bladder

Cord compression
MyelitisMRI, steroids, surgery
MRI/LP, consider steroids
Steroids, XRT, surg. eval
ID eval, surgery eval.History of malignancy
Infection/IVDA/DMSpinal tumor
Epidural abscess**VISUAL DISTURBANCE**

Transient monocular blindness	Amaurosis fugax	MRA, CTA, or Duplex
Gradual loss of focus in one eye	Optic neuritis	MRI, LP
Binocular peripheral field loss	Pituitary mass	MRI of pituitary and brain
Complete sudden loss	Distal basilar clot	MRI/A
Headache, elevated ESR	Temporal arteritis	Rheum eval, biopsy
Nausea, headache, papilledema	Pseudotumor	Image, LP if safe, diuresis or steroids, nerve fenestration

CEREBROVASCULAR DISEASE

Listed by symptoms above

Rapidly progressive brainstem symptoms	Impending locked-in	Hydrate, MRI/A, antiplatelet, statin
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