

LECTURE

Workshop 1: Neurological Emergencies

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Abstract

In the last years, the role of the Neurologist in the Emergency Department (ED) has been increasingly important. With the development of new diagnostic and therapeutic tools, neurological intervention is essential to define and implement patient management, improving the quality of medical care and reducing futile costs. This workshop will address the most common neurological complaints in the ED. Acute stroke will be addressed in detail, focusing on practical issues of management and most recent advances in reperfusion therapies and stroke care pathway. Likewise, we will discuss headaches, one of the most common symptoms for which patients seek medical attention. We will review the main aetiologies, diagnostic evaluation as well as the management of pain in this setting. Special focus will be made in the differentiation of primary and secondary headaches, highlighting the signs that should alert physicians to proceed investigation. We will address the emergent management of a patient with an epileptic seizure, as well as the basic study that should be performed in the

ED. The differential diagnosis will be discussed, as well as the different aetiologies and therapeutic decisions, paying particular attention to the differences between acute symptomatic seizures and recurrent seizures in patients with previously diagnosed epilepsy. Status epilepticus' protocol will be presented. We will then review delirium, a frequent presentation of elderly patients in ED, exploring its main aetiologies which may be uncovered by a guided history, physical and neurological examination. Recognition of precipitating factors and the management of these patients, as well as of comatose patients in the ED will be discussed. We will then address the approach to patients with acute vestibular syndromes, based on detailed history-taking and HINTS - a combination of manoeuvres that help to differentiate peripheral and central causes of vertigo. Acute neurological deficits of other causes such as those caused by acute neuropathies, neuromuscular junction dysfunction, spinal cord lesions or toxic-metabolic insults will be discussed at the end of the workshop.

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