



2012 Scientific Assembly Course Descriptions

Neurologic Disorders

Advanced Neuroimaging for Acute Stroke and Subarachnoid Hemorrhage: What is the Role of CTA, CTP, and MR Techniques?

TH-290 / 1 Hour

Faculty: E. Bradshaw Bunney, MD, FACEP

Thursday, October 11 / 10:00 AM - 10:50 AM

CT angiography (CTA), CT perfusion (CTP), and MR scanning are increasingly available for the evaluation of acute stroke patients. Are CTA, CTP, and MR more accurate than non-contrast CT for detecting stroke and determining its extent? What data supports the ability of these modalities to distinguish the irreversibly infarcted brain from brain tissue that may be salvageable with reperfusion therapy? Can CTA or CTP parameters help predict the likelihood of hemorrhagic transformation of an ischemic stroke or growth of a hemorrhagic stroke? The speaker will address these questions and more.

Are You Ready to Give tPA in Ischemic Stroke? Practical Considerations for Real-Life Use

WE-261 / 1 Hour

Faculty: E. Bradshaw Bunney, MD, FACEP

Wednesday, October 10 / 5:00 PM - 6:00 PM

It may work in theory, but what about in the real-life practice in the ED? Emergency physicians are often called upon to make the decision to use tPA in acute ischemic stroke patients. No neurologist? What can the EP do to deal with this common situation? Even with expanding time windows, the focus remains on giving tPA as early as possible. Therefore, multiple actions must occur extremely rapidly. Using a rapid fire checklist approach, the speaker will review the important, practical steps that physicians must use to safely and thoughtfully make the decision to lyse or not.

As the World Turns: Dizziness and Vertigo in the Emergency Department

MO-32 / 1 Hour

Faculty: Andrew K. Chang, MD, MS, FACEP

Monday, October 8 / 1:30 PM - 2:20 PM

Seeing the chief complaint of "dizziness" on a patient chart often evokes a visceral response from the emergency physician. The speaker will show how to quickly categorize dizziness into one of four subtypes. The diagnosis and treatment of benign paroxysmal positional vertigo (BPPV), which is the most common cause of vertigo, will be emphasized. Video clips will be used to demonstrate various diagnostic tests (e.g. Hallpike test, head thrust test) and various therapeutic maneuvers (e.g. Epley maneuver, bar-b-que roll). Turn frustration with this patient complaint into patient and physician satisfaction.

Back Pain: Cases that You Simply Cannot Miss!

WE-240 / 30 Minutes

Faculty: Tracy Leigh LeGros, MD, PhD, FACEP

Wednesday, October 10 / 3:30 PM - 3:55 PM

Back pain is one of the most common symptoms that bring patients to the ED. The vast majority of cases have minor strains, tears, and other mechanical problems that will improve with time, but a few patients harbor life- or limb-threatening problems that, if not diagnosed properly and rapidly can lead to paralysis or death. How does the busy clinician find the needle in the haystack? The speaker will review strategies to assess and diagnose these patients so

you don't miss that needle in the haystack!

Brain Resuscitation

TH-283 / 1 Hour

Faculty: Evie G. Marcolini, MD, FACEP

Thursday, October 11 / 9:00 AM - 9:50 AM

The neurologic outcome is the most important determinant in assessing whether intervention was successful in survivors of trauma, stroke, ischemic brain injury, and post cardiac arrest. The speaker will review neuroprotectants, the role of medical therapy in combination with interventional radiology and TPA in stroke, and the state-of-art in the management of traumatic brain injury.

Case Studies of Subtle Presentations of Devastating Neurological Conditions

MO-17 / 1 Hour

Faculty: Scott C. Sherman, MD

Monday, October 8 / 12:30 PM - 1:20 PM

How does the expert clinician manage to sort through a sea of seemingly vague and disconnected complaints to pick up that rare but critically-ill patient whose condition is potentially devastating if missed? What clues do astute physicians hone in on and why? What tipped them off? Our patients don't read the textbook ahead of time and rarely volunteer the key pieces of information needed to come up with the tough diagnosis. Test your skills as the presenter works through challenging cases. Will you sort out the clues and make the right call?

Combative, Convulsing, and Crazy: Care of the Altered and Agitated Patient

WE-172 / 1 Hour

Faculty: Stephen J. Traub, MD, FACEP

Wednesday, October 10 / 8:00 AM - 8:50 AM

Combative, agitated patients who are seizing and/or have altered mentation are a danger to themselves and emergency providers. Are these overdoses or ingestion, results of head trauma, or psychiatric problems? Waiting is often not an option as these patients can deteriorate quickly. The speaker will discuss how clues from the limited history and physical exam can help the emergency physician determine potential causes for the patient's behavior and also quickly identify life-threatening conditions while keeping both the patient and staff safe from harm.

Cranial Nerves: When is it an Emergency?

MO-03 / 1 Hour

Faculty: Jonathan A. Edlow, MD, FACEP

Monday, October 8 / 8:00 AM - 8:50 AM

Subtle cranial nerve dysfunction can be the tip of a neurologic disaster. When do patients with facial paralysis need brain imaging? Do all third nerve palsies result from posterior communicating artery aneurysm? Which patients with vertigo require neuro-imaging? Using a case-based format, the speaker will reveal how subtle cranial nerve findings can be the tip of a neurologic iceberg catastrophe.

Cranial Conundrums: Surprises in Neurologic Emergencies

TU-103 / 1 Hour

Faculty: Jonathan A. Edlow, MD, FACEP

Tuesday, October 9 / 10:00 AM - 10:50 AM

Using actual ED cases, the speaker will attempt to decipher the "lesion". Based on initial presentation, the speaker will discuss the differential, diagnostic approach, and treatment, as the cases unfold before your eyes. Diagnostic dilemma and controversies also will be

presented in this fast-paced, interactive format.

ICH – Evidence-Based Approach to the “Other” Stroke

MO-45 / 1 Hour

Faculty: Jonathan A. Edlow, MD, FACEP

Monday, October 8 / 3:00 PM - 3:50 PM

With all the attention paid to ischemic stroke over the past decade, less attention has been paid to intracranial hemorrhage (ICH). Whether you're at a tertiary receiving center or the transferring doc in a rural ED, these are important acute care issues. How aggressively should you treat the blood pressure? What's the best reversal agent for anti-coagulated patients? Which patients need early angiography? Should you make the patient DNR in the ED? Does the patient need to go swiftly to the OR? The speaker will address these questions using data from recent studies and the new AHA guidelines.

Life-Threatening Weakness: Strengthen Your Diagnostic Skills

TU-117 / 1 Hour

Faculty: Andrew D. Perron, MD, FACEP

Tuesday, October 9 / 12:30 PM - 1:20 PM

Acute weakness is a common complaint of patients who present to the ED, but most cases are not life-threatening. The speaker will focus on important neurologic causes of life-threatening weakness, such as Guillain-Barré, myasthenia gravis, periodic paralysis, and botulism. Key elements of the neurologic examination and diagnostic tests that are helpful in identifying weakness syndromes will be discussed. Diagnostic tips based on deficit location and clinical presentation will be shared. The speaker also will discuss when to endotracheally intubate these patients.

Master Clinician Series: The Symptom-Specific Rapid Neuro Examination

MO-07 / 1 Hour

Faculty: Gregory L. Henry, MD, FACEP

Monday, October 8 / 8:00 AM - 8:50 AM

What should be on the chart of every headache patient? How about every patient with diplopia or vertigo? Or back pain, or acute weakness? One can do a perfectly reasonable exam that targets the important findings for any given neurological complaint. Using a case-based approach, the speaker will discuss what important findings should be assessed and documented on the chart of every patient with any of these common neurological complaints. Learn how to protect your patients from bad outcomes and yourself from a malpractice suit.

The Psychiatric ED Patient – Special Handling Needed!

TU-82 / 1 Hour

Faculty: Kirk B. Jensen, MD, MBA, FACEP

Tuesday, October 9 / 8:00 AM - 8:50 AM

Although it is estimated that up to 25 percent of ED visits have a behavioral health component; this area of emergency care and operations has not been as well-developed as others. Changing the ED environment, training staff to “see through the patient's eyes” in developing caring approaches, linking to community resources, and tracking improvement can yield positive results. The presenter will apply basic service operations and patient flow concepts to the special needs of the psychiatric patient to enhance overall flow and to improve the patient and ED staff experience.

Subarachnoid Hemorrhage: Who Needs the LP?

WE-251 / 1 Hour

Faculty: David H. Newman, MD, FACEP; Ashley Shreves, MD

Wednesday, October 10 / 4:00 PM - 4:50 PM

Subarachnoid hemorrhage (SAH) is a potentially deadly but uncommon diagnosis. Headache, however, is an extremely common complaint. Finding the needle in the haystack of ED headaches is notoriously difficult. With a common sense approach, and a deep dive into the SAH and headache literature, a reasonable, responsible approach to this quandary is available. Participants will become familiar with the literature and will be prepared to comfortably decide how likely it is that an LP will benefit their patient.

Update in the Management of TIA and Stroke Patients

WE-258 / 30 Minutes

Faculty: Michael A. Ross, MD, FACEP

Wednesday, October 10 / 5:00 PM - 5:25 PM

Diagnostic and therapeutic interventions for patients with cerebral ischemic symptoms continues to evolve and even the definitions are changing. Using a case-based approach, the speaker will explore the latest AHA definition of TIA, the ED work-up and treatment, and admission criteria for patients with suspected TIA. Can the work-up be done in an ED-based observation unit? The speaker also will discuss the latest options related to the emergency management of stroke patients, including imaging and anticoagulation. The controversies regarding thrombolytic agents in acute stroke also will be explored.

Vertigo Skills Workshop

MO-63; MO-75 / 1 Hour

Faculty: Andrew K. Chang, MD, MS, FACEP (Moderator); Vincent Nguyen, MD; Danielle Weinman, MD

Monday, October 8 / 4:00 PM - 4:50 PM; 5:00 PM - 6:00 PM

Vertigo is a common and troubling symptom for patients. It's also one of the symptoms in which bedside tests can diagnose the underlying cause while bedside maneuvers can treat them. During this small group workshop, the presenter will first describe these various diagnostic tests and therapeutic maneuvers and then have the attendees practice them on live models. You've heard all the terms – Dix-Hallpike, Epley, BPPV, the roll test. Now it's time to learn how to do them in a hands-on environment. *(This course is limited to 15 participants.)*

MO = Monday TU = Tuesday WE = Wednesday TH = Thursday