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

MO-19 / 1 Hour
Faculty: Jordan Bonomo, MD
Monday, 10/26/2015 / 12:30 PM - 1:20 PM

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 as more.

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

TU-79 / 0.5 Hour
Faculty: Andrew W. Asimos, MD, FACEP
Tuesday, 10/27/2015 / 8:00 AM - 8:25 AM

The revised ACEP clinical policy for the use of intravenous TPA for the management of acute ischemic stroke in the emergency department recommends that the risk of symptomatic intracranial hemorrhage be considered in the decision to administer TPA. What tools or scores exist to assist in making this risk stratification decision? How does the severity of a stroke impact the hemorrhage risk and the likely benefit of IV TPA? How are rapidly improving stroke symptoms best defined and how should they be considered in the TPA treatment decision? The speaker will answer these questions and review ACEP’s latest clinical policy relative to TPA in ischemic stroke.

Case Studies of Subtle Presentations of Devastating Neurological Conditions

MO-20 / 1 Hour
Faculty: Matthew S. Siket, MD
Monday, 10/26/2015 / 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?

Concussion Update 2015: What We Know, What We Think We Know, and What We Don’t Know

TH-338 / 1 Hour
Faculty: Andrew D. Perron, MD, FACEP
Thursday, 10/29/2015 / 11:00 AM - 11:50 AM

The literature on concussion has grown exponentially over the past decade. CTE (chronic traumatic encephalopathy), brain remodeling, return to play guidelines, and the connection of concussion to other diseases (e.g. ALS) are only beginning to be understood. Whether working in the ED or on the sidelines the emergency physician should be aware of literature based information on this controversial topic.
Cranial Conundrums: Surprises in Neurologic Emergencies
TU-183 / 1 Hour
Faculty: Jonathan A. Edlow, MD, FACEP
Tuesday, 10/27/2015 / 4:30 PM - 5:30 PM
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
WE-280 / 1 Hour
Faculty: Jonathan A. Edlow, MD, FACEP
Wednesday, 10/28/2015 / 3:30 PM - 4:20 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 anticoagulated 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-115 / 0.5 Hour
Faculty: Andrew W. Asimos, MD, FACEP
Tuesday, 10/27/2015 / 10:00 AM - 10:25 AM
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 how to systematically localize weakness so as to consider 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.

Nontraumatic Back Pain: Reasons Why it Should Tighten your Sphincter
WE-260 / 0.5 Hour
Faculty: Andrew D. Perron, MD, FACEP
Wednesday, 10/28/2015 / 1:30 PM - 1:55 PM
Back pain is one of the most common symptoms that bring patients to the ED. The vast majority of cases have minor pathology 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!

Pediatric Neurology: Nothing or Nightmare
MO-12 / 1 Hour
Faculty: Marianne Gausche-Hill, MD, FACEP
Monday, 10/26/2015 / 11:30 AM - 12:20 PM
The sick child is always an anxiety-provoking event for emergency physician. Pediatric patients presenting with subtle yet severe neurological disorders add another level to this angst. Join the speaker in a comprehensive approach to the pediatric neurological patient. Seizures, migraines, spinal cord disorders, ataxia and cranial nerve dysfunction will be among the topics covered in this fast-paced case-based format. From the benign to the life-threatening, attain skills that will compete with a neurologist and benefit your patients.
Rapid Fire Neurology Case Discussion: Don’t Let this Get on YOUR Nerves
TU-178 / 0.5 Hour
Faculty: Gregory L. Henry, MD, FACEP
Tuesday, 10/27/2015 / 4:00 PM - 4:25 PM

Neurological presentations present a diagnostic challenge to the emergency physician. The emphasis on physical examination and logical reasoning is never more required for deduction and diagnosis than for detecting manifestations of neurological disease. The speaker will use a fast-paced, case-based format in presenting a myriad of cases of neurological disease that can only help you with these challenging patients in the emergency department.

Seizing the Moment: Seizure Update 2015
MO-50 / 0.5 Hour
Faculty: Matthew S. Siket, MD
Monday, 10/26/2015 / 3:30 PM - 3:55 PM

The seizure patient in the ED is always a concern to the physician. Is it recurrent or first time? Is it non-compliance or serious intracranial pathology? What is the imaging that should be pursued? What does the literature say about the latest in therapy? The speaker will discuss the myriad of questions associated with seizures in the ED in an evidence-based format.

Spinal Pathology: Striking the Right “Cord” With Your Diagnostic Skills
WE-271 / 0.5 Hour
Faculty: Andrew D. Perron, MD, FACEP
Wednesday, 10/28/2015 / 2:00 PM - 2:25 PM

Clinicians are presented with a myriad of neurological symptoms and signs every day in the emergency department. Spinal cord pathology is the one area that clinicians are afraid of missing due to the presence of conditions that lead to long term morbidity and mortality…and are treatable! Join the speaker in developing an approach to examining the patient with potential spinal cord pathology that happen from all the way from trauma to infection, acquiring the correct approach for imaging of the spine and how to initiate treatment in those conditions that truly need emergent therapy.

Stroke and Blood Pressure: Seriously, Just Tell Me What To DO!
TH-313 / 0.5 Hour
Faculty: Philip H. Shayne, MD, FACEP
Thursday, 10/29/2015 / 8:30 AM - 8:55 AM

The acute onset of stroke has tremendous cardiovascular effects, with one of the most important being blood pressure. There have been both confusing literature and expert panels that have led to different guidelines for the management of blood pressure in regard to ischemic and hemorrhagic stroke. Join the speaker in clarifying what really should be done for your next stroke patient.

Subarachnoid Hemorrhage: Who Needs the LP?
TU-170 / 1 Hour
Faculty: Michael L. Epter, DO
Tuesday, 10/27/2015 / 3:30 PM - 4:20 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 Stroke Patients**

TU-136 / 1 Hour  
Faculty: Andrew W. Asimos, MD, FACEP  
Tuesday, 10/27/2015 / 12:30 PM - 1:20 PM

Several studies published this year describe the benefit of endovascular treatment for carefully selected acute ischemic stroke patients with large vessel occlusions. These new data have major implications on systems and processes of acute stroke care. What does the new data show and how can these patients be identified? What imaging is required to expeditiously identify these patients? Should EMS systems change their pre-hospital evaluation of suspected stroke patients to recognize these patients and route them directly to interventional stroke centers? The speaker will review the latest data and explain their impact on the processes of acute stroke patient evaluation and treatment.

**Vertigo Skills Workshop**

TU-137 / 1 Hour  
Faculty: Jonathan A. Edlow, MD, FACEP  
Tuesday, 10/27/2015 / 12:30 PM - 1:20 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 has a prerequisite of attending “Why “What Do You Mean Dizzy?” Should Not Be the First Question You Ask of a Dizzy Patient”. This workshop is limited to 50 participants.)

**When You Don’t Have a Leg to Stand On: Ataxia in the ED**

TU-127 / 0.5 Hour  
Faculty: Jordan Bonomo, MD  
Tuesday, 10/27/2015 / 10:30 AM - 10:55 AM

The presentation of the ataxic patient to the ED is often a diagnostic challenge. The differential is extensive and this list includes severe pathology that can’t be missed. Join the speaker in a coordinated diagnostic workup of the ataxic patient and be sure that you won’t miss pathology that will impact your patient’s life.

**Why “What Do You Mean Dizzy?” Should Not Be the First Question You Ask of a Dizzy Patient**

MO-45 / 1 Hour  
Faculty: Jonathan A. Edlow, MD, FACEP  
Monday, 10/26/2015 / 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. (This course is a prerequisite for the Vertigo Skills Workshop.)