Abstracts

Articles appearing in the June 2018 issue

Practice Current: When do you order ancillary tests to determine brain death?

Brain death has been accepted as a legal definition of death in most countries, but practices for determining brain death vary widely. One source of variation is in the use of ancillary tests to assist in the diagnosis of brain death. Through case-based discussions with 3 experts from 3 continents, this article discusses selected aspects of brain death, with a focus on the use of ancillary tests. In particular, we explore the following questions: Are ancillary tests necessary, or is the clinical examination sufficient? What ancillary tests are preferred, and under which circumstances? Are ancillary tests required when the primary mechanism of injury is brainstem injury? Should the family's wishes play a role in the need for ancillary tests? The same case-based questions were posed to the rest of our readership in an online survey, the preliminary results of which are also presented.

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Ask a neurologist: What primary care providers ask, and reducing referrals through eConsults

Background Access to neurology consultation is limited by high demand and urgency of the presentation. Champlain BASE™ (Building Access to Specialists through eConsultation) (eConsult service) aims to increase access through direct communication between primary care providers (PCPs) and specialists. Rapid responses to PCP questions can guide management and sometimes relieve the need for a formal consultation. We reviewed which topics were frequently addressed, the types of questions asked, and the effect on primary care for the patient.

Methods This is a retrospective review of 387 consecutive questions submitted to the Champlain BASE™ service between May 2011 and January 2015 and the data generated from routine use and PCP exit surveys. Questions were categorized by topic and type and analyzed quantitatively. This included time required to answer each question and effect on plans for traditional referral and clinical course of action.

Results The top 5 topics were headache (17%), incidental imaging findings (11%), numbness/tingling (11%), seizure (9%), and cerebrovascular disease (CVD) (9%). Fifty-one percent were related to diagnosis (choice of test, imaging interpretation, symptom interpretation), 23% to drug treatment (choice, adverse effects, prescribing instructions), and 17% to management (general, need for referral). Eighty-eight percent of questions took less than 10 minutes of specialist time to answer, and 80% were answered within 1 day. eConsults decreased face-to-face referrals by 50%. In 54% of cases, the PCP received information for a new course of action.

Conclusions We found that an eConsult service provides timely access to neurologists and can divert half of intended face-to-face consultations. The most common questions posed by PCPs regarded diagnosis and drug therapy for headaches, seizures, altered sensation, and CVD. eConsult services could provide guidance for continuing medical education planning in neurology.

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➔ Editorial

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Practice Current

We invite neurologists, resident and fellow trainees, and advanced practice providers worldwide to explore controversial clinical topics that do not have sufficient diagnostic or therapeutic evidence. Share your practice with fast online surveys on hot topics, see real-time results displayed on an interactive world map, compare your practice with peers, and access commentary on available evidence and opinions from internationally recognized experts with diverse backgrounds.

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