Materials for the Neurology Podcast “Flipped Classroom” Project

Hyperlinks for the 3 podcasts below. They can occur in any order.

Status Epilepticus  https://tinyurl.com/NRstatus2020
Acute Stroke Management  https://tinyurl.com/StrokeNRNov
Movement Disorder Emergencies  https://tinyurl.com/MovementNR2020
Below are some questions and topics you might want to discuss at your journal club, after you have listened to the September 1, 2020 Neurology Recall on Treatment of Status Epilepticus

1) Does anyone have any questions about the first drug given for status epilepticus?
2) Which of the three anticonvulsants do we most commonly use at our institution? What are some common adverse events of these drugs?
3) Let’s quickly review the blood labs (and urine) that you will order during the initial evaluation.
4) What are a half-dozen or so important questions to ask any family member or friend of seizing patient, while also stabilizing and treating the patient?
5) Discuss some scenarios when you might call for intubation? Does anyone have a story to share, where they could discuss what exactly led them to call for intubation?
6) Discuss some scenarios that might prompt spinal tap or empiric antibiotics. If so, should you give a dose of steroids first also? What about acyclovir? Anyone have a story to share?
7) Does anyone have any other treatment story they would like to share, when they learned a useful lesson or clinical pearl?
8) Let's review common pitfalls. Does anyone have any they’d like to share?
9) List some examination findings that might prompt an imaging study sooner rather than later (but only after the patient is stabilized)?
10) If a patient is still seizing after full-dose Ativan and full-dose anticonvulsant, what are our options and is there a preference at our institution?
Stroke Management Neurology Recall Journal Club

Below are some questions and topics you might want to discuss at your journal club, after you have listened to the November 2020 Neurology Recall on Stroke Management

Interview 1 (August 17, 2020, as well as the Neurology Recall of November 2020):

1. What are the options at your institution for emergent imaging in the setting of acute stroke, and what factors, if any, influence your choice?
2. Discuss key steps and strategies that facilitate the speed of treatment of acute stroke.
3. What are some potential pitfalls leading to a delay of treatment with IV tPA?
4. What are some more prevalent causes of stroke in younger patients?
5. Is pregnancy a contraindication to administering IV tPA?
6. Which patients with “wake-up strokes” might be candidates for IV tPA?

Interview 2 (August 24, 2020, as well as the Neurology Recall of November 2020):

1. Review eligibility for IV tPA in acute stroke.
2. List some of the more important contraindications for tPA in acute stroke.
3. Discuss management steps for bleeding during or following IV tPA.
4. List adverse effects of IV tPA.
5. What are the important aspects of post-thrombolysis care?
6. Discuss management options of intracerebral bleeding in patients taking a direct oral anticoagulant (DOAC).
Below are some questions and topics you might want to discuss at your journal club, after you have listened to the October 2, 2020 Neurology Recall on Movement Disorder Emergencies:

1. Discuss the triggers of sudden-onset neurological syndromes of rigidity, altered mentation and fever, such as malignant neuroleptic syndrome (NMS) and serotonin syndrome.
2. What are the most common medications associated with NMS and serotonin syndrome?
3. Discuss the similarities and differences between NMS and serotonin syndrome. Please focus on clinical findings and patient history, including medication history.
4. Does anyone have a favorite reference listing offending drugs associated with NMS and serotonin syndrome?
5. Discuss the role of the neurologist for management of these patients. Review some treatment options of NMS and serotonin syndrome, which may include stopping the offending agent, as well as supportive care, often in a critical care unit.
6. Is anyone willing to discuss a case of any of these rapid-onset syndromes associated with rigidity and altered mentation?
7. Discuss why CSF analysis, imaging, routine blood labs, CK and toxicology are some of the laboratory studies that you would consider in a patient with rigidity associated with delirium/encephalopathy and fever. While doing so, review a brief differential diagnosis.
8. Briefly review Parkinsonism-hyperpyrexia, including which medication changes can precipitate this rare variant or “cousin” of NMS.
9. Switching gears, discuss how does chorea looks different than tremor or ballism. Please review a short, manageable differential for acute-onset chorea, such as stroke.
10. Discuss a short, manageable differential of acute-onset ballism.
11. Is anyone willing to discuss a case of case of acute-onset ballism or chorea?
12. Discuss the commonly used treatments for chorea or ballism.
13. Is anyone willing to discuss a case of acute dystonic reaction?
14. Discuss treatment options for acute dystonic reactions.
15. Can anyone describe what dystonic storm looks like and also discuss what causes it?
16. Discuss if your program has a favored reference for treatment options for acute-onset chorea, ballism and dystonia?