Welcome to Neurology Clinic

Key Quality Metrics

- ***Complete two step medication reconciliation***
- ***Please list attending on any lab/imaging order***

Beginning of Visit

- **Sign up for rooms** on the two white boards in the Hallways.
- On **home tab**, select **Neurology Workflow** and **Resources:**
  - Tuesday: OVM General Neuro, OVM Stroke, OVM Neuroresident (neurology residents only).
  - Friday: OVM General Neuro, OVM Multiple Sclerosis, OVM NeuroMusc MD, OVM Neuro Resident

- **Try to present to attending who usually follows patient**
- **Document** driving status, seizure precautions, return precautions, medication risks to pregnancy and unborn where appropriate
- At **Neurology Workflow tab**, add **Charges** and **Follow-up:** Standard Followup is **6-months**. If phone visit desired, add "phone visit" to follow-up order.
- **Discharge**: Discharge pts who do not require follow-up, this reduces wait times
- **Visit Summary**: Use green + sign (seizure safety, first aid, medication information, etc.)
- **Ensure prescriptions are accurate.** Provide 3 months with 3 refills. Scheduled drugs = 1 month + 5 refills. If requested, add to eRX section "Mail RX to patient"
- **MS drugs: Route to OVM pharmacy** to ensure pt has access
- **Refer to primary care if no PMD**. Add note to follow-up order, "Send to 2D 142 for NERF"
  - **Patient Access Number To Schedule Primary Care 747-210-3800**
- **Teaching: For Internal Medicine,** brief teaching session at end of Tuesday Clinic (once Covid crisis is over)

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Problem	History	Exam and Work Up	Action List
Seizure	• Date of Last Sz, Age of onset, average frequency, description • Causal factors: birth injury, febrile seizures, develop. history, infection, genetic • Childbearing and Pregnancy status • Current medications, meds tried and failed • Driving and license status (document if ordering not to drive).	• Focused exam (injury, skin reaction, memory, mood, nystagmus, ataxia) • Review MRI/EEG, last CBC, CMP, Vitamin D level, DEXA	• *Education about seizure safety, pregnancy, medication side effects* • *Call 911 for Sz > 5 min or clusters* • *Order labs CBC, CMP, Vitamin D, AED level, DEXA scan if appropriate* • *FAX County Morbidity/Mortality report if needed*
Stroke	• What kind of stroke (ischemic, hemorrhagic)? • What was the patient's baseline before the stroke? • What were the symptoms when the patient first presented with the stroke? • What was done for the patient (workup/treatment)? • Any new or worsening deficits?	• Vital signs! Is HTN well controlled • Heart: RRR? Carotid Bruits? • Neuro: focused! - exam pertinent to the deficits. Change from prior exam? • Labs: Echo. Holter/Zio,, Brian and vessel imaging • HgA1C, Lipids, any hypercoagulable labs	• *Risk factor control: A1C <7, LDL <70, BP ≤130/90. Antiplatelet or OAC?* • *Referrals: Dietary, diabetic education, primary care, physical therapy?* • *Is the work-up complete? – do we know the cause of the stroke and is this being addressed?*
Headache	• Age of onset, duration of HA, frequency, aura, bilateral/unilateral, n/v photophobia. • Red Flags? Thunderclap, recent worsening, age > 50, LOC, stroke-like Sx • Preventive Meds (tricyclic's, topiramate, VPA, Beta/CA-blockers/Abortive Meds) Medication overuse? (> 15 days of abortive/pain meds?	• Focused exam: HEENT, Funduscopic exam, CN, Pronator Drift, DTRs, Gait • Brain imaging MRI, MRA or CT if any red flags	• *Abortive: Triptans,* • *Prevention: Magnesium, tricyclic, beta-blocker, topiramate* • *If Medication overuse headaches educate Consider rapid taper of prn abortive meds, consider prophylactic therapy and Medrol dose pack.*
Multiple Sclerosis NMO	• Age of onset, type of MS (relapsing/remitting or progressive), • Active Disease or Not Active depending on new lesions or relapses past year. Describe date of last relapse, Treatment given, and its residual deficits. • List current symptoms (e.g. pain, weakness, sensory deficit, fatigue, UTI, bladder dysfunction) & meds or tx used (• Current & prior MS meds – what has been tried, reason for failure (e.g.poor tolerance/compliance, relapse), and dates of use	• Focused Exam: MS: CN II-XII: Visual Acuity, Afferent Pupillary Defect Funduscopic, Nystagmus, Internuclear Opthalmoplegia, Strength, Motor, Coordination, Reflexes, Gait • Review & list recent labs and Imaging: MRI, CBC, LFT's, Urinalysis • Vitamin D status	• *Medication monitoring labs: CBC w/diff, CMP, Vitamin D* • *Rituximab: add annual HIV, quant gold, hepatitis panel, total Immunoglobulin levels, CD19 counts 5 months after each tx* • *Consider Referral to SoCal MS society, provide education* • *Repeat MRI imaging annually w/GAD if relapse in past 1-2 yrs. If no relapse then discuss foregoing GAD with attending* • *RTC q3-6 months depending upon stability*
Myasthenia Gravis	• Age of onset, duration of symptoms • Any problems with respiration or swallowing/choking? • Medications - what has been tried before and what dosage? • Immunosuppression	• Vital signs, Respiratory status (count in one breath) • Ptosis, palate, swallowing, neck flexion, respiratory, Power, fatigability • Recent labs, CBC, diff,	• *If MG, CT chest for Thymoma, ACH-antibodies,* • *CBC, diff, for signs of immunosuppression*
Dementia	• Onset: sudden or gradual? Course progressive or stable, step wise? • Family history? • Any behavioral abnormalities (delusions, depression, agitation, hallucinations)? • Risk Factors: vascular, stroke, endocrine, metabolic • Any atypical features: Headaches, focal neurologic deficits, change in vision, gait, alteration of consciousness? • Drug effects: Ditropan, Elavil, benzo's , anti Parkinson drugs. • Does pattern fit Frontal-temporal, vascular dementia, or Lewy-body dementia	• Cognitive exam: Mini Mental Status or MOCA, clock drawing • Lab tests to include: CBC, LFT, TSH, B12, Vitamin D, RPR, TPPA, HIV, calcium, electrolytes, bun, creatinine, lipid panel, TPO • MRI, EEG, PET (if needed)	• *Evaluate safety- wandering, depression etc.* • *Evaluate caregiver coping, and remember that dementia is often more distressing for the caregiver than* • *Consider non pharmacological behavioral treatment.* • *Remember that Alzheimer's disease is a diagnosis of exclusion-all reversible causes of dementia need to be ruled out first.* • *Drug treatment for dementia type and for behavioral issues.* • *Dementia pts not to be left alone or to self administer medications*