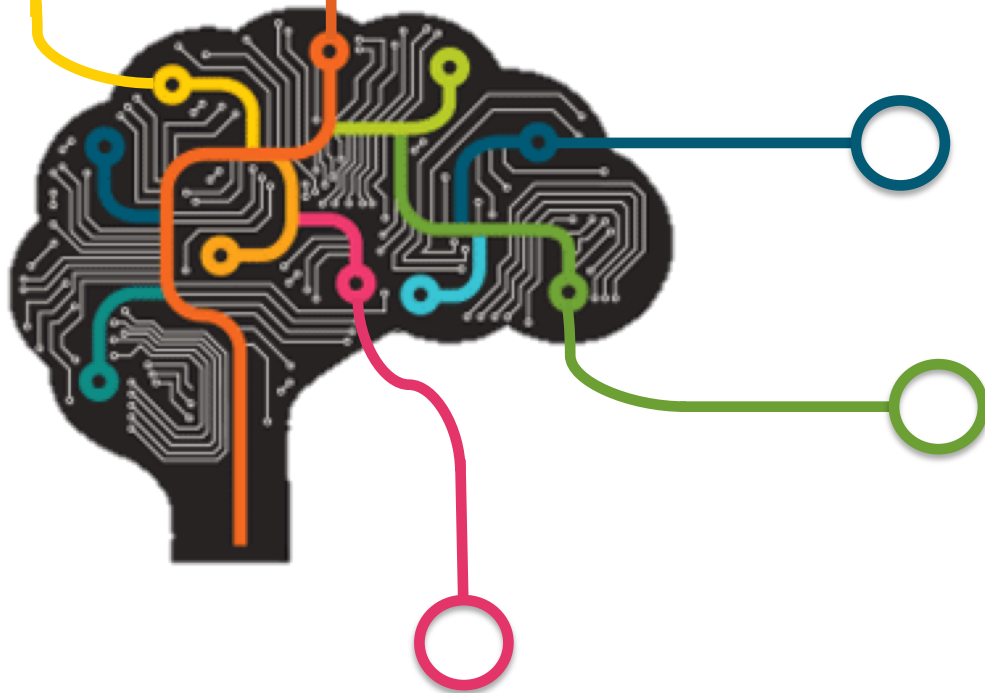
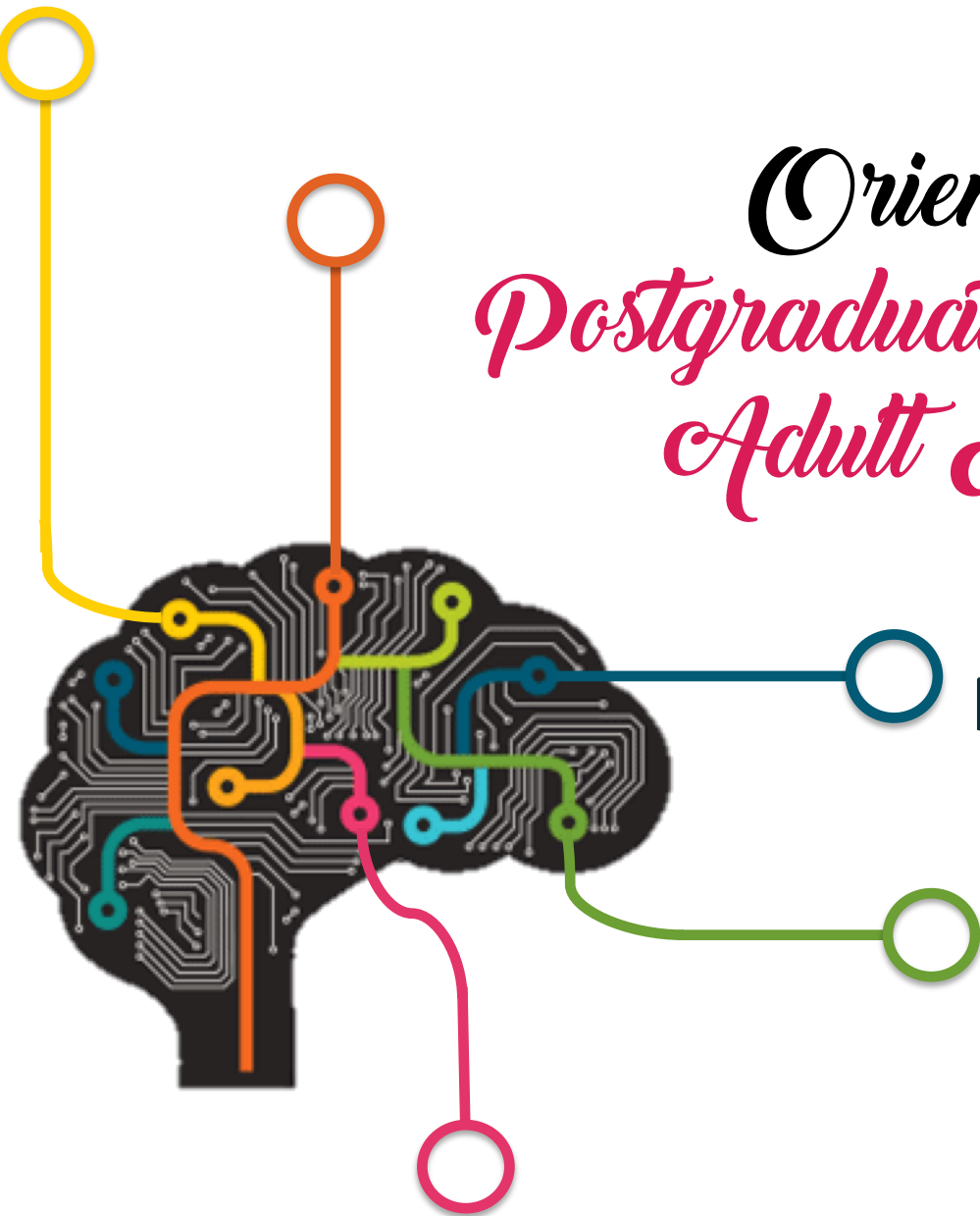


*Welcome to the
Department of Neurosciences
and the
Section of Adult Neurology*





Orientation to Postgraduate Internship in Adult Neurology

Postgraduate Interns
AY 2017-2018





Course Description

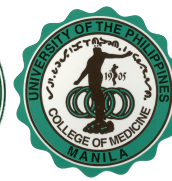
This is a 1-week course which aims to equip the post graduate interns with the *knowledge, skills and attitude* in the proper evaluation, management and follow-up care of patients with **common neurological diseases** in the acute, chronic and intensive care settings, using the biopsychosocial approach.



A stylized illustration of a human brain in profile, facing right. The brain is dark grey/black. Inside the brain, there are colorful circuit-like patterns in yellow, orange, green, and blue. A thick orange line extends from the bottom of the brain, running vertically down the left side of the slide, ending in a large orange circle. Several thin grey lines branch off from the main orange line.

Learning Objectives

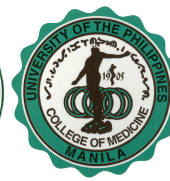
- To acquire knowledge on the epidemiology, **signs and symptoms, management and treatment** of the most common neurological diseases encountered in the **hospital setting**
 1. Cerebral Infarction
 2. Intracerebral Hemorrhage
 3. Encephalopathy
 4. Inflammatory Diseases of the CNS
 5. Subarachnoid Hemorrhage
 6. Secondary Malignant Neoplasms of the Brain & Cerebral Meninges
 7. Acute Symptomatic Seizure
 8. Basilar Artery Thrombosis
 9. Spinal Cord Diseases
 10. Status Epilepticus





Learning Objectives

- To acquire knowledge on the epidemiology, **signs and symptoms, management and treatment** of the most common neurological diseases encountered in the **outpatient setting**
 1. Epilepsy
 2. Cerebral Infarction
 3. Intracerebral Hemorrhage
 4. Myasthenia Gravis
 5. Parkinson's Disease
 6. Malignant Neoplasms of the Brain
 7. Headache
 8. Inflammatory Diseases of the CNS
 9. Hemifacial spasm
 10. Bell's Palsy



A stylized illustration of a human brain in profile, facing right. The brain is dark grey with a network of colorful circuitry (yellow, orange, green, blue, pink) overlaid on it. A thick orange line extends from the bottom of the brain, ending in a large orange circle. Several thin grey lines also extend from the brain, ending in small grey circles.

Learning Objectives

- To perform a **neurologic history and examination** appropriately
- To **localize the lesion** along the neuraxis
- To discuss **differential diagnoses** based on the history and examination
- To know the appropriate **diagnostic examinations** and to interpret the results.
 - Routine diagnostics: CBC, blood chemistries, chest x-ray, ECG
 - Neuroimaging Studies (CT scan, MRI, skull and spinal x-rays)
 - CSF studies
 - Neurophysiologic Studies (Electroencephalography, Electromyography and Nerve Conduction Studies)





Learning Objectives

- To formulate a **treatment plan** and appreciate the mechanisms of action and discuss the benefits of treatment
- To monitor the **progress of patients** and their **response to intervention** using daily Neurologic Examination, Glasgow Coma Scale, Functional Outcome Scales (NIHSS, Barthel Indices, Modified Rankin Scale), Criteria for Brain Death.
- To periodically **reformulate management plan/s** based on the clinical course and treatment response.
- To **recognize neurologic emergencies and initiate supportive measures**
- To recognize the need for **subspecialty care** for patients with neurologic disorders



Official Time

- **Official Hours:**
 - 7AM-5PM during weekdays
 - 7:30AM-12noon during weekends and holidays
- Sign on Attendance Sheet on Code Cart
- **Late**
 - 7:15 AM during weekdays
 - 7:45 AM during weekends
- **Absent**
 - Beyond 7:30 AM during weekdays
 - Beyond 8:00 AM during weekends



Schedule

- For 3 rotators (without clerks):

POST	SAT	SUN	MON	TUE	WED	THU	FRI
Inpatient Assessment	C	B	A	C	B	A	C
DUTY AM (7AM-7PM)	A	C	B	A	C	B	A
OPD	B	A	C	B	A	C	B
DUTY PM (7PM-7AM)	B	A	C	B	A	C	B



Schedule

- For 3 rotators (with clerks):

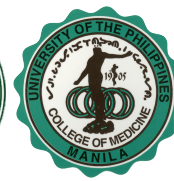
POST	SAT	SUN	MON	TUE	WED	THU	FRI
OPD	C	B	A	C	B	A	C
DUTY AM (7AM-7PM)	A	C	B	A	C	B	A
Inpatient Assessment	B	A	C	B	A	C	B
DUTY PM (7PM-7AM)	B	A	C	B	A	C	B



Schedule

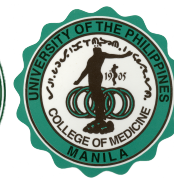
- For 4 rotators:

POST	SAT	SUN	MON	TUE	WED	THU	FRI
Inpatient Assessment	D	A	C	B	D	A	C
OPD	C	B	D	A	C	B	D
DUTY AM (7AM-7PM)	A	C	B	D	A	C	B
DUTY PM (7PM-7AM)	B	D	A	C	B	D	A



OUTPATIENT DEPARTMENT

- 8:00 AM to 12noon at Room 132A
- Chart at least one new patient for reporting and discussion with the OPD Consultant



INPATIENT ASSESSMENT

- Attend to new ER consults with Neurologist-on-duty.
- Facilitate work-up needed
- Chart patients who are stable, GCS15 at the discretion of the SNOD/NOD



Tour of Duty

DUTY TEAM

- Senior Neurologist-on-Duty (SNOD)
- Neurologist-on-Duty (NOD)
- Intern-on-Duty
- Clerk-on-Duty





Duties and Responsibilities of the Intern on Duty

PM DUTY (7AM-7PM)

- Together with the ROD, look at newly admitted patients at the ER
- Carry out orders for newly admitted service patients at the ER
 - BE/IV/IFC/NGT
 - Accompany patients to procedures
 - Provide needed paperwork





Duties and Responsibilities of the Intern on Duty

AM/PM DUTY (7AM-7PM)

While there are no clerks:

- Monitoring of all Neuro patients at the ER
- Attach a vital signs monitoring sheet bedside

Name	BP	HR	RR	T	O2	GCS	Pupils	Inotropes/ Nicard

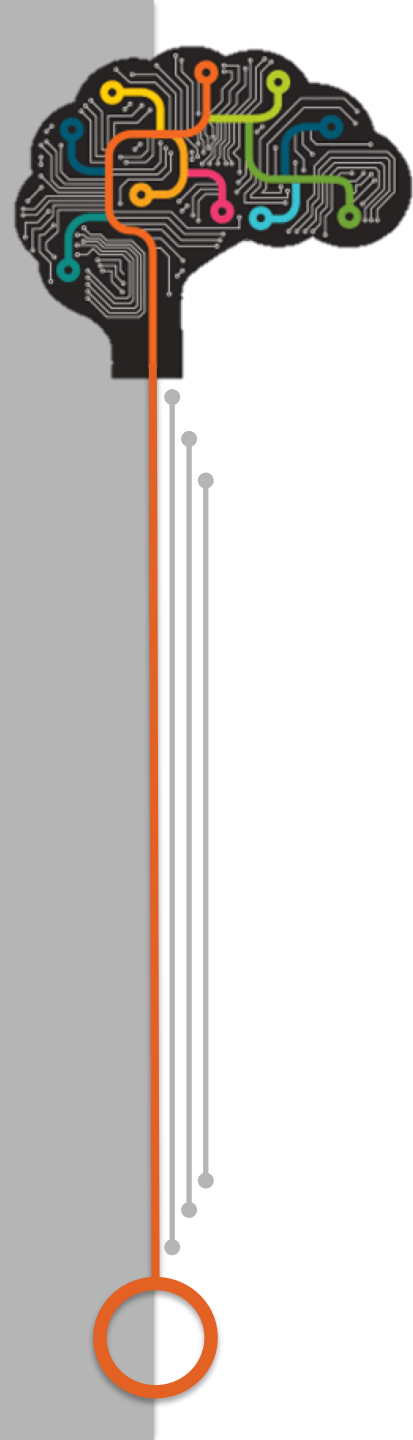
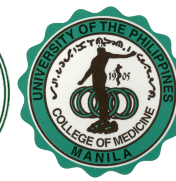
- Carry a monitoring sheet

Name & Loc	BP	HR	RR	T	O2	GCS	Pupils	Inotropes/ Nicard
Crit1	140/90	88	19	37.4	99%	E4V5M6	3/3 BRTL	
Surg 1								



Glasgow Coma Score

Eye Opening	4	Spontaneous eye opening
	3	Eye opening to tapping/name calling
	2	Eye opening to pain
	1	No eye opening to pain
Verbal Response	5	Oriented
	4	Disoriented
	3	Incomprehensible words
	2	Incomprehensible sounds
	1	No verbal response
Motor Response	6	Follows commands
	5	Localizes to pain
	4	Withdraws to pain
	3	Abnormal flexion to pain
	2	Extends to pain
	1	No motor response to pain



Monitoring

- Check pupillary size
- Keep MAP 110-130 for CVD infarct patients
- We may use Nicardipine drip, titrate by 5cc/hr (max 15mg or 150cc/hr for 10mg/90pNSS)
- $MAP = (2DBP + SBP)/3$



Monitoring

- Watch out for:
- Decreasing sensorium
- Progressing neurologic deficit/s
- Persistent headache, vomiting
- Inc BP + bradycardia + bradypnea
- Anisocoria/ sluggish pupils





Duties and Responsibilities of the Intern-in-Charge

PATIENT DATABASE (DBRAIN & hardcopies)

- 2 updated **Clinical Abstracts**
- **Summary of Labs** (update daily)
- **Incoming Notes** for all patients
- **Progress Notes** for all patients
- **Outgoing Notes** (on last day of rotation for endorsement purposes)
- **Discharge Summary** (updated)





Duties and Responsibilities of the Intern-in-Charge

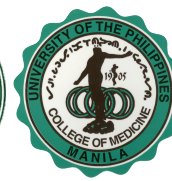
- Carry out orders of the RIC
 - BE, IV insertion, Foley/NGT insertion during the day
- Procedures to be done outside office hours are to be endorsed to the IOD
- Drop formal elective and emergency referrals (within the day)
- Accompany patient for procedures INSIDE the hospital





Lectures and Conferences

- **Neurology Lectures** include: Neurologic Emergencies, Neuroanatomy and Subspecialty lectures
-
- **Neurology Small Group Discussions** include: Service Rounds, Chief Resident's Rounds, OPD case presentation, Endorsements
-
- **Neurology Clinical Work include:** Inpatient care, OPD patient evaluation, Ward Work and 24-Hour duties
-
- **Conferences:** Grand Rounds, Mortality and Morbidity Review, Brain Cutting (Alternates every Wednesday) Will only attend one of these conferences during the rotation



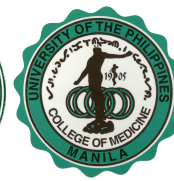
Evaluation

- Grades on the following learning activities:
 - Case Management Conference
 - Rounds with the Service Consultant
 - Ward Performance
 - Out-Patient Case Presentation
- Score on the written Examination given at the end of the school year
- Full completion of the 1-week clinical rotation with corresponding duties and responsibilities



References

- Adam and Victor's Principle of Neurology, 9th edition
- DeMyer, Technique of the Neurologic Examination, 5th edition.
- Martin A. Samuels (editor), Manual of Neurologic Therapeutics, 7th edition.
- Guidelines for the Prevention, Treatment, and Rehabilitation of Brain Attack, by the Stroke Society of the Philippines, 5th Edition
- Kandel, Principles of Neural Science, 4th edition





Deficiencies and Sanctions

- Tardiness on a non-duty day = 4 hours
- Tardiness on a duty day = 8 hours
- Excused* absence on a non-duty day = 12 hours
- Excused* absence on a duty day = 24 hours hours
 - Certification by the college
- Unexcused absence
- Twice the makeup hours for excused absences





Deficiencies and Sanctions

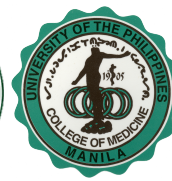
- No clinical abstract/endorsement notes= 4 hours
- No incoming or outgoing notes = 8 hours
- Failure to drop a referral to co-managing service = 4 hours
- Failure to carry out orders- subject to discretion of resident/s involved, depending on gravity of offense





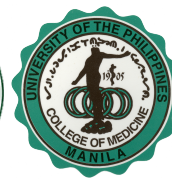
Deficiencies and Sanctions

- Tardiness in conferences/ lectures = 4hours
- Absence in conferences/lectures = 8 hours
- No endorsements = Special Assignment/4hours
- Failure to submit evaluation forms on time = 8hours
- Offenses not covered above – subject to remedial measures as recommended by the resident/s and concurred with the consultant/s involved



Reminders

- Submit a 5x8 index card with the following details:
 - Name, Contact number, Age, Sex, Address, Emergency Contact number, Hobbies, Motto, Favorite color, planned specialization (if any) and
 - a 1x1 picture
- Keep laptops and other valuables in the callroom. (please ALWAYS lock the door)
- When in doubt, call local 2401 to refer!

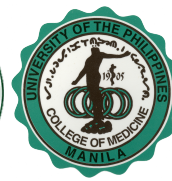




Postgraduate Intern Monitors

Consultant Monitors

- Dr. Carissa Dioquino-Maligaso, MD, FPNA
 - *Overall PGI Consultant Coordinator*
 - *Assistant Chair for Undergraduate Training*
- Block consultant
- Service consultant
- OPD consultant





Postgraduate Intern Monitors

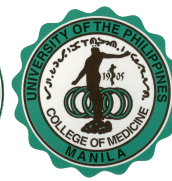
Resident Monitors



Athena Kate Antonio, MD
Third Year Resident



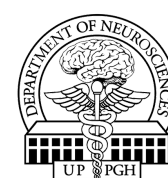
Karen Joy Adiao, MD
First Year Resident

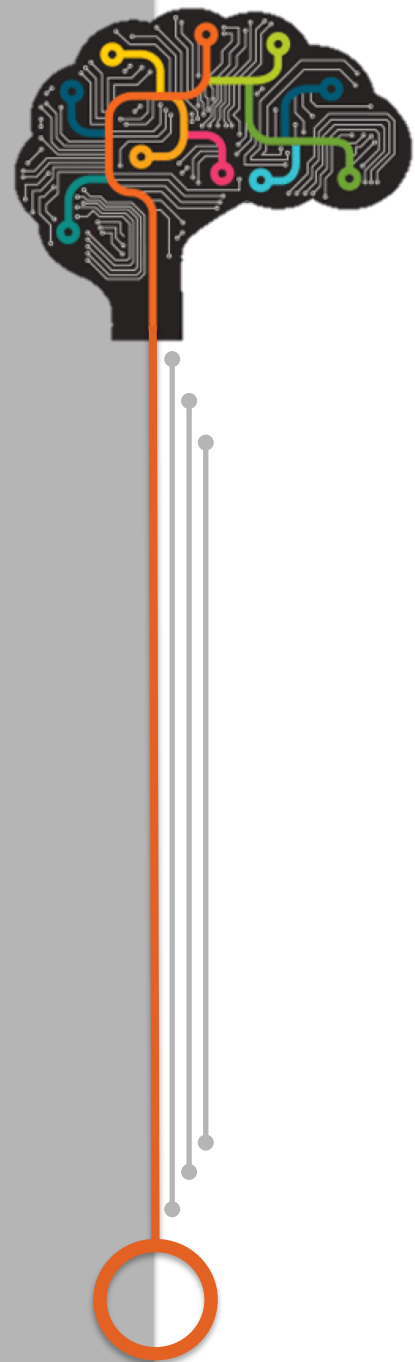


Section Chief Resident



Joshua Emmanuel Abejero, MD





Department Chief Resident



Jose Danilo Diestro, MD



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