Neurohospitalist Medicine
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Edited by

S. Andrew Josephson
Associate Professor and Director, Neurohospitalist Program; Medical Director, Inpatient Neurology, Department of Neurology, University of California, San Francisco, USA

W. David Freeman
Neurosciences ICU Director and Assistant Professor, Mayo Clinic, Florida, USA

David J. Likosky
Director, Evergreen Stroke Program, Evergreen Hospital; Clinical Faculty, University of Washington, Seattle, USA
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Preface

“The only constant is change”

– Isaac Asimov 1920–1990

The growth of neurohospitalist medicine was born out of necessity, with overwhelming numbers of patients presenting to the emergency department (ED) for acute evaluation of neurological symptoms, stressing the US health care system to the point of crisis [1]. The demand for in-hospital neurological care will continue to escalate due to the aging population and neurologists’ increased ability to impact disease. The demands on neurologists who maintain an outpatient practice while struggling to provide timely treatment of emergency and inpatients in an environment of decreasing reimbursement have driven many out of emergency call [2–6]. Much like the internal medicine hospitalists before them, neurohospitalists have arrived as a solution to this difficulty. Neurohospitalists are specialists whose primary focus is the care of inpatients (emergency department, in-hospital and critical care) with neurological illness. Historically, some stroke neurologists, general neurologists and others have in many ways functioned as neurohospitalists. However, the neurohospitalist is ideally positioned to do more than just deliver care to individual patients. As part of an inpatient team, the neurohospitalist can focus on improving hospital systems, collaborate with other providers, improve transitions of care and develop quality metrics that accurately reflect outcomes. These areas of focus include both the critically important and common primary neurological conditions, and also the prevention and treatment of a wide variety of conditions that arise in the general medical, surgical, pediatric and obstetric patient populations.

The purpose of this book is to provide a ready resource for those encountering inpatients with neurological disease, including health care providers of various specialties – emergency medicine, neurology, neurosurgery, hospitalists, internal and family medicine physicians, as well as residents, fellows, medical students, and physician extenders. This book is intended for physicians who care for patients in the hospital, emergency department and intensive care unit, regardless of training background, and is meant to be a resource as one rapidly evaluates and treats these patients with neurological disorders.

The neurohospitalist field is expected to continue on a path of rapid growth as the pressures that fostered its adoption become more pronounced. While still nascent, the presence of training programs, specialty journals and a section within the American Academy of Neurology all point to this model as a solution to the difficulties of providing inpatient neurological care in the United States [7–9]. We hope that you find this text useful to you during this exciting time of change in inpatient neurological care.

Sincerely,
S. Andrew Josephson, MD
William David Freeman, MD
David Likosky, MD, SFHM

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Contributors

Carmel Armon MD MSc MHS FAAN
Department of Neurobiology, Tufts University School of Medicine, and Baystate Medical Center, Springfield, MA, USA

Maria Baldwin MD
Department of Neurology, Loyola University Chicago Stritch School of Medicine, Chicago, IL, USA

Kevin M. Barrett MD MSc
Department of Neurology, Mayo Clinic, Jacksonville, FL, USA

José Biller MD FAAN FACP FAHA
Department of Neurology, Loyola University Chicago Stritch School of Medicine, Chicago, IL, USA

David J. Blacker MBBS FRACP
Department of Neurology, Sir Charles Gairdner Hospital, Nedlands, The University of Western Australia, WA, Australia

Thomas G. Brott MD
Department of Neurology, Mayo Clinic, Jacksonville, FL, USA

Ira Chang MD
Blue Sky Neurology PLLC, Swedish Medical Center, Englewood, CO, USA

Winston Chiong MD PhD
Department of Neurology, University of California, San Francisco, San Francisco, CA, USA

Todd Czartoski MD
Department of Inpatient Neurology, Swedish Neuroscience Institute, Seattle, WA, USA

Arielle Davis MD
Department of Neurology, Harborview Medical Center, University of Washington, Seattle, WA, USA

Janavi Dunuwille MD
Department of Neurology, Sir Charles Gairdner Hospital, Nedlands, WA, Australia

John W. Engstrom MD
Department of Neurology, University of California, San Francisco, San Francisco, CA, USA

W. David Freeman MD
Department of Neurology, Mayo Clinic, Jacksonville, FL, USA

Leslie A. Gillum MD MPH
Department of Neurology, University of California, San Francisco, San Francisco, El Cerrito, CA, USA

Jeffrey J. Glasheen MD SFHM
Section of Hospital Medicine, University of Colorado Denver, Aurora, CO, USA

David M. Greer MD MA FCCM
Department of Neurology, Yale Medical School, New Haven, CT, USA

John W. Henson MD FAAN
Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment, Swedish Neuroscience Institute, Seattle, WA, USA

S. Andrew Josephson MD
Department of Neurology, University of California, San Francisco, San Francisco, CA, USA

Sandeep Khot MD MPH
Department of Neurology, Harborview Medical Center, University of Washington, Seattle, WA, USA

Dimitriy Levin MD
Section of Hospital Medicine, University of Colorado Denver, Aurora, CO, USA
List of contributors

David J. Likosky MD SFHM
Evergreen Hospital Medical Center, and University of Washington, Seattle, WA, USA

Edward M. Manno MD
Division of Neuro-Intensive Care, Cleveland Clinic, Cleveland, OH, USA

Glenn R. Markenson MD
Department of Obstetrics and Gynecology, Tufts University School of Medicine, and Baystate Medical Center, Springfield, MA, USA

David McCollum MD
Department of Neurology, Mayo Clinic Florida, Jacksonville, FL, USA

Sarkis Morales-Vidal MD
Department of Neurology, Loyola University Chicago Stritch School of Medicine, Chicago, IL, USA

David Palestrant MD
Department of Neurology, Cedars-Sinai Medical Center, Los Angeles, CA, USA

Alejandro A. Rabinstein MD
Department of Neurology, Mayo Clinic, Rochester, MN, USA

Michael J. Schneck MD FAHA FAAN
Department of Neurology, Loyola University Chicago Stritch School of Medicine, Chicago, IL, USA

Brian J. Scott MD
Department of Neurology, University of California, San Francisco, San Francisco, CA, USA

Patricia D. Scripko MD MA
Department of Neurology, Massachusetts General Hospital/Brigham & Women’s Hospital, Boston, MA, USA

Macarena Cabrera Serrano MD
Department of Neurology, Hospital Virgen del Rocio, Seville, Spain

William O. Tatum IV DO
Epilepsy Monitoring Unit, Mayo Clinic, Jacksonville, FL, USA

Jennifer Wulff ARNP
Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment, Swedish Neuroscience Institute, Seattle, WA, USA