

## NEUROLOGY CLINIC (NC)

### **PATIENTS WHO SHOULD BE ENROLLED:**

Patients diagnosed with:

- Seizure disorders
- Myasthenia gravis
- Multiple sclerosis
- Demyelinating diseases
- Dementias
- Other neurological disorders requiring treatment/monitoring.

This clinic is not intended for patients with headaches, neck/back pain, radiculopathies, joint disorders or sleep disorders.

If the clinician is undecided as to whether to enroll a patient in this clinic the Regional Medical Director may be consulted.

### **NOTE:**

The following guidelines specifically address the management of seizures. Patients enrolled in this clinic for follow-up of other neurological conditions will be evaluated in a similar manner but with attention to the particular diagnosis. Clinical judgment is expected.

### **BASELINE HISTORY AND PROCEDURES:**

Document data on the following forms:

- DC4-770FF, *Neurology Baseline History and Procedures*
- DC4-701F, *Chronic Illness Clinic*
- DC4-770F, *Neurology Clinic Flow Sheet*
- DC4-730, *Problem List*

Documentation shall include a diagnosis and statement as to the control of the disease (Good, Fair, or Poor).

Baseline history will include an assessment of risk factors:

- Age of onset
- Family history
- Frequency of attacks or exacerbation of symptoms.
- History of head trauma and other relevant circumstances
- Use of alcohol
- Use of drugs
- Smoking habits
- History of previous neurological evaluation and treatment
- History of known causes of seizures (space occupying lesions in the brain, cerebral hypoxia, CVA, toxins, eclampsia, fever, infection, metabolic disturbances, drug or alcohol withdrawal)
- Pertinent medical and surgical history

- Type of seizure

Physical examination will include evaluation and documentation:

- Neurological evaluation
- Patients on medication will be evaluated for possible side effects (e.g. gingival hyperplasia with Dilantin.)

Baseline procedures will include:

- Serum drug levels, if prescribed Dilantin, Tegretol, Phenobarbital or Valproic Acid

If clinically indicated and or new onset:

- Neurological consultation
- EEG
- Neuroimaging studies

#### **TREATMENT RECOMMENDATIONS:**

- Pharmacotherapy if clinically indicated, according to current national guidelines

**NOTE:** The use or consideration for use of Phenobarbital, Klonopin or Neurontin is discouraged and will be done only in consultation with the Regional Medical Director. Patients currently on these medications will be weaned off rather than stopped abruptly.

Patients with seizures:

- Must not be designated for any work assignment that would put them or others in danger if the patient should experience a seizure (e.g. working around razor wire, driving, and heights).
  - Enter restriction in OBIS on the GH08 screen
- Issue low bunk pass
- If patient is seizure free for a period of 2 years:
  - Taper medication on a trial basis and
- Once the medication is stopped the patient will be regularly followed for a 12 month period and if he/she remains seizure free they may be removed from Neurology Clinic.

#### **EDUCATION:**

Education will include:

- Disease process
- Restrictions, if any

Smoking cessation, if applicable

- Medication(s): compliance, side effects, potential drug-drug interactions.

**FOLLOW-UP VISITS:**

Schedule patients based on clinical need and/or as follows:

At each Chronic Clinic visit the clinician shall document:

- Review of the record (labs, treatment records, MARs, etc...)
- Evaluate the control of the disease (Good, Fair, or Poor)
- Current status of the patient compared with the previous Chronic Clinic visit (Improved, Unchanged, or Worsened).
- Provide education as outlined above

Document follow-up visits on forms:

- DC4-770F, *Neurology Clinic Flow Sheet*
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*, if there are changes or additional diagnoses

Physical examination at every Chronic Clinic visit will include at a minimum an evaluation and documentation of:

- Vital signs
- Neurological examination
- Current signs and or symptoms
- Medication side effects
- And an inquiry into:
  - Most recent seizure activity
  - Low Bunk Pass Status

Procedures as needed and at a minimum annually:

- CBC
- AST
- ALT

If clinically indicated:

- Anticonvulsant levels-prior to each clinic visit

**GOALS:**

- Identify and classify type of seizure
- Avoid drug-drug interactions
- Minimize seizures through appropriate therapy
- Minimize adverse events, including potentially avoidable hospitalizations
- Other neurological conditions stable with no unaddressed problems.