DOWNLOAD PDF DISORDERS OF CONSCIOUSNESS, INTENSIVE CARE NEUROLOGY, AND SLEEP ROBIN HOWARD . [ET AL.]

Chapter 1 : - NLM Catalog Result

Disorders of Consciousness, Intensive Care Neurology and Sleep Dr Charles Clarke FRCP Consultant Neurologist 5, Dr Robin Howard PhD, FRCP Consultant Neurologist 5.

The widely accepted definition of brain death BD equates it with death of a person and renders legally the removal of organs for transplantation. Its diagnosis is based on repeated clinical observations and modern neuroimaging tests. Given adequate treatment persons in a vegetative state can survive for years and may recover towards the minimally conscious state or even can regain in complete recovery. Brain death is the expression of irreversible loss of brain function. Brain death is a precisely defined clinical diagnosis based on generally accepted criteria. When the clinical diagnosis is unequivocal, no additional confirmatory tests angiography, electroencephalography, transcranial Doppler sonography or magnetic resonance angiography are necessary. Causes of brain death are traumatic brain injury, cerebral haemorrhage and systemic hypoxia, and frequently associated with brain oedema and raised intracranial pressure damaging the brainstem. The widely accepted legal definition of brain death equates it with death of a person. Brain death diagnosis depends on adequate observation times 6â€”24 h or more , and its declaration has to be made by two adequately experienced physicians. Unequivocal diagnosis of brain death generally renders legally the removal of organs for transplantation. The vegetative state consists of continuing unconsciousness with no evidence of awareness and no possibility for communication, with the eyes open, spontaneous breathing and preserved brainstem autonomic functions. Causes of the vegetative state are various types of severe acute brain damage head injury, systemic hypoxia or encephalitis or progressive brain damage terminal states of Alzheimer or Huntington disease, demyelinating, metabolic, inflammatory diseases or severe malformations. The diagnosis of the vegetative state depends on repeated clinical examinations and demands considerable skills; it can be supported by electroencephalography and modern neuroimaging methods showing severe drop of cerebral metabolism. Given adequate treatment, persons in a vegetative state can survive for years and some may recover towards the minimal conscious state or may even show in complete recovery with various degrees of incapacity. Cerebral lesion patterns in disorders of consciousness. Conceptual overview of functional outcomes following severe brain injuries. Grey zone between vegetative state VS and minimally conscious state MCS reflects rare patients with fragments of behaviour that arise spontaneously and not in response to stimulation. By nosologic criteria, these patients remain in VS. The bold black line indicates emergence from the MCS, defined by reliable functional communication. Reproduced from Posner et al. Outcome for patients in a persistent vegetative state PVS after traumatic or nontraumatic injury. Brain part 7: Bernat JL Chronic disorders of consciousness. Bernat JL a Chronic consciousness disorders. Annual Review of Medicine Bernat JL b Contemporary controversies in the definition of death. Progress in Brain Research Critical Care Medicine Archives of Neurology Bruzzone P Religious aspects of organ transplantation. British Medical Journal 2: British Medical Journal 1: Journal of Royal College of Physicians of London Controversies in the Determination of Death: Washington, DC December Evans DW Brainstem tests not adequate to diagnose death in organ donors. American Journal of Bioethics 8: Giacino JT The minimally conscious state: A Queen Square Textbook, pp. Jennett B Thirty years of the vegetative state: Jennett B and Plum F Letter: Data banks for standardized assessments of coma. New England Journal of Medicine Joffe AR Brain death is not death: Review of Neuroscience Medicine, Science, and the Law Journal of Neuropathology and Experimental Neurology Laureys S Functional neuroimaging in the vegetative state. Laureys S Science and society: Brain part 8: Quality Standards Subcommittee of the American Academy of Neurology Practice parameters for determining brain death in adults summary statement. Randell TT Medical and legal considerations of brain death. Acta Anaesthesiologica Scandinavica Guidance on Diagnosis and Management. Royal College of Physicians of London. Segura T, Calleja S, Irimia P and Tembl JI Recommendations for the use of transcranial Doppler ultrasonography to determine the existence of cerebral

circulatory arrest as diagnostic support for brain death. Medicine, Health Care, and Philosophy Wijdicks EF Brain death worldwide: Zeman A Consciousness: Academy of Medical Royal Colleges. American Congress of Rehabilitation Medicine Recommendations for use of uniform nomenclature pertinent to patients with severe alterations in consciousness. Archives of Physical Medicine and Rehabilitation Review by a working group convened by the Royal College of Physicians and endorsed by the Conference of Medical Royal Colleges and their faculties of the United Kingdom. Jennett B and Plum F Persistent vegetative state after brain damage. A syndrome in search of a name.

Chapter 2 : Publications - Owen Lab - Western University

This chapter deals with the various disorders of consciousness, sleep, and conditions requiring neurointensive care support. The role of an intensive care unit is to maintain normal physiological.

Chapter 3 : Dr Robin Howard

Disorders of Consciousness, Intensive Care Neurology and Sleep Robin Howard Nicholas Hirsch Neil Kitchen Dimitri Kullman Matthew Walker Neuro-oncology Jeremy Rees Sebastian Brandner Robin Howard Rolf JÃ¤ger Susan Short David Thomas Emma Townsley

Chapter 4 : Table of contents for Neurology

Robin Howard, Jeremy Chataway, Mark Edwards, Simon Heales, Robin Lachmann, Alexander Leff and Elaine Murphy 20 Disorders of Consciousness, Intensive Care Neurology and Sleep Robin Howard, Sofia Eriksson, Nicholas Hirsch, Neil Kitchen, Dimitri Kullmann, Christopher Taylor and Matthew Walker.

Chapter 5 : Neurology: A Queen Square Textbook - Google Books

UCL Discovery is UCL's open access repository, showcasing and providing access to UCL research outputs from all UCL disciplines.

Chapter 6 : Neurology: A Queen Square Textbook - Google Livres

The Batten Harris Medical Intensive Care Unit, The National Hospital for Neurology and Neurosurgery, London, UK Correspondence to: Dr Robin Howard, The Batten Harris Medical Intensive Care Unit, The National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG, UK; robin.

Chapter 7 : Disorders of Consciousness, Intensive Care Neurology and Sleep - UCL Discovery

About Queen Square The world-renowned National Hospital for Neurology & Neurosurgery and UCL Institute of Neurology, based in Queen Square, London, have an international reputation for training, research and patient care.

Chapter 8 : Brain Death and the Vegetative State

Neurology: A Queen Square Textbook, second edition, is a fully revised and updated companion that demonstrates the rapid pace of advancement within clinical neurology and applied neurosciences A comprehensive and practical overview of current developments within clinical neurology, synthesising clinical neurology with translational research.