

ENLS- Emergency Neurological Life Support

ENLS is a series of protocols describing the steps to be considered in the first hour of a neurological emergency. They were created to help provide guidance to physicians and nurses on the front-line of medical care. These protocols are practical and represent both opinion and evidence-based recommendations to help standardize treatments, generate discussion, and stimulate research into how best to manage these patients.

The process of ENLS creation was approved by the NCS board in November 2009 following the suggestions by Dr. Edgar Samaniego and Gregory Kapinos- both fellows in neurocritical care. Wade Smith (neurointensivist) and Scott Weingart (emergency physician and Intensivist) were charged with organizing and overseeing the creation of these protocols. Twelve topics were selected along with two co-chairs: a neurointensivist/neurosurgeon and an emergency medicine physician as follows:

Topic	Emergency Medicine	Neurointensivist
Acute Weakness	Michael Cadogan, MD, Sir Charles Gairdner Hospital, Perth	Eelco Wijdicks, Mayo Clinic
Airway and Ventilation and Sedation	Andy Jagoda, Mt Sinai, NY	David Seder, Maine Medical Center
Approach to the Comatose Patient	J. Steven Huff, UVA	Robert Stevens, Johns Hopkins
Intracerebral Hemorrhage	Ed Jauch, MUSC	J. Claude Hemphill, UCSF SFGH
Ischemic Stroke	Harmut Gross, MCG	Gene Sung, USC
Meningitis/Encephalitis	David Gaieski, Penn	Bart Nathan, UVA
Resuscitation following Cardiac Arrest	John Rittenberger, Penn	Kees Polderman, Utrech, NL
Spinal Cord Compression	Brad Bunney, Univ of Illinois	Kristine O'Phelan, Miami
Status Epilepticus	Robert Silbergleit, U Mich	Jan Claassen, Columbia
Subarachnoid Hemorrhage	Jon Edlow, MUSC	Owen Samuels, Emory
Traumatic Brain Injury	Stuart Swadron, USC	Peter Le Roux, Penn
Traumatic Spine Injury	John Marx, Carolina Health	Bill Coplin, Wayne State

Each topic is undergoing NCS member feedback and further refinement. These protocols will be first available to the public through the NCS website in January 2011. The web versions of these protocols will include a feedback feature where comments can be solicited and sent to the topic co-chairs for review. Using this method we hope to iterate to a more refined topic that enjoys broad consensus. Our

hope is the general use of these protocols will help standardize the approach to patients with neurological emergencies and help improve the conveyance of information from front-line treating physicians to the accepting physicians of these patients.

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