

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/primary-neurologically-hospitalized-patient-internal-medicine-issues/24169/>

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## Primary Neurologically Hospitalized Patient: Internal Medicine Issues

### Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Erick Tarula, who's an Assistant Professor in the Department of Neurology at the University of Wisconsin School of Medicine and Public Health. Today, he'll be discussing internal medicine for the neurohospitalist, which was the topic of his session at the 2024 American Academy of Neurology Annual Meeting.

Let's hear from him now.

### Dr. Tarula:

The session is called Internal Medicine for the Neurohospitalist, and it's going to be the most internal medicine talk the AAN has ever had. So we're going to be focusing in on common internal medicine issues that frequently occur in a primary neurologically hospitalized patient.

There are many complications that can happen from an internal medicine standpoint. This session will primarily focus in on three major topics or three major organs. It'll be cardiac, pulmonology, and then renal as well, so the major one that will be covered in the session is going to be acute kidney injury. It's a common issue that happens in hospitalized patients, around 10 percent in the general population, but actually in neurologic patients that are hospitalized, that number can be quite higher, so we want to make sure that we touch base on that in the session.

For example, I'll be talking in the renal section on dialysis, and the nephrologists may say, "Well, let's just do standard analysis." But I want to give the neurologists that knowledge of, "Hey, sometimes in certain patients, while their hearts and kidneys, the rest of their body can take that regular dialysis, maybe their brain can't," and maybe that's the time to step in and have that conversation with the nephrologist and say, "Hey, instead of maybe standard, maybe that's not the safest for this patient, and this is why." And we should move to something called CVVH, or chronic renal replacement therapy, something that's a little bit more safe for brain standpoint, for instance. I mean, the specialty of being a neurohospitalist is a relatively newer one, and it's a growing specialty. I would say most of the people that go into a neurohospitalist role don't have neurohospitalist training. They have general neurology training of which a lot of that is in patient work. But a lot of the neurologists out there in active training get one year of internal medicine training, and then the rest is neurology-specific training. So that one year internal medicine training happens way in the beginning, that first year, so a lot of that knowledge is lost and not updated for the next three-plus years afterwards. For many of neurohospitalists, they have at least one more year of fellowship training. So then we're talking about people we're practicing that haven't really had any specific internal medicine training for about three or four years. So this session bore out of the need for that knowledge, that skill set, and then the updating from an internal medicine standpoint for the neurohospitalist, so that's where it started from.

So the key takeaways that should occur from this is some of those skills or knowledge that we probably gained three or four years ago or even more because a lot of people have been in practice for a long time. And then, I would say the knowledge and comfort of taking care of these common internal medicine issues that happen in the hospitalized patient that's there for a primary neurologic issue, and maybe being able to be confident in dealing with some of these things that they can easily manage. And if they can't easily manage, at least they can start to manage initiating that first day or hours while you ask for another specialist to come in and help you. So getting to that patient quickly and addressing things quickly rather than letting them brew and get worse.

### Announcer:

That was Dr. Erick Tarula discussing internal medicine for the neurohospitalist. To access this episode and others in our series, visit *NeuroFrontiers* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!