
Introduction

C.F. Bolton and G.B. Young

Can. J. Neurol. Sci. 1998; 25: S3-S3

As patient care shifts from outpatient to inpatient management, in the future most inpatients will be managed in intensive care units. We estimate that at least 50% of patients in general medical and surgical units have significant disturbance of the nervous system, of either a primary or secondary nature. In specialized neurology and neurosurgery intensive care units, head trauma and stroke are the commonest disorders encountered. Because of the presence of an endotracheal tube, sedation, neuromuscular blocking agents, bandages, splints, surgical and traumatic wounds, clinical assessment of the central and peripheral nervous systems is difficult. Electrophysiological studies in the last 10 years have proved valuable in assessing these patients. Techniques have been developed which provide crucial information on diagnosis, treatment, prognosis, and of equal importance, cost effectiveness.

This supplement is based on a symposium held on June 26, 1996 and organized by the Canadian Society of Clinical Neurophysiologists and the Canadian Neurocritical Care Group. We are grateful for the sponsorship of Bayer Healthcare.

The faculty was composed of experts in their respective fields, at the leading edge of development in electrophysiological studies in the critical care unit. There is widespread interest in this topic, as indicated by the 113 registrants to the symposium. Herein are published brief accounts of each presentation.