

## TexMed 2017 Clinical Abstract

Please complete all of the following sections and include supporting charts and graphs in this document. Submit a total of two documents - this document and the Biographical Data and Disclosure Form to [posters@texmed.org](mailto:posters@texmed.org) by midnight March 17, 2017.

### Procedure and Selection Criteria

- Submissions not directly related to quality improvement or research may be accepted and should follow the standardized format outlined below. Content should enhance knowledge in the field of clinical care and be relevant to a given patient population.

**PROJECT NAME:** Cefepime Toxicity in Intensive Care Settings: Interictal EEG findings resulting in Treatment Challenge

**Institution or Practice Name:** Baylor Scott and White Hospital

**Setting of Care:** Intensive Care Unit

**Primary Author:** Donald C. Barr, MD

**Secondary Author:** Batool Kirmani, MD

**Other Members of Project Team:**

**Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?**

Yes  No

Please provide name(s) and their role in the project:

**TMA Member Name:**

Donald C. Barr

**TexMed Poster Session Specialty Subject Area:** Please check if these apply.

Enhanced Perioperative Recovery

Disaster Medicine and Emergency Preparedness

### Clinical

**Background (15 points max):** *Describe the purpose for sharing the content. What caused this subject matter to be approached? Why is this content important to share? What is the potential impact if this content is not shared?*

Acute onset cefepime induced encephalopathy can occur in patients even with renally adjusted doses and can result in abnormal EEG findings and even status epilepticus. Recognition of this condition is important in patients in the intensive care unit as it is completely reversible by discontinuation of the medicine and hemodialysis in patients with chronic renal disease.

**Intended Stakeholders (15 points max):** *Identify those individuals, organizations, or interest groups that could be potentially impacted by this information or benefit by obtaining this information.*

Healthcare providers in the Intensive Care setting

**Description of Accomplished Work (25 points max):** Provide an overview of the work that was accomplished, including any specific methods, tools or techniques. Also, include any milestones or key accomplishments. Note charts, graphs and tables here and send as addendum with abstract form.

Electroencephalogram. We monitored the cefepime toxicity by worsening of brain waves showing seizure like pattern, which cleared after dialysis.

**Timeframe and Budget (20 points max):** Provide the start and end dates for the work along with any financial implications that were incurred due to the work accomplished. Note charts, graphs and tables here and send as addendum with abstract form.

2/12/2016-2/13/2016

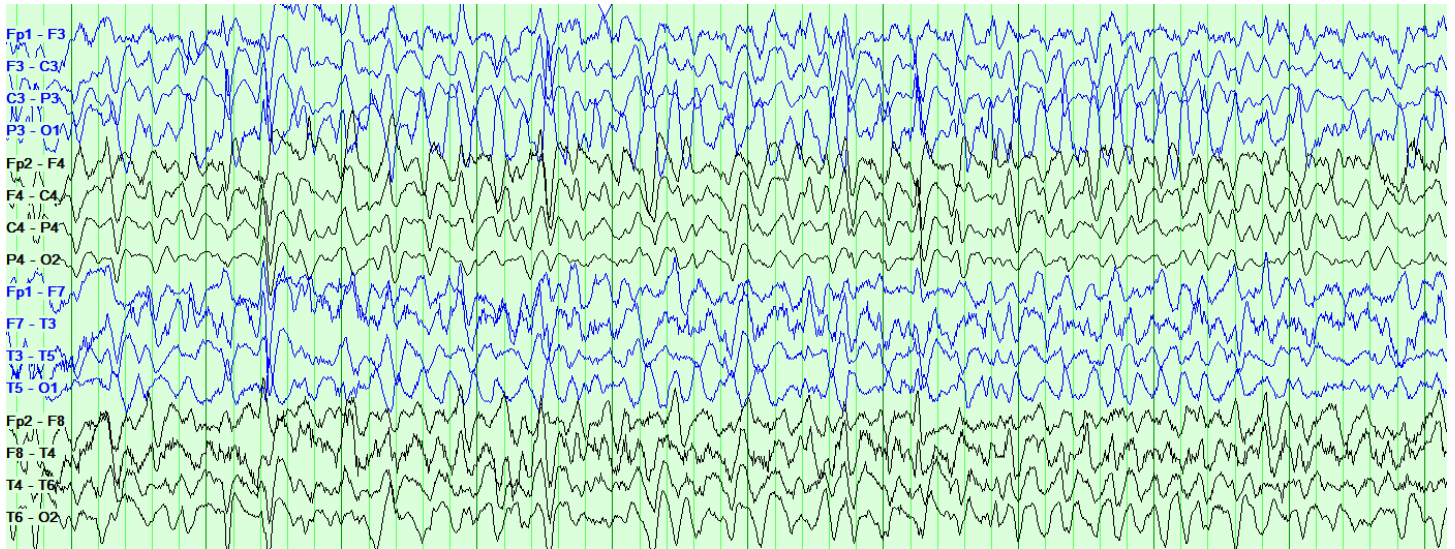


Figure 1. Continuous 2-3 Hz generalized triphasic sharp waves with diffuse slow-wave delta activity.png

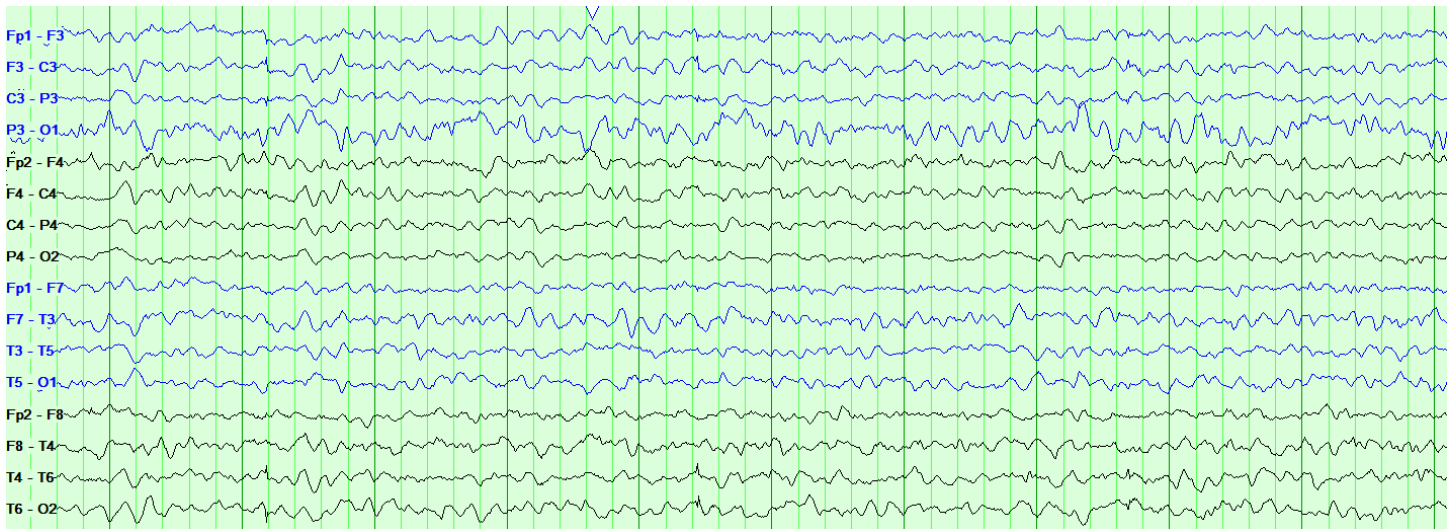


Figure 2. Irregular theta-delta activity without evidence of epileptiform discharges

**Intended Use (25 points max):** Describe how this information could be used moving forward to impact patient care.

Recognition of this condition is important in patients in the intensive care unit as it is completely reversible by discontinuation of the medicine and hemodialysis in patients with chronic renal disease.