What's That Called Again? Approach to Transient Global Amnesia
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- Consider in 'broken record' patient without altered sensorium/inattention
- Diagnosis of exclusion
- Must satisfy all criteria: witnessed episode, anterograde amnesia, resolution <24h, no: cognitive impairment, focal neuro deficits, epileptic features, history epilepsy/head injury
- Differential:
    - seizure (transient epileptic amnesia syndrome)
    - CVA
    - metabolic (hypoNa, hypoglycemia, wernicke's)
    - infectious (encephalitis)
    - drug toxicity
    - psych
    - complicated migraines
    - MS
- Work up: CBG, CBC, chem8, coags, ECG +/- septic panel, tox screen, LFTs, Bhcg
- CT head recommended if age >70 or vascular risk factors
- If no red flags and age <70 can consider monitoring without CT up to 24 hours for symptom resolution
- **Should NOT be discharged home unless symptoms are improving.** Consider touching base with neuro prior to discharge during daytime
- Red flags:
    - recurrent presentations (need seizure workup)
    - febrile (need encephalitis work-up)
    - progressive onset/decline (consider MS)
    - age <40 (atypical, consider alternate diagnoses)
    - focal neuro deficits or very high risk vascular patients (CT head/CTA), consider hot stroke
    - Non-resolving symptoms (neuro consult, may need MRI for posterior circulation)
- Low threshold to treat with thiamine if underlying malnutrition/concern for Wernicke's
- Counsel against driving only if concern for seizure etiology