



# Tip Sheet Encephalopathy

## DIAGNOSIS

- History and physical exam (most useful); avoid conflicting descriptors
- Lab findings: CBC, liver function tests, ammonia and blood glucose levels, lactate levels, kidney function tests, blood cultures, virology testing and ABGs, blood and urine tox screens
- Neuroimaging studies – often negative
- EEG findings – often negative

Check baseline status to document acuity

*Note: Acute encephalopathy is always reversible. Chronic encephalopathy should have structural changes on imaging.*

## DEFINITION

Any diffuse disease of the brain that alters brain function or structure

## CONTRIBUTING FACTORS

### Metabolic Encephalopathy

- Dehydration
- Electrolyte Imbalance
- Infection
- Fever
- Hypertension
- Hypoxemia
- Sepsis

### Most Common Toxins in Toxic Encephalopathy

- Illicit/OTC Drugs
- Medication ingestions
- Radiation
- Paints
- Industrial chemicals
- Certain metal solvents

## MAJOR TYPES

Metabolic  
Toxic  
Toxic-metabolic  
Septic  
Hepatic

## RECOMMENDED TERMINOLOGY

- ✓ Metabolic encephalopathy due to [cause]
- ✓ Toxic encephalopathy due to [cause]
- ✓ Toxic-metabolic encephalopathy
- ✓ Dementia complicated by acute encephalopathy

## TERMS TO AVOID

- X Altered mental status:** Represents a non-specific, non-diagnostic symptom
- X Alert, awake, oriented:** Frequently used incorrectly as standard template when the patient is actually encephalopathic on exam
- X Encephalopathy:** Lacking specificity of type and acuity

## TRIGGER WORDS

Mental status not at baseline  
Confused  
Behavioral disturbance  
Lethargic  
Sleepy  
A&Ox1, A&Ox2  
Drowsy  
GCS <15  
Altered mental status