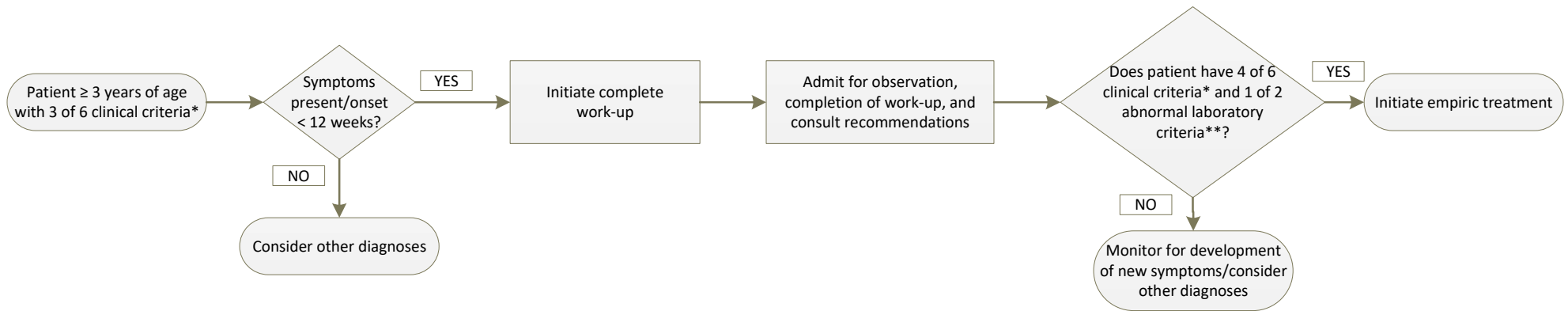


Autoimmune Encephalitis

Clinical Practice Guideline



*Clinical Criteria

- 1) Abnormal psychiatric behavior or cognitive dysfunction
- 2) Speech dysfunction (pressured speech, verbal reduction, mutism)
- 3) Seizures
- 4) Movement disorder, dyskinesia
- 5) Decreased level of consciousness
- 6) Autonomic instability (more than one set of vitals, more than one vital sign involved)
-requires trends of vital signs over time, and most typically develops later in the course. This will be most used in determining need for treatment and appropriate placement (ICU vs. acute care)

**Laboratory Criteria

- 1) Abnormal EEG (focal or diffuse slowing, epileptic activity, or extreme delta brush)
- 2) CSF with pleocytosis or oligoclonal bands

Exclusion Criteria

- 1) Age < 3 years
- 2) History of behavioral/psychiatric symptoms > 12 weeks
- 3) Less than 3 clinical criteria
- 3) Alternate diagnosis more likely

Work-Up

Consults

- Neurology
- Psychiatry
- Rheumatology
- *ID if fever and CSF pleocytosis and /or MRI concerning for infection*

Labs

- ANA with Rfx ENA/DNA
- Anti-thyroid Perox antibodies
- Anti-Thyroglobulin antibodies
- CBC with differential
- CMP
- CRP
- ESR
- MOG Ab
- Urinalysis
- Urine drug screen
- CSF- opening pressure, cell counts, protein, glucose, gram stain/culture, oligoclonal bands/IgG index, NMDA Ab (ARUP- *see lab ordering guide*), freeze tube

Imaging/Procedures

- EEG (length to be determined by neurology)
- MRI brain with and without contrast
- Pelvic ultrasound (females), testicular ultrasound (males)

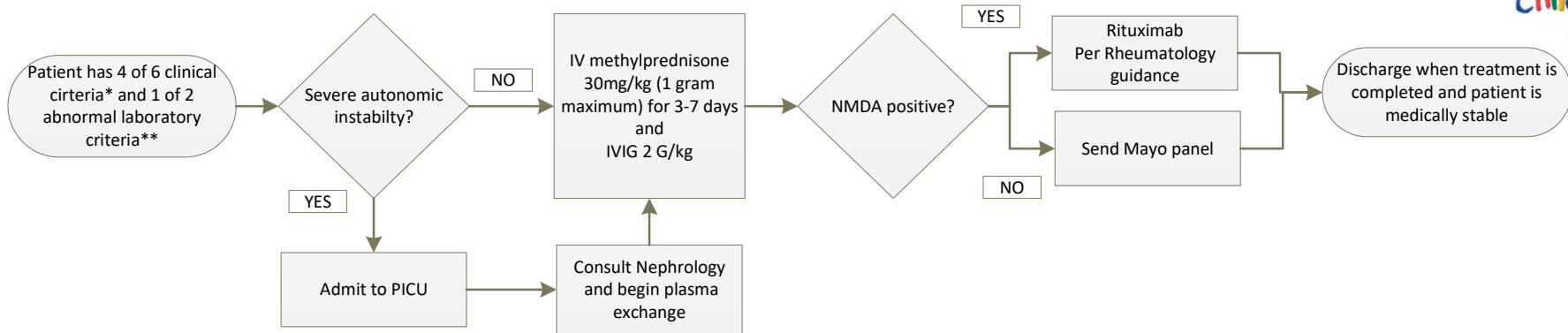
Other

- Bush-Francis catatonia Rating Scale (BFCRS)- *psychiatry to perform*
- Vitals signs every 4 hours

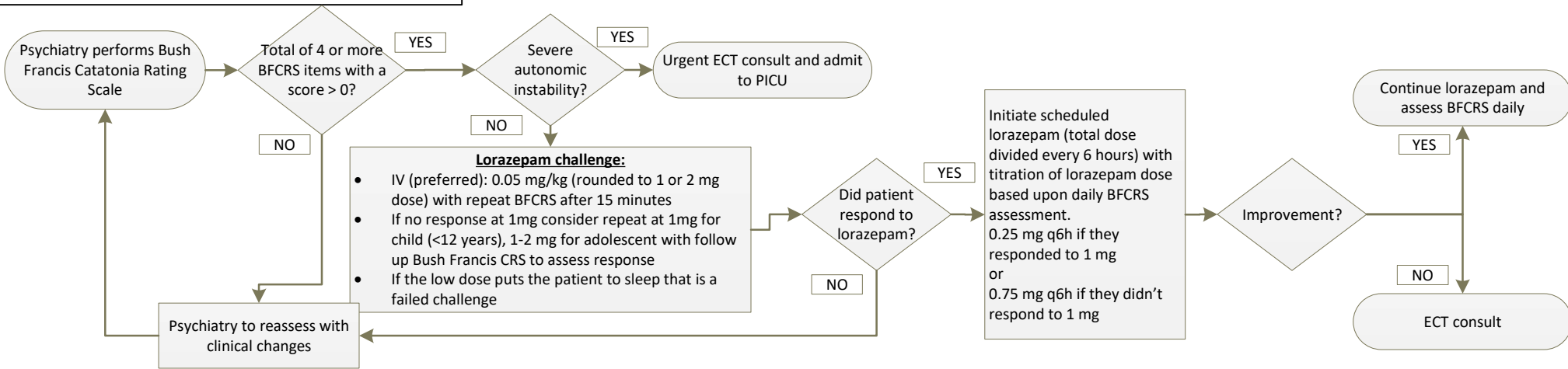
Lab Ordering Guide

- Mayo # PCDEC Pediatric Autoimmune Encephalopathy/CNS Disorder evaluation, CSF
- Mayo # PCDES Pediatric Autoimmune Encephalopathy/CNS Disorder evaluation, serum (if wanting to include serum testing too)

Empiric Treatment



Catatonia Management Bush Francis Catatonia Rating Scale (BFCRS)



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