pitfalls and diagnostic delays in this patient's evaluation. Furthermore we propose a work up for undifferentiated cases of OAS. **Results:** To accurately diagnose the underlying cause of OAS, a direct biopsy should be obtained whenever possible. The appropriate imaging sequences should be arranged as lesions in this region can be easily missed. Adjunct tests include assessment in the serum and CSF for granulomatous and infectious diseases, along with chest imaging. As many causes are PET enhancing, PET CT is a useful modality for identifying sites for biopsy. **Conclusions:** OAS can provide a diagnostic challenge for clinicians, however a systematic approach can help determine the underlying etiology.

P.090

Evaluation of Mutant Alleles of Engrailed and Invected in Drosophila Melanogaster Models of Parkinson Disease

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Background: Parkinson Disease (PD) is a neurodegenerative disorder, resulting in a gradual decline in voluntary movement, where lifespan remains stable. *Drosophila melanogaster* offer comparable gene sequences to those targeted in PD; among them are two transcription factors, *engrailed* (*en*) and *invected* (*inv*). **Methods:** Wild-type homozygous allele *Oregon-R* (en^{+}, inv^{+}) was compared to heterozygous mutants of en^{1}, en^{4}, en^{7}, en^{54}, en^{58}, inv^{W}, inv^{30}, and *Df (2R)* en^{E} inv^{E}. Nine climbing and aging studies were executed from crosses with w^{1118} (en^{+}, inv^{+}) as the maternal genotype. **Results:** Independent-samples t-tests were conducted to compare the percent survival (in days). No significant differences were observed between the experimental groups and the control group. A mixed Analysis of Variance was conducted to compare climbing behaviour over time (in weeks) for all nine groups. Both main effects (group, time), and the interaction (group x time) were significant. Post hoc Fisher's Least Significant Difference tests revealed a significant difference between the control group and en^{1}, en^{4}, en^{54}, inv^{W}, and *Df (2R)* en^{E} inv^{E} groups. **Conclusions:** These results support the hypothesis that mutations of *en, inv*, or both will result in a PD phenotype and consequent decreased motor function of *D. melanogaster* PD models, with or without a significant decrease in lifespan.

P.091

Consensus Guidelines for Utilization and Monitoring of Intravenous Immunoglobulin for Central Nervous System Disorders in British Columbia

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Background: Intravenous immunoglobulin (IVIG) may benefit many inflammatory central nervous system (CNS) disorders based on multiple immunomodulatory effects. IVIG is being used in inflammatory CNS conditions however robust evidence and guidelines are lacking in many disorders. Over the last 5 years, the percentage of IVIG used for CNS indications within neurology almost doubled in British Columbia (BC), Canada. Clear local guidelines may guide rational use. **Methods:** Consensus guidelines for IVIG use for CNS indications were developed by a panel of subspecialty neurologists and the Provincial Blood Coordinating Office, informed by focused literature review. Guidelines were structured similarly to existing BC peripheral nervous system guidelines and Australian Consensus Guidelines. Utilization and efficacy will be monitored provincewide on an ongoing basis. **Results:** Categories of conditions for Possible Indication (N=11) and Exceptional Circumstance Use (N=4) were created based on level of evidence for efficacy. Dosing and monitoring recommendations were made and outcomes measures defined. Rationale for Not Indicated conditions (N=3) was included. Guidelines will be distributed to BC neurologists for feedback and re-evaluated after 1 year. Conclusions: IVIG use in CNS inflammatory conditions has an emerging role. Guidelines for use and monitoring of outcomes will help improve resource utilization and provide further evidence regarding effectiveness.

Other Multidisciplinary

P.092

Successful implementation of a supported conversation program on an acute stroke unit

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Background: Aphasia is a life alerting deficit that affects up to 40% of people living with stroke. Barriers to communication ultimately impacts the care aphasic patients receive, as well as functional recovery. The Canadian Stroke Best Practice Recommendations suggest early and frequent language interventions to improve patients with aphasia quality of life, mood, and social outcomes. **Methods:** A supported conversation (SC) program (colloquially named The Aphasia Club) was implemented on the Acute Stroke Unit (ASU). The program included aphasia awareness and assessment training, as well as creation of an aphasia tool kit and discipline specific aphasia-friendly resources. Staff were encouraged to complete a 1-hour independent course on SC through the Aphasia Institute. Speech and language pathologists (SLP) offered an additional 30-minute in-person teaching session with interdisciplinary practice professionals. Following SLP assessment, personalized communication profiles were created for patients with aphasia to help staff understand the most useful strategies for communication. **Results:** More then 50 interprofessional staff members took SC training. Staff reported increased levels of knowledge and confidence when communicating with aphasic patients. **Conclusions:** A supported communication program was successfully implemented on an ASU. Planning

appropriate communication interventions can assist interdisciplinary professionals in their ability to support patients through their stroke journey.

P.093

Implementation of virtual interdisciplinary bedside rounds on an acute stroke unit

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Background: The novel corona virus pandemic presented the Saskatoon Stroke Program with challenges related to patient- and caregiver-centered communication. Keeping all parties informed of a patient's health status and plan of care in the setting of extreme visitation restrictions was difficult. Virtual interdisciplinary bedside rounds (VIDR) were introduced to enhance communication for stroke patients. **Methods:** A video conferencing application was adopted by the Saskatchewan Health Authority. Consent to participate was obtained by a social worker. Bedside nurses facilitated patient participation in VIDR on either a tablet or workstation on wheels, while caregivers were able to attend virtually. Each team member accessed the VIDR from an individual device to maintain social distancing. A structured questionnaire has been initiated to capture participant reported experiences and satisfaction with VIDR (data collection ongoing). **Results:** Most patients and caregivers were amiable to participate in VIDR. Challenges included: accessing appropriate technology for both family and staff members; rural and remote internet reliability; and maintaining a reasonable duration of rounds. There was overwhelming anecdotal positive feedback from participants. **Conclusions:** We implemented VIDR to enhance communication during the pandemic. Caregivers felt connected to the care team and up-to-date in the plan of care.

Child Neurology (CACN)

Epilepsy and EEG

P.094

Referral Practices for Epilepsy Surgery in Pediatric Patients: A North American Study

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Background: The International League Against Epilepsy recommends patients with drug resistant epilepsy (DRE) be referred for surgical evaluation, however prior literature suggests this is an underutilized intervention. This study captures practices of North American pediatric neurologists regarding the management of DRE and factors which may promote or limit referrals for epilepsy surgical evaluation. **Methods:** A REDCap survey distributed via the Child Neurology Society mailing list to pediatric neurologists practicing in North America. "R" was used to conduct data analyses. Ethics approval from the CHEO REB was granted prior to the start of data collection. **Results:** 102 pediatric neurologists responded, 77% of whom currently practice in the United States. 73% of respondents reported they would refer a patient for surgical consultation after two failed medications. Of all potential predictors tested in a logistic regression model, low referral volume was the only predictor of whether participants refer patients after more than three failed medications. **Conclusions:** Pediatric neurologists demonstrate fair knowledge of formal recommendations to refer patients for surgical evaluation after two failed medication trials. Other modifiable factors reported, especially family perceptions of epilepsy surgery, should be prioritized when developing tools to enhance effective referrals and increase utilization of epilepsy surgery in the management of pediatric DRE.

P.095

The many clinical facets of pediatric occipital spikes and the predictive value of consistent EEG dipole

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Background: Pediatric occipital epileptiform discharges (OEDS) occur in various clinical settings, including benign and symptomatic epilepsies. The study objective is to determine electro-clinical predictors for aetiology and prognosis in children with OEDs. **Methods:** 205 patients with OEDs were classified into seizure groups: symptomatic (n=98), idiopathic focal (IF) (n=57), idiopathic generalized (IG) (n=18), no-seizures (n=27) and febrile seizures (n=5). **Results:** The median age of seizure onset was 3 years (range: 0-19). There was more EEG background slowing ($P<0.05$) in the symptomatic; photosensitivity ($P<0.0001$) and GSW ($P<0.0001$) in IG; and presence of consistent EEG spike dipole in IF group. The symptomatic had more DD ($P< 0.0001$), autism ($P <0.019$), and school difficulties ($P<0.001$) than the IF and IG groups, but not different from the no-seizure group. **Conclusions:** OEDs with consistent dipole spike is predictive of IF epilepsy. In contrast to frontal and temporal lobe epilepsy, only 30% with symptomatic epilepsy had occipital-predominant neuro-imaging abnormalities. Notably, neuro-psychiatric co-morbidities were similar between the symptomatic and no-seizure group.

P.096

Optimizing the Use of Continuous EEG Monitoring in Neonatal Encephalopathy

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Background: Newborns with hypoxic-ischemic encephalopathy (HIE) are at high risk for seizures, the majority of which