kidney disease (baseline serum creatinine (SCr) 1.4 mg/dL) presented with non-ST segment elevation myocardial infarction and atrial flutter. He was started on a heparin infusion. On hospital day 5, he was switched from heparin to dabigatran 150 mg twice daily (SCr 2 mg/dL). On day 6, the patient developed lethargy, right gaze deviation, and oxygen desaturation. A head CT revealed acute intraparenchymal hemorrhage (IPH) and subarachnoid hemorrhage. Dabigatran was discontinued and idarucizumab 2.5 g x 2 doses were given (SCr 2.8 mg/dL). On day 7, repeat CT revealed IPH enlargement with mass effect, vasogenic edema, and a new subdural hematoma. TT and thromboelastography (TEG) were obtained and showed TT < 8 secs; TEG reaction (R) time 1.6 min, and activated clotting time (ACT) 199 secs. Sustained low-efficiency dialysis (SLED) was initiated for 8 hours due to his renal dysfunction (SCr 4 mg/dL with anuria). Two hours later, his labs showed increased TT to 24 secs, R time 1.7 min, and ACT 206 secs. SLED was repeated for 10 more hours to remove dabigatran. Two hours after the second SLED session and 47 hours after idarucizumab administration, TT was > 150 secs and remained elevated for 17 hours; R time and ACT increased to 1.8 min and 214 secs, respectively. A post-SLED dabigatran level was detectable at 45 ng/dL. Results: Currently, there is limited data on the efficacy and duration of action of idarucizumab in patients with renal dysfunction. Our experience suggests that patients with renal dysfunction may experience rebound coagulopathy >24 hours after idarucizumab administration – thus, requiring redosing – and that SLED may not adequately clear dabigatran.

1806

TRANSITION FROM INTRAVENOUS TO ENTERAL KETAMINE FOR TREATMENT OF NONCONVULSIVE STATUS EPILEPTICUS
Michael Pizzi, William Tatum, Jerry Shih, Daniel Jackson, William Freeman

Learning Objectives: Treatment of non-convulsive status epilepticus (NCSE) can be challenging. Intravenous ketamine infusion is recommended as an alternative treatment for refractory status epileptics in adults according to the latest Neurocritical Care Society guidelines on status epilepticus. Ketamine is a non-competitive N-methyl-D-aspartate (NMDA) antagonist that has been increasingly used intravenously to treat status epilepticus and refractory status epilepticus. There are currently only 6 cases reported in the literature using enteral ketamine as a maintenance treatment. Methods: We report a 33-year-old right-handed female with focal seizures with dycognitive features and focal seizures evolving to bilateral convulsion who presented with breakthrough convulsive seizures, followed by focal seizures that evolved into NCSE confirmed by continuous electroencephalogram (EEG) monitoring. Due to relative hypotension, the patient was intubated and started on a ketamine infusion. The following day ketamine was increased from 0.5 mg/kg/hr to 1.25 mg/kg/hr. Enteral ketamine 50 mg twice daily was then begun for persistent electrographic seizures. The following day the ketamine infusion was decreased to 0.5 mg/kg/hr and enteral ketamine increased to 100 mg BED due to cessation of electrographic seizures on continuous EEG monitoring. Over the next two days ketamine infusion was discontin- uated and enteral ketamine was titrated to 250 mg twice daily. She was extubated and discharged on enteral ketamine 250 mg BID with a subsequent 10 week taper of decreasing 50 mg per week. Hallucinations and dissociative symptoms while on ketamine were absent. Results: This case report describes the successful transition of a patient in NCSE from intravenous ketamine to enteral ketamine.

1807

ZIKA VIRUS OUTBREAK AND GUILLAIN-BARRÉ SYNDROME IN PUERTO RICO: 2016
Wilma González-Barreto, Gloria Rodríguez-Vega, GBS Passive Surveillance System Team, José Rodríguez-Vázquez

Learning Objectives: Zika virus (ZIKV) is a flavivirus transmitted primarily by Aedes species mosquitoes, with symptoms including fever, rash, conjunctivitis, and arthralgia. After ZIKV outbreaks reported in the Pacific Islands, the ZIKV spread to the Americas and has been associated with neurological conditions including Guillain-Barré Syndrome (GBS), a post-infectious autoimmune disorder characterized by flaccid limb weakness due to peripheral nerve damage. In February 2016, the first case of GBS with evidence of ZIKV infection was reported by the Puerto Rico Department of Health and the GBS Passive Surveillance System was implemented to identify new cases. Methods: Specimens (serum, urine, cerebrospinal fluid ([CSF]) and/or saliva) from suspected GBS cases are submitted for abovirus testing by RT-PCR (all specimens) and IgM ELISA (serum and CSF). Confirmed ZIKV infections had positive RT-PCR results; presumptive ZIKV infections had positive IgM ELISA; and presumptive flavivirus infections had positive ZIKV and dengue virus results by IgM ELISA. Results: During January 1-July 22, 2016, 43 suspected GBS cases were reported, of which, 5 (12%) had confirmed ZIKV infection, while 16 (38%) had presumptive ZIKV or flavivirus infections. Of cases with evidence of ZIKV or flavivirus infections, the median age was 56 years and 15 (71%) were female. Eight cases (38%) had neuropsychic symptoms onset in June. All cases (n=21) were hospitalized with median stay of 12 days. Twelve (57%) of the cases were admitted to the intensive care units, 5 (24%) required mechanical ventilation, and all received treatment with intravenous immunoglobulin G. Due to ongoing ZIKV transmission in Puerto Rico, cases of GBS with evidence of ZIKV infection are expected to increase. Incident GBS cases are prospectively identified through the surveillance system. Prompt collection of specimens provides laboratory evidence toward assessing the potential relationship between GBS and ZIKV infection.

1808

INTRATHecal BACLOFEn Via ExTRaordinary CATHeTER And SYRINGe PUMP: A CASE SERIES
Sarah Adriance, Kristin Brower, Albert Clairmont

Learning Objectives: Existing treatment options to prevent or treat intrathecal baclofen withdrawal are supportive in nature and failure can occur. Patients undergoing intrathecal baclofen treatment via internalized pump may experience complications or pump malfunctions that require surgical evaluation. Management with an externalized pump and temporary intrathecal catheter represents a safe and effective approach to prevent baclofen withdrawal and life-threatening complications. Methods: We present five patients who received intrathecal baclofen (ITB) via an external pump and temporary intrathecal catheter from May 2013 to May 2016. The mean age of the patients was 46 years and 80% were males. In all patients the indication for ITB internal pump removal was related to internal ITB pump site infection. Three patients presented with signs and symptoms of baclofen withdrawal, including one patient who presented with seizures. The median start dose was 325 mcg/day (range 200–805) corresponding to a median total volume of 3.24 mL/day delivered intrathecally (range 2.5–4). Therapy was initiated in an intensive care unit in all patients and the median ICU length of stay (LOS) was 18 days (range 12–32). All patients survived to hospital discharge and did not experience withdrawal as a result of drug delivery via the external device. Patients were followed daily by Physical Medicine and Rehabilitation Specialists, who were the sole providers for dosing adjustments and syringe pump management. Results: Externalization of intrathecal baclofen pump using a temporary intrathecal catheter and a temporary mechanical ventilation provided a safe and effective management strategy to prevent or treat baclofen withdrawal at our institution. Given the success of this management strategy, a multi-disciplinary hospital-based protocol was developed and the hospital electronic medical record was optimized.

1809

FOOTDROP As A Harbinger Of Metastatic Bladder Cancer
Sahil Pandya, Jaina Sutaria

Learning Objectives: Paraneoplastic syndromes (PNS) refer to a collection of symptoms and signs occurring in cancer patients and involving systemic effects taking place remotely from the tumor. Paraneoplastic neurological syndromes are rarely reported with bladder cancer. We describe an unusual presentation of urothelial bladder cancer presenting with focal neurological deficits, attributable to a paraneoplastic phenomenon. Methods: A 71 year old female with 5 year history of urinary incontinence and back pain presented with sudden onset left sided foot drop. An MRI of the lumbar spine was unrevealing. She then developed progressive left leg weakness along with worsening gait. Exam was significant for left sided distal muscular atrophy with no fasciculations, ankle hyperreflexia, and clonus bilaterally. Her urinary incontinence worsened, and CT imaging with urine cytology confirmed high grade urothelial carcinoma. Given lack of sensory deficits with