

Welcome

to the inaugural issue of **Brain Matters**, a quarterly clinical report dedicated to the frontline of neurocritical care. I'm Dr. Puneet Chopra. Throughout my career in emergency medicine, I've experienced the significant clinical challenges inherent in managing acute neurological emergencies.

As Editor-in-Chief, my goal is to provide a dedicated space for clinicians—neurologists, epileptologists, emergency physicians, and nursing teams—to explore the evolving standards of point-of-care diagnostics and seizure management.

In this issue, we examine the expanding accessibility of EEG in the ICU and synthesize medical society guidelines regarding continuous brain monitoring. Our mission is to bridge the gap between complex clinical data and the immediate needs of the ED, ICU, and NICU.

Moving forward, each issue will feature:

- **Clinical Perspectives:** Expert insights on diagnosing and treating nonconvulsive seizures.
- **Evidence-Based Practice:** Links to the latest peer-reviewed case studies.
- **Increase Your Knowledge:** A collaborative forum for ideas to address the toughest clinical challenges.

We trust these resources will serve as a valuable companion to the vital work you do every day.

The Diagnostic Blind Spot: Why We Can't Afford to Ignore the Brain

It's 4:00 AM on a Friday night—the typical busy night shift in the ED. I'm running from patient to patient, managing sepsis alerts and “brain attacks” (aka stroke alerts), and the shift is flying by. EMS brings us a patient in septic shock who's profoundly altered. We call our “sepsis alert,” which triggers our typical sepsis order set: labs, cultures, UA, EKG, and IV fluids and antibiotics.

[Read Full Article](#)

What Do You Think?

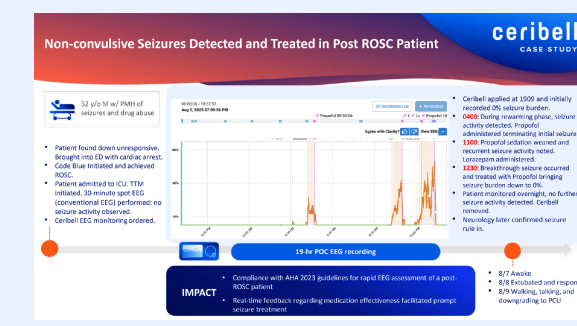
How often do you encounter “persistently altered” patients where an immediate brain monitor could have changed your disposition/management?

Always (80 - 100%)
 Often (40 - 79%)
 Sometimes (1 - 39%)
 Never (0%)

Thank you for your participation!

[Submit](#)

Post-ROSC Case Study



EEG in the Guidelines – What Medical Societies Say About EEG in Critical Care

This article highlights recent updates in clinical guidelines for EEG monitoring, focusing on the newest recommendations for adult, pediatric, and neonatal populations. The consensus across major medical societies is clear: Rapid EEG monitoring is critical to detecting and managing nonconvulsive seizures.

[Read Full Article](#)

Adult Guidelines

Medical society guidelines recommend EEG be applied promptly when status epilepticus is suspected.

Peds & Neonate Guidelines

ACNS, AAP, ILAE, PCC, and AHA recommend EEG for neonatal and/or pediatric patients at risk.



Featured Webinar

Hear from neurointensivists on how Ceribell's rapid EEG and AI-driven tools are transforming bedside care.

Further Reading & Resources

[SAFER-EEG Study](#)

Evaluating the Impact of Point-of-Care EEG on Length of Stay in ICU

[Stroke Study](#)

POC EEG Key for Detection of NCS During Acute and Post Stroke Evaluation

About the Editor

Puneet Chopra, MD, FACEP
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Dr. Puneet Chopra brings more than 20 years of dedicated experience to the field of emergency medicine. He most recently served as the regional medical director of emergency services for HCA's LewisGale Regional Health System. During his tenure, he concurrently held several pivotal roles at LewisGale Medical Center—an HCA Level II trauma facility—including chairman, medical director of emergency services, and stroke medical director. Committed to clinical education and leadership, Dr. Chopra also served as a core faculty member for the hospital's emergency medicine residency program.

Dr. Chopra earned his Bachelor of Arts in public health from Johns Hopkins University and completed both his medical degree and emergency medicine residency training at The George Washington University.

Have a Question?

Submit your feedback and suggestions. Your voice will help shape future editions.

[INCREASE YOUR KNOWLEDGE →](#)