

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

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Implementation of virtual interdisciplinary bedside rounds on an acute stroke unit

K Whelan (Saskatoon) J Copeland (Saskatoon) K Cadieu (Saskatoon) K Taylor (Saskatoon) S Maley (Saskatoon) G Hunter (Saskatoon), B Graham (Saskatoon)*

doi: 10.1017/cjn.2021.371

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

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

SG Buttle (Ottawa) K Muir (Ottawa) S Dehnoei (Ottawa) R Webster (Ottawa), A Tu (Ottawa)*

doi: 10.1017/cjn.2021.372

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.

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

AN Datta (Vancouver) L Wallbank (Vancouver)* J Micallef (Vancouver), PK Wong (Vancouver)*

doi: 10.1017/cjn.2021.373

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.

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Optimizing the Use of Continuous EEG Monitoring in Neonatal Encephalopathy

F Din (Toronto) S MacFarland (Toronto)* D Wilson (Toronto), CD Hahn (Toronto)*

doi: 10.1017/cjn.2021.374

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