



Keep “time is brain,” even in the crisis of COVID-19

Doo Hyuk Kwon¹ · Keun Tae Kim¹

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Dear Editor-in-Chief

Now, COVID-19 is a worldwide threat. The RNA virus has spread around the world, destroying our lives. South Korea is one of the countries that suffer from the outbreak of COVID-19 in the next order after China, and has started to take action since mid-February. The Keimyung University Dong-San Medical Center (DSMC), where the authors are working at, is responsible for areas where approximately 77% of South Korea’s COVID-19 patients have occurred! [1] The medical staff in charge are suffering from depression and exhaustion due to the concerns about infection, stress from quarantine, physical fatigue caused by protective equipment, and manpower problem. In addition, there was a COVID-19 patient deceased last week after a seizure for hours, and there is a COVID-19 patient with a major stroke in the ICU. It is not known whether this is caused by COVID-19 per se or by a systemic condition worsened by COVID-19; however, it is clear that the detection was delayed and treatment was limited due to the circumstances under the policy against COVID-19. The slogan, *Time is Brain*, stands for neurological emergencies such as stroke, and status epilepticus [2, 3]. The authors have pondered the role of the neurologists and noticed several obstacles in timely detection and treatment of neurological emergencies under the policy for COVID-19.

First, the requirement to isolate COVID-19 patients and to force wearing of protective equipment makes it difficult for medical staff to access patients quickly. The need for any medical staff to acknowledge neurological emergencies cannot be stressed too much. Such an acknowledgement requires not as much as a well-trained neurologist, but even an ordinary medical staff’s due diligence would often suffice. It would be enough to examine the patient, suspect a neurological emergency, and order a neuroimaging or electroencephalography.

Second, as COVID-19 mainly invades the lungs, the internists especially specialized in pulmonology or infectious disease are in charge. It is necessary for the neurologist to participate in the treatment and to be a team player. The authors encountered a neurologist who says, “This is not my area of expertise!” Well, it may not be. However, an internist who fights against COVID-19 needs a neurologist, a reliable teammate.

Third is the change in ready-made pathways. Even weeks ago, we had used a ready-made pathway depending on the condition of each hospital’s equipment and the composition of the medical staff. But the list of available personnel, equipment, and facilities has changed, and it can be changed at any time due to the isolation and quarantine. From time to time, check and mobilize the medical personnel and strategies that are available. How and who will carry out endovascular revascularization therapy? Is portable electroencephalography available? It is necessary to check the ready-made pathways for patients with a neurological problem. That is what neurologists should do.

Doctors need to communicate and cooperate between and amongst themselves. Now, talk to your colleagues, discuss and update the ready-made pathway for neurological problems. Suggest the best policy, and engage in the treatment if necessary. You, a neurologist, are not a bystander. Keep “*Time is Brain*,” even in the crisis of COVID-19!

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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✉ Keun Tae Kim
6k5upa@gmail.com

¹ Department of Neurology, Keimyung University School of Medicine, 1095 Dalgubeol-daero, Dalseo-gu, Daegu 42601, South Korea

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