MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

A discrete episode of memory loss or amnesia

Structured history, interpretation & clinical review

Symptom 57 of 94
Clinical educational workbook
Version 1.0 · October 2026

Not for clinical use. This guide cannot diagnose, triage, or exclude an emergency. Seek emergency care for severe, sudden, or worsening symptoms.

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> **Document purpose**
> A structured educational history and diagnostic-reasoning workbook. Treatment is outside its scope.

Scope and safe use

A discrete memory-loss episode requires a witness account, exact duration, preservation of awareness, repetitive behavior, triggers, and exclusion of seizure, migraine, intoxication, and stroke.

Not for clinical use.
This educational workbook does not diagnose, triage, estimate probability, replace examination, or exclude an emergency. If a safety-screen answer is Yes or uncertain, follow the stated action rather than continuing routine interpretation.

How to complete the workbook

- Record the current episode and the person's usual baseline; use a witness account for events with impaired awareness.
- Check one option per question unless a clinician documents a different combination. "Not sure" is unresolved information, not a negative answer.
- Complete the safety screen before all other sections. Record exact onset or last-known-well time for sudden deficits.
- Use Section 2 only after the form is complete. More than one pattern may be relevant; urgency takes precedence.
- Use Section 3 to plan focused examination and clinician-selected investigations. No test is automatic or universally required.

Specific escalation rule

New severe headache, new focal weakness or numbness, new speech/language difficulty, reduced consciousness, a prolonged seizure, severe breathing or swallowing difficulty, sudden visual loss, or rapidly progressive weakness requires emergency assessment. Call 911 in the United States.

Section 1: Input form

Checkbox history for A discrete episode of memory loss or amnesia

1A. Immediate safety screen

Is there new face droop, one-sided weakness or numbness, difficulty speaking or understanding, double vision, or severe loss of coordination?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now and record the exact time the person was last known well.

Is there new confusion, reduced consciousness, a seizure, or difficulty awakening?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now. Do not leave the person alone or give food, drink, or medication by mouth.

Is there new severe breathlessness, inability to swallow saliva, blue lips, or rapidly worsening weakness?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now; breathing and swallowing problems can become critical quickly.

Is there sudden loss of vision, a new missing visual field, or a painful red eye?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency eye or emergency-department assessment now.

> **Stop rule:** Any Yes answer triggers the action printed under that question. Any Not sure answer requires prompt in-person clarification; do not treat it as No.

1B. Timeline

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months ☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable ☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

What happened during the episode?

☐ Repeated questions with otherwise preserved interaction ☐ A gap or lost time with altered awareness ☐ Cannot remember events before the episode ☐ No reliable account

How long did it last?

☐ Seconds to minutes ☐ Several hours but under 24 hours ☐ More than 24 hours ☐ Not sure

Was there exertion, emotional stress, headache, head injury, alcohol, or medication?

☐ Physical or emotional stress ☐ Migraine or headache ☐ Alcohol, drug, or medication ☐ Head injury ☐ No trigger

Has this happened before, and was recovery complete?

☐ First episode with complete recovery ☐ Recurrent similar episodes ☐ Residual confusion or neurological deficit ☐ Not sure

1D. Associated findings

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

Additional history and documentation

Record exact dates/times, witness details, relevant medication doses and changes, prior investigation reports, and the person's baseline function.

Section 2: Interpreting the input form

Answer combinations generate a differential and an assessment pathway—not a diagnosis.

> **Precedence:** Emergency safety answers override every pattern below. Otherwise, the highest-urgency fully matched pattern takes precedence. If entries are incomplete, contradictory, or match no pattern, use the unresolved-information pathway.

Pattern 1: Classic transient global-amnesia-like episode

What happened during the episode? Repeated questions with otherwise preserved interaction
How long did it last? Several hours but under 24 hours
Has this happened before, and was recovery complete? First episode with complete recovery

Urgent assessment pattern — Same day

A first prolonged repetitive-question amnestic episode needs prompt in-person confirmation and exclusion of mimics.

Differential to review:

- Transient global amnesia
- Epileptic seizure or transient epileptic amnesia
- Stroke/TIA, migraine, or structural brain process

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 2: Brief recurrent amnestic episodes

What happened during the episode? A gap or lost time with altered awareness
How long did it last? Seconds to minutes
Has this happened before, and was recovery complete? Recurrent similar episodes

Urgent assessment pattern — Same day

Brief recurrent lost-time episodes follow a seizure and transient-neurological-event assessment.

Differential to review:

- Epileptic seizure or transient epileptic amnesia
- Stroke/TIA, migraine, or structural brain process

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 3: Residual deficit after amnesia

Has this happened before, and was recovery complete? Residual confusion or neurological deficit

Emergency warning pattern — Now

Persistent confusion or focal deficit after an amnestic episode requires emergency assessment.

Differential to review:

- Stroke/TIA, migraine, or structural brain process
- Head injury, intoxication, metabolic, or dissociative amnesia

Action: Call 911 or go to the nearest emergency department now. Do not drive yourself.

Pattern 4: Trauma or substance-associated amnesia

Was there exertion, emotional stress, headache, head injury, alcohol, or medication? Head injury / Alcohol, drug, or medication

Urgent assessment pattern — Same day

Amnesia after trauma or substance exposure needs prompt injury, metabolic, and neurological assessment.

Differential to review:

- Head injury, intoxication, metabolic, or dissociative amnesia

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Unresolved-information pathway: The entries need structured in-person characterization.

Urgent assessment pattern — Same day

Do not guess missing answers or convert uncertainty into reassurance. Document what is unknown, perform an in-person examination, clarify the timeline with a witness or records when available, and reassess if any new feature appears.

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Section 3: Clinical review

Diagnostic modules and focused investigation logic

The examination comes before a test list. Select investigations only after localization, urgency, comorbidity, pregnancy status, renal function, anticoagulation, and prior results have been considered.

3.1 Transient global amnesia

Discriminating features: A witnessed discrete episode of anterograde amnesia with repetitive questions, preserved interaction, and resolution within 24 hours, after exclusion of mimics.

Logical investigations: Clinical neurological assessment and vascular/metabolic evaluation; imaging/EEG when features are atypical.

3.2 Epileptic seizure or transient epileptic amnesia

Discriminating features: Brief/recurrent lost-time episodes, altered awareness, automatisms, olfactory/gustatory aura, or residual confusion.

Logical investigations: Witness/video phenotype, neurological examination, EEG and MRI when seizure suspicion is supported.

3.3 Stroke/TIA, migraine, or structural brain process

Discriminating features: Focal deficits, severe headache, visual-field symptoms, or atypical prolonged/residual deficits.

Logical investigations: Emergency vascular assessment for acute focal signs; brain and vascular imaging as indicated.

3.4 Head injury, intoxication, metabolic, or dissociative amnesia

Discriminating features: Trauma/substance timing, glucose/metabolic clues, or psychological context; each requires positive supporting evidence.

Logical investigations: Injury/medication/substance and glucose/metabolic review; neurological examination and appropriate targeted testing.

Reassessment and documentation

- If the symptom pattern changes, repeat the safety screen and timeline rather than carrying forward an earlier interpretation.
- If a test is unrevealing but the deficit persists or progresses, revisit localization and seek specialist review; a normal result does not automatically end assessment.
- If symptoms resolve, document duration, completeness of recovery, recurrence, and any residual deficit. Resolved sudden focal symptoms can still require urgent vascular assessment.
- If the history and examination conflict, obtain collateral information and in-person review rather than forcing a single diagnostic label.

Selected references

Sources provide background standards and do not replace local emergency pathways or current specialist guidance. Accessed October 2026.

1. National Institute for Health and Care Excellence. (2018, updated 2025). *Dementia: assessment, management and support for people living with dementia and their carers (NG97)*. https://www.nice.org.uk/guidance/ng97
2. National Institute for Health and Care Excellence. (2010, updated 2023). *Delirium: prevention, diagnosis and management in hospital and long-term care (CG103)*. https://www.nice.org.uk/guidance/cg103