Weekly Calendar

1/18: MLK Day: NO noon report
1/19: Purple Team Noon Report in MSB 5051 with applicants
1/20: Grand Rounds: Olugbenga Olowokure, MD: "Pancreatic Cancer in 2016: Where Are We, Where Are We Going?"
1/21: Weesner Prep: no Weesner Prep
AHD: Liver Disease with Elise

Residency Council with Town Hall

We have a number of important things to discuss and want to see you there:
- Coverage needs
- Olympics planning
- Intern Retreat
- End of recruitment
- Olympics planning
- Spring activities
- Cardiology services
- End of year scheduling
- Did we mention Olympics?
- YOUR concerns!

Please join your peers and your chiefs for a productive conversation.

Anonymous Feedback

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: http://intmed.uc.edu/education/residency/feedback.aspx
UCMC has instituted a new Epic order and protocol for indwelling urinary catheters. Protocols are nurse-driven with option for automatic removals based on the indication for the catheter.

Please select the appropriate indication and avoid choosing “Other” whenever possible (does not allow for nurse-driven removal).

The order also prompts options for post-removal void monitoring and automatic bladder scan.

Your final order will remain in Epic with a description of the indication.

Let’s work together to prevent complications of prolonged catheter usage!
Endocarditis

High Risk Echo Features
- Large (>10mm in diameter) or mobile vegetations
- Severe valvular insufficiency
- Abscess cavities or pseudoaneurysms
- Valvular perforation or dehiscence
- Evidence of Decompensated Failure

When to use Gentamicin:
- Enterococcus (native and prosthetic valve)
- Streptococcus (native and prosthetic valve)
- Do NOT use for Native Valve IE MSSA/MRSA
- Prosthetic Valve Endocarditis MSSA/MRSA then give Ampicillin or Vancomycin, as well as Gentamicin and Rifampin

Introducing...the amazing...the one and only...

Discharge Hospitality Center

Did you know there is a place in University of Cincinnati Medical Center where your patients can...
- Await their ride home?
- Have a snack?
- Charge their cell phone?
- Watch cable television?
- Have medications delivered?
- Chat with the RN and PCA in charge?
- And more?!

That’s right, folks. All of these services are available at no charge in a comfortable lounge conveniently located on the Ground Floor across from Financial Counselling (past Copper Moon). Hours 11am-7pm.

Your friendly local bedside nurse can assist in determining your patient’s eligibility for access to the lounge.

Okay, it doesn’t look quite like that, but it’s still nice.
As the days grow colder and the hospital grows busier, we remember that reflecting on the positives in our lives improves our wellbeing. What or who are you grateful for?

“Gratitude has one of the strongest links to mental health and satisfaction with life of any personality trait—more so than even optimism, hope, or compassion….A daily gratitude journal-keeping exercise with young adults resulted in higher reported levels of the positive states of alertness, enthusiasm, determination, attentiveness, and energy compared with a focus on hassles or a downward social comparison (PMID: 12585811).” (PMID: 23775470)

A study in Neuroimage found that “subjects who participated in gratitude letter writing showed both behavioral increases in gratitude and significantly greater neural modulation by gratitude in the medial prefrontal cortex three months later.” (PMID: 26746580)

The chiefs are grateful for a million things the residents do everyday but above all that we have survived recruitment (almost) with the help of Dr. Warm, Liz, Jillian, Matt, Stephanie, and ALL of the residents and faculty! #ucgratitude

Owen Baldwin is happy about life (and that he’s done with the MICU...forever) #ucgratitude

Dr. Bunger is grateful for the hard work of our residents. #ucgratitude

Stephanie Dixon is happy she has a golden weekend for her husband’s 30th birthday! #ucgratitude

Aditi is grateful for the choice between Santa Fe wrap and Santa Fe salad. Which one?! #ucgratitude

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BOARD REVIEW WITH THE CHIEFS:
DUST OFF THOSE OLD STETHOSCOPES, FOLKS. IT’S BOARDS STUDYING TIME!

Q: A 26-year-old man is evaluated for a 3-day history of fever, lower abdominal pain, tenesmus, hematochezia, and watery diarrhea. Seven months ago, he underwent a cadaveric kidney transplantation. At the time of transplantation, the transplant donor was seropositive for cytomegalovirus, and the patient was seronegative for this virus. Current medications are tacrolimus, mycophenolate mofetil, prednisone, and trimethoprim-sulfamethoxazole. Valganciclovir was discontinued 1 month ago after 6 months of prophylaxis as per standard protocol.

On physical examination, temperature is 38.8 °C (101.8 °F), blood pressure is 100/70 mm Hg, pulse rate is 104/min, and respiration rate is 18/min. BMI is 24. Cardiopulmonary examination is normal. Abdominal examination reveals increased bowel sounds but no tenderness to palpation. There is no organomegaly.

What is the most likely diagnosis?

A: The most likely diagnosis is cytomegalovirus (CMV) infection. Despite advances in immunosuppressive therapy and infection prophylaxis, more than 50% of kidney transplant recipients develop at least one infection during the first year after transplantation. CMV infection is particularly common in these patients. CMV infection is often suspected when patients have leukopenia and fevers during the posttransplant period. Viremia is best detected by polymerase chain reaction (PCR), a fast, sensitive, and reliable technique compared with serology, culture, or early antigen or CMV antigenemia detection. CMV infection can result in CMV disease, with organ involvement manifesting as retinitis, pneumonia, encephalitis, hepatitis, and gastrointestinal tract ulceration.

This patient underwent kidney transplantation 7 months ago and discontinued his CMV prophylaxis therapy 1 month ago as per standard protocol. Kidney transplantation from a donor who is seropositive for CMV to a recipient who is seronegative for this virus places the recipient at high risk for developing this condition. Furthermore, this patient's fever, leukopenia, and diarrhea are consistent with CMV infection, and his elevated liver chemistry studies raise suspicion for CMV-related hepatitis. Diagnosis of CMV infection is confirmed with a positive serum PCR test for viremia, and disease is confirmed by the presence of mucosal ulcers or erosion and CMV inclusion bodies seen on a biopsy specimen from the wall of the bowel obtained during colonoscopy. Clostridium difficile infection may cause diarrhea and fever but does not explain this patient's leukopenia or elevated aminotransferase levels. Mycophenolate mofetil can cause diarrhea and leukopenia but is rarely associated with elevated liver chemistry studies and does not explain this patient's fever. In addition, toxicity associated with mycophenolate mofetil usually occurs after a recent dosage change. Tacrolimus toxicity can cause diarrhea but does not manifest as fever, leukopenia, or abnormal findings on liver chemistry studies.

PMID: 21902725

INTRODUCING A NEW SYSTEM TO IMPROVE PATIENT FLOW AT THE VA.

- We are piloting a Hospitalist Day Float to assist with admissions during the day time during high patient census.
- The 2 Hospitalists on consults are helping admit until 5:00pm. These patients are then handed off to a medicine team after the admission is complete.
- The goal of this step is to manage admissions while protecting teams as they discharge.
- We have trialed this during this week and are making adjustments currently to optimize safe hand-offs.

VA Corner

Interested in a Global Health Elective?

Interns, now is the time to start planning if you are considering a Global Health Elective during Long Block. Please email Caroline Lee and Rachel Bensman to get the ball rolling.
**Weekend to-do!**


Jan. 15-24: **Cincinnati Travel, Sports & Boat Show**, 5-9:30 p.m. Friday, 11 a.m.-9:30 p.m. Saturday, 11 a.m.-5 p.m. Sunday, Duke Energy Convention Center, 525 Elm St., Downtown. [www.cincinnatiboatshow.com](http://www.cincinnatiboatshow.com).

Jan. 18 **Celebrate the Dream**: Experience Martin Luther King Jr.’s dream with various activities and performances. Details: 10 a.m.-5 p.m. Monday, Cincinnati Museum Center, 1301 Western Ave., Queensgate. [www.cincymuseum.org](http://www.cincymuseum.org).

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**TRIVIA**

We all know the elicit past of Coca-Cola, but it is not the only modern day product with a previous questionable medicinal past. What product still sold on the shelves of Kroger today once contained Lithium from its creation until the 1950s?

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**SHOUT OUTS!!!**

- to **Steve Gannon** and **Lauryn Benninger** for identifying a patient who had inadvertently fallen through the cracks in ED to Bedboard triage and proactively caring for the patient to prevent any further delays.
- to **Perry Lin** for excellent documentation of a complicated code, recognized by the Rapid Response Team!
- to **Pankti Shah** and **Kalyn Jolivette** for handling the busy MICU “with grace and ease.” As noted by their attending (and known by us), they are “ultimate professionals, caring physicians” and “have done amazing with follow up, follow through, and family conversations.”
- to **Mike Sabbah** for trouble-shooting the clinic on-call pager/phone situation and re-designing the work flow to ensure we can provide timely communication and care for our patients during off-hours.
- to all the VA seniors **Tim Lee, Monique Jindal, Drew Petersen**, and **Jeremy Sorkin** for “being great people with a positive attitude” and keeping up spirits despite a very busy and trying time”.
- to **Elyse Harris** for “dominating a central line on the first try.” #nailedit