SPECIAL POINTS OF INTEREST:

- Holds, AMA, and Capacity, oh my!
- Do the Dual

INSIDE THIS ISSUE:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holds, Capacity, and AMA</td>
<td>2</td>
</tr>
<tr>
<td>Epic hold orders</td>
<td>3</td>
</tr>
<tr>
<td>Epic AMA order</td>
<td>3</td>
</tr>
<tr>
<td>Upcoming Events</td>
<td>3</td>
</tr>
<tr>
<td>Clinic Corner</td>
<td>4</td>
</tr>
<tr>
<td>VA Updates</td>
<td>4</td>
</tr>
<tr>
<td>Procedure Update</td>
<td>4</td>
</tr>
<tr>
<td>Board Review</td>
<td>5</td>
</tr>
<tr>
<td>Weekend to-do</td>
<td>6</td>
</tr>
<tr>
<td>Medical Trivia</td>
<td>6</td>
</tr>
<tr>
<td>Shoutouts</td>
<td>6</td>
</tr>
</tbody>
</table>

Weekly Calendar

4/25: Noon Report: Renal Team
4/26: Noon Report: Orange or Yellow Team (best case wins)
4/28: Weesner Prep: Wards Orientation at NOON
        AHD: None (Senior Change Day)
4/29: Intern Wards Orientation

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](http://intmed.uc.edu/education/residency/feedback.aspx)
Psychiatric Hold
AKA Pink Slip, AKA Statement of Belief

**Do NOT order this for medical inpatients**

Indications:

Any of the FOLLOWING DUE TO MENTAL ILLNESS
- Threat to self (suicidal ideation/threats)
- Threat to others (homicidal ideation/threats)
- Risk to self by inability to care for basic needs due to mental needs
- In need of treatment for mental illness for “behavior that creates grave and imminent risk to substantial rights of others or self”

Who can order?
- any licensed physician, psychiatrist, psychologist
- Health, parole, or police officer, sheriff or deputy sheriff

Duration:
- 24 hours to examine
- 72 hours for Psych to decide Involuntary Hospitalization

Medical Hold

Indications:
- Patient does not have medical decision-making capacity (and is at risk for elopement)

Who can order?
- Any provider responsible for the care of the patient

Duration:
- UCMC policy: reassess and document at least every 72 hours

Capacity Evaluation

Ability to make an informed decision regarding:
- Condition
- Proposed treatment
- Expected course/results of treatment
- Alternatives to treatment
- Expected course/results of alternatives
- Option for refusal and expected course
- Is decision-making affected by depression or delusions?

Requires comprehension, free choice, reliability

My patient lacks capacity. What now?

1. Place Medical Hold
- Consider sitter (Continuous Observation)
2. Find Substitute Consent
Eligible individuals in legal order of priority:
- Legal guardian
- Durable Power of Attorney for Healthcare Decisions
- Spouse (if marriage intact)
- Adult children
- Parents
- Adult brothers/sisters
- Others related by blood, marriage, or adoption
- Other authorized representative**

**At UCMC Patient Relations can substitute consent**

- Ask Social Work to perform Relative Search
- Consult Risk Management and Ethics if needed

AMA Discharge

Patient must be prevented from eloping until YOU, the physician assess their capacity and counsel them for discharge. i.e. use Security Checklist:
- Consent to leave AMA (“the AMA form”)
- Discharge AMA order (see screenshot)
- Note documenting capacity and discussion
- Discharge summary
- Prescribe medications (if agreeable)
- Arrange follow up (if possible)

FYI, don’t believe the myth:

There is NO financial penalty for signing out AMA and NO effect on insurance payment.
GRIT
The return of Resiliency. Please come to regroup and focus our planning on a few key projects. Bring updates you have on yours if you’re already working on one!
Time: 5pm May 3rd (Tuesday in 1 week)
Location: UH 7104 (NRR)

GME Special Review
Join Dr. Filak and the Office of GME to discuss your residency experience. ALL residents should attend this meeting if possible.
Time: May 3rd at noon (Tuesday in 1 week)
Location: MSB 5051

Finding Meaning in Medicine
Reflect, renew, and engage in active listening with your peers. Light refreshments provided. Bring a poem, artwork or simply a story that connects you to the topic of Community.
Time: 6pm April 25th (Monday)
Location: Elise Henning’s home (email for directions)

Medical Hold in Epic
1. Order “Medical hold”
Accept BPA
2. Go to Problem List problem—“Needs a medical hold”
   Add capacity evaluation to Overview
3. Complete Capacity Eval here AND in a Progress Note.

Discharge AMA Order
Choose the correct disposition in the order
Clinic Corner

Long Blockers! Special AAP 4/27 BUSINESS in MEDICINE Part II - MSB 6254
Interns! AME 4/25-429 Medical Marijuana – find in your Dropbox folder or in Medhub
This week’s Pearl – Annals of Internal Medicine, April 5, 2016 Hematuria as a marker of occult urinary tract cancer (guideline update): http://annals.org/article.aspx?articleid=2484287

Hospitalist are piloting a more transparent tracker for admissions during the day. They will determine if it is a high-census or normal-census day then follow 2 optional admitting algorithms.

The algorithm will be update on the S-drive in live format, with the goal that each team will know when and if they will be receiving admissions that day.

Ward teams can reference this document to stay updated with admissions. The goal is more transparency into the patient distribution process.

Procedures Update

Paracentesis Assessment Tool Pilot

We will continue piloting our assessment tool on April 28th and 29th in the VA simulation lab

We need volunteers of all different skill level to volunteer so the tool can be validated

Once the tool is validated, we will begin our training curriculum so please help!

Sign up at www.SignUpGenius.com/go/30E0544AFAF28A4FD0-paracentesis

VA UPDATE
Q: How long should my patient with CAD receive dual-antiplatelet therapy?

A: It depends. First decision point—does your patient have Acute Coronary Syndrome (ACS: Unstable Angina, NSTEMI, STEMI) or Stable Ischemic Heart Disease (SIHD)?

*If ACS*—simple answer: aspirin indefinitely plus a P2Y12 inhibitor (ie clopidogrel AKA Plavix) for 12 months.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Stent</th>
<th>Bare Metal Stent</th>
<th>Drug-Eluting Stent</th>
<th>CABG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Angina</td>
<td>Clopidogrel, only if aspirin contraindicated</td>
<td>Clopidogrel for 1 month</td>
<td>Clopidogrel for 1 year</td>
<td>Not indicated</td>
</tr>
<tr>
<td>Unstable Angina/ NSTEMI</td>
<td>Clopidogrel or ticagrelor for 1 year</td>
<td>Clopidogrel, prasugrel, or ticagrelor at least 4 weeks up to 1 year</td>
<td>Clopidogrel, prasugrel, or ticagrelor for 1 year</td>
<td>Clopidogrel or ticagrelor for 1 year</td>
</tr>
<tr>
<td>STEMI</td>
<td>Clopidogrel or ticagrelor for 1 year</td>
<td>Clopidogrel, prasugrel, or ticagrelor at least 4 weeks up to 1 year</td>
<td>Clopidogrel, prasugrel, or ticagrelor for 1 year</td>
<td>Clopidogrel or ticagrelor for 1 year</td>
</tr>
</tbody>
</table>

*If SIHD*—slightly more complicated, new ACC/AHA guidelines as of 3.29.16! See the algorithm at right-

Great. What about after 12 months? New scoring tool the “DAPT Score” - At a lower DAPT score, there is a greater increase in bleeding and smaller reduction in ischemia. At a higher score, there is a greater reduction in ischemia and small increase in bleeding.

PMID:27036919
Weekend to-do! Earth Day !!!

CCM Mainstage Dance: Swan Lake, 8-10 p.m. Friday, 8-10 p.m. Saturday, 2-4 p.m. Sunday, Corbett Auditorium, University of Cincinnati, University Heights; ccm.uc.edu.

Cincinnati Reds vs. Cubs, 7:10 p.m. Friday and Saturday, Great American Ball Park, Downtown. Fireworks; www.reds.com.

Healthy Kids Day, 11 a.m.-2 p.m., Parky's Farm, 10037 Daly Road, Springfield Township. Bounce house, climbing wall, relay and obstacle courses, visits with farm animals, tractor rides, face painting, hula-hoop and dance contests, healthy food sampling and more. Free; www.myy.org.


Or, just get outside and enjoy the Earth!

TRIVIA

How would you treat this ECG finding?

 congestion in the myocardium?
 First correct answer wins a $5 Starbucks gift card

Congrats to Rob Stanton for identifying Roger Bannister as the first ever sub-4-minute-miler. Both are budding Neurologists, go figure.

SHOUT OUTS!!!

to Greg Mott, Lauryn Benninger, Caitlin Richter, and Betsy Larder for being in the first group to pilot the paracentesis assessment tool. We can’t build the procedural curriculum without you!

to Megan Caroway and Joel Gabre for tackling the first Residency Research Roundtable and blowing it out of the park. We are impressed!