Weekly Calendar

2/16: Noon Report: Yellow Medicine Team

2/17: Noon Report: Green Medicine Team

2/18: Medical Grand Rounds: Dr. Judith Feinberg “Bugs in the Blood”

Crosstown Shootout: Xavier @ UC Basketball. 7PM, ESPN/ESPN2

2/19: Academic Half Day: Hyponatremia

Weesner Prep: Open

2/20: Intern Report: Kantha Medepalli

Senior Report: Samer Alsidawi

Dog Days of February

Dog therapy stops by the Resident Lounge to sniff out some business. Need a dog therapy visit for yourself or your patients? Schedule an outing via Volunteer Services at x44875!

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
So my patient just had a seizure…. Now what?

On Friday, Eileen presented a case of seizure that may have been due to a rare congenital condition. Here’s a bit on seizure work up for the internist...

**Epilepsy**: Occurs in < 1% of population. 50% of cases have cause; 50% genetic. Identifiable causes (occur weeks prior to seizure):

- Head Trauma
- Stroke
- CNS tumor/infection
- Congenital CNS malformations
- Congenital metabolic abnormalities
- Degenerative CNS disease

**Acute symptomatic seizure**: Can occur acutely 2/2 above or can occur 2/2:

- Hypoglycemia or HHS
- Low Na, Ca, Mg
- Renal failure with uremia
- Hypoxia/anoxic brain injury
- Etoh/benzo withdrawal
- Drugs/toxins
- Sepsis

**Work-up**:

- BMP and infectious work up
- EKG—looking for arrhythmia as cause of syncope
- EEG—only abnormal in 23% of pts with first seizure. Sleep deprivation, hyperventilation, photic stim can inc yield. Neg EEG does NOT rule out epilepsy.
- LP—only if suspect CNS infection or leptomeningeal carcinomatosis
- MRI—only if acute causes easily excluded. Better than CT to find mesial temporal sclerosis, head injury sequelae, tumors, vascular lesions.

**Do I need to hospitalize them?** Not necessarily. Should hospitalize if:

- Prolonged postictal period
- Status epilepticus
- H/o recent head trauma
- Systemic illness requiring inpatient tx

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#### Digoxin Toxin

On Tuesday Monique Jindal and Michael Northcutt presented a case of Digoxin Toxicity. The patient presented with decompensated heart failure, acute renal insufficiency, abdominal pain, nausea, vomiting, and distorted yellow vision.

**Used for improvement in symptoms (but not mortality)** in some patients with systolic heart failure, therapeutic ranges 0.5-2. Note: Digoxin levels do not correlate well with toxic effects! Patients with normal digoxin levels may have significant side effects!

**How to Recognize Digoxin Toxicity:**

<table>
<thead>
<tr>
<th>Common Symptoms and Signs</th>
<th>Digestive</th>
<th>Neurologic</th>
<th>Visual</th>
<th>Cardiac arrhythmia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting, nausea, anorexia, diarrhea</td>
<td>Fatigue, headache, disorientation, delirium, confusion</td>
<td>Blurred or double vision, altered color perception, greenish-yellow halos around images or lights</td>
<td>Paroxysmal atrial tachycardia with AV block; PVCs; regular atrial fibrillation (regular R-R intervals), bidirectional VT (QRS complexes from 2 different ectopic foci), bradycardia (due to markedly enhanced vagal effect)</td>
<td></td>
</tr>
</tbody>
</table>

**DIGIBIND**

Digoxin Immune Fab is an antidote for digitalis overdose. Indications include:

- Live threatening arrhythmia
- Evidence of Organ Dysfn
- Significant Hyperkalemia in Digoxin Overdose (relative indication)
Make Epic work for you!

This week we had an Epic efficiency workshop. One topic we covered was setting up your “Preference List” with common orders, so that in “Manage Orders” tab, when you click “New” you can select from a pre-populated checklist, instead of free-typing each order. What is even better: **You can copy someone else’s preference list and just add to it as needed!** Here’s some instructions on how to “steal” someone’s preference list. I recommend using Steve Cogorno or Justin Held or me (I’ve got a combo of their lists).

**Step 1:** Once logged into Provider Medicine, click Epic drop down menu in top left corner, then click Tools —> Patient Care Tools —> Preference List Composer.

**Step 2:** Once workbench opens, click “Copy User” in bottom left corner. Enter whoever’s list you’d like to copy. Select “inpatient” vs. “outpatient” to create the appropriate list. The click “copy” in bottom right corner to complete.

Awesome, now you’ve got a preference list. Test it by opening a chart and acting as if you would enter a new order — select the Browse tab and check “only favorites” to see your lists. Just don’t enter any real orders :)

**Step 3:** Adding additional orders. This can be done many ways. To show one, I’m going to add Golytely to my favorite medications. While in the orders section, search for the med. Click on it; once it appears on the right order panel, right click, add to preference list and then you can decide which section to add it in.

Good Luck! I’ll be happy to help you do this, just stop by! -Dana
Research Corner: A Slice of UC’s Cutting Edge

A Call For Abstracts

The 2015 Ohio ACP Conference will be held in Columbus on October 22nd-23rd. The Long Block class is encouraged to submit an abstract for competition as part of their required scholarly activity. Abstracts will be accepted into one of 5 categories: Clinical Vignette, Clinical Research, Basic Research, Quality Improvement/Patient Safety, or High Value Cost Conscious Care. Abstract Submission Deadline is April 30, 2015 at Noon. Interns interested in participating in ACP Abstract Competition must discuss with Dr. Schauer prior to submission.

Happy Valentine’s Day from Leigh Sall Palmer!

In order to achieve Medicare/Medicaid compliance, University Hospital has initiated a process to ensure that an attending physician has entered the admit to inpatient order on all patients who qualify for inpatient status. As a part of this process, a hard stop has been built into Epic to make sure this order is signed prior to discharge. A process team headed by Lauryl Kuper and Dr. Bill Naber is continuing to improve the system. As they head this process, they have left their contact info for if/when you run into any problems with the system.

Lauryl Kuper (Manager): 513-257-8025

Spotlight: A Forkable Feast

Want an appropriately sized, delicious home-cooked meal, but don’t have time?

This week’s menu:

- Smoked chicken cannelloni
- Herbed Salmon
- Pork loin with roulade
- Cornmeal crusted perch
- Cajun chicken breast
- Potato gratin
- Mushroom risotto cakes
- Roasted root veggies
- Sweet onion tart

Stop by A Forkable Feast in Oakley for cheap, easy, individual portions all ready to go. Menu changes weekly. See www.aforkablefeast.com

Happy Valentine’s Day from Leigh Sall Palmer!
**Medical Trivia**

First person to email to Dana with the correct rhythm gets a Starbucks card!

**SHOUT OUTS!!! (Let us know who Rocks)**

Shout out to **Tim Lee** who didn’t think twice to help cover for a fellow resident in need!

Shout out to **Cody** for killing it at Academic Half Day this week!

Props to **Dr. Parker, Aaron, Samer, Steve Cogorno, and Nabeela** for rocking out the Med-Rec Committee!

Thanks to **Drs. Warm and Held** for helping with our Epic Workshop this week!