Weekly Calendar

4/13:    Noon Report:  Thoracentesis Fair, Hellmann
4/14: Noon Report:  Red Medicine—Goebel, Benninger
         Master Teacher: Education using Technology w/ Dr. Aari Patel, 5P Noon Rpt Room
4/15: Medical Grand Rounds:  Dr. Chris McKnight “Chronic Rhinitis”
4/16:  Academic Half Day—Vasculitis, Steven Gay, Kant
4/17:  Intern Report:  Corey France
         Senior Report: Samer Alsidawi

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
Puzzling Pustules

On Tuesday, Elise Henning and Michael Jerkins presented a patient with a pustular rash. At the time the most likely etiologies were thought to be pustular psoriasis or acute generalized exanthematous pustulosis. Here is a review of pustular lesions:

Differential Diagnosis by Location:

- **FACE:**
  - Pustular rosacea
  - Perioral dermatitis
  - HSV
  - Acne keloidalis nuchae: pustules on posterior neck in dark-skinned pts
- **TRUNK/EXTREMITIES:**
  - Chronic steroid use
  - Pityrosporum folliculitis
  - Scabies
  - Eczema
- **BOTH:**
  - Herpes Zoster
  - Fungal infection
  - Folliculitis/Impetigo
  - Miliaria

**Pustular lesions + Systemic Symptoms:**

- Herpes Zoster
- Medication reactions:
  - SJS/TEN
  - DRESS
  - AGEP (see below)
- Disseminated gonorrhea (fever, migratory arthritis, tenosynovitis)
- Secondary syphilis
- Pyoderma gangrenosum: a/w IBD, arthritis or lymphoproliferative disorders
- Pustular psoriasis

**QUICK HITS: Acute Generalized Exanthematous Pustulosis**

AGEP = Rare, Acute eruption of nonfollicular sterile pustules

- **Cause:** Drugs in 90% of cases
  - Occurs hours-days after drug exposure
  - Common agents: Abx (macrolides, PCNs), diltiazem, antimalarials —> but many things have been implicated.
- Associated symptoms: Fever, Leukocytosis with mild eosinophilia, mild transaminitis
- **Treatment:**
  - Stop med immediately—should resolve in 1-2 weeks
  - Symptom tx: Moist dressings, antiseptic solution, topical steroids
RAPID INFUSION!

DID YOU KNOW?
Did you know that Interosseous Access Kits are stored on crash carts for rapid or code situations?

BEST BUDS

Arek dresses well AND shares his Cheetos.
A true gentleman

IN THE CLINIC

Practice Data: We reviewed our practice data for the month of March. Congratulations on another great month, as our practice has now improved all metrics by 5.6% since the start of Long Block 9, which is fantastic! We are encouraging the standard work of using the patient database to identify preventative health needs for patients in real time. We will be reviewing progress during the upcoming semi-annual Long Block evaluation meeting.

Patient Story/Clinical Corner: In the clinic we discussed the onset of allergy season and allergic rhinitis visits. We reviewed treatment options for allergic rhinitis, especially in light of the available over the counter medications. We reviewed appropriate medication administration of flonase (2 sprays in each nostril in the morning) as well oral anti-histamines for first-line therapy. Additionally, we discussed another treatment option available in Azelastine, a nasal antihistamine spray which can be used with symptom occurrence if symptoms persist with regular use of Flonase and oral antihistamine. You can educate your patients that Azelastine can be used "on demand", with onset of action occurring ~15 minutes after use.
BOARD REVIEW WITH DANA

Well sports fans, it’s time to start gearing up for boards. Here is a quick pearl I learned this week:

Q: A pt has a calcium 8.3, low-normal phosphorus and creatinine 1.0, but her PTH is > 150. You diagnose secondary hyperparathyroidism and think vitamin D deficiency is to blame. What test do you order?

A: 25-hydroxyvitamin D level. PTH stimulates renal conversion of 25 —> 1, 25 hydroxyvit D, so if you measure 1, 25 hydroxyvit D, may be falsely high even in the setting of true vitamin D deficiency.

FOODSTUFFS!

We would like to remind everyone not to bring food and drink into patient areas and nursing stations.

Watch Out: On Monday local experts take over UH Noon Report for our 2nd Thoracentesis Fair. Come check it out for some hands-on procedure fun!

THORACENTESIS FAIR

UH Rapid Response QI Project

Caitlin Richter has been working with Dr. Hebbeler-Clark and Sanjeev Patel to try and reduce overcrowding at Rapid Responses. After transitioning to AOD, Primary Team, and Long Call Senior as the Rapid Responders there was been an 11% reduction in spectators. They hope to have the call day seniors dismissed after the primary team takes over care of the rapid response. Keep up the good work and share any feedback with Caitlin or any of the UH Chiefs!
The Weekend To-Do List— April 10-12th

1) **Taste The World Tour:** 4/10, 5/1 2-4:30PM. Walking tour of OTR foods from around the world with stops at 5 local establishments. $35, [www.cincinnatifoodtours.com](http://www.cincinnatifoodtours.com).

2) **Monster Jam:** 4/10-11 7:30P. Monster Truck Racing $20+ US Bank.

3) **Blues, Brews, and BBQ:** 4/11. 5 drinks, 7 courses, and live music. $35, The Art of Entertaining, O’Bryonville.

4) **Toast to the Tunnels:** 4/12 2-5P. Tour the Christian Moerlein Malt House’s underground barrel vault tunnels, once home to the pre-Prohibition Kauffman Brewing malt house. Taste of history accompanied by a $10 beer tasting in the taproom. Christian Moerlein Malt House, 1621 Moore St. OTR

5) **Reds vs Cardinals:** 4/10 7P, 4/11 1P Frasier Bobblehead, 4/12 1P.

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**Medical Trivia**

First responder to Dana with the **sindrome** Jamie Lee Curtis is said to have, and the **karyotype** you get with this condition gets a Starbucks card!

Congratulations to Danny Peters for correctly identifying clue cells in gardnerella vaginalis, treated with flagyl!

**UNRELATED TRIVIA:**

That’s not Danny Peters… But who is it???

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

- Shout out to **Thomas Getreu** for coming into the hospital in the wee hours of the night to help in the MICU!
- Great job to **Marshall, Leila, Malini, Joel, Kalyn** and **Michael Northcutt** for powering through a busy night float stretch!
- Thanks to **Marshall** again for helping cover a shift for a resident in need
- Shout out to **Lauryn Benninger** for doing a killer job on the wards while practicing for senioring next year.
- Shout out for **Sherri Smart** for being a great patient advocate on Heme/Onc!