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
Weak in the knees!

What are symptoms of GBS?
- Progressive, symmetric muscle weakness (usually ascending) with decreased DTRs. Watch out for diaphragm/resp muscle weakness
- Pain in back/extremities
- Bulbar symptoms
- Paresthesias in hands/feet
- Dysautonomia

How do I diagnose GBS?
- CSF: Albuminocytogenic dissociation = High protein but normal cell count
- Several antibodies associated with different disease variants
- EMG: (in AIDP variant): Prolonged or absent F waves, absent H reflexes—this signals demyelination at nerve roots

How do I treat GBS?
- Supportive care:
  - 30% need intubation—indications:
    - FVC < 20 cc/kg
    - MIP = NIF < 30 cmH2O
    - MEP < 40 cmH2O
  - BP support, arrhythmia management
- IVIG or plasma exchange
- Steroids NOT recommended

The Clot Thickens...

On Friday, Megan Flanigan and Amanda Alleyne discussed a case of fevers, abdominal pain and fatigue secondary to pylephlebitis.

Pyle-what?
- Pylephlebitis = septic thrombo-phlebitis of portal vein
- Results most commonly from hypercoagulable state or intraabdominal/pelvic infection, especially appendicitis and diverticulitis

Treatment:
- 4-6 weeks Abx, tailored to blood cxs. Empiric coverage should be broad spectrum.
- Anticoagulation: No guidelines; however small trial showed mortality benefit with anticoagulation. Usually rec if bacteremia/fever persists after abx, mesenteric vein involvement, hypercoag state.

On Monday, Jeff Hausfeld and John Melchert presented a case of acute flaccid paralysis likely from Guillain-Barre Syndrome. Here’s what we discussed:

WHAT GUILLAIN-BARRÉ SYNDROME DOES TO A NERVE
NORMAL NERVE
DAMAGED MYELIN

On Monday, Jeff Hausfeld and John Melchert presented a case of acute flaccid paralysis likely from Guillain-Barre Syndrome. Here’s what we discussed:
Help! I can’t discharge!

Admission order signature reminder:
If you need an admission order co-signed but your attending is unable to do so, please contact the PM hospitalist. Note—there is a pop-up now for patients who don’t have admission orders cosigned. Try to review these on rounds to avoid this snafu in the first place.

Consult Tips:
When you page a fellow, please add your team and/or first and last name. This way if the fellow is in the middle of something, they can get ahold of you quickly when they are free.

JUST SAY YES!

As part of UCMC’s mission to be the region’s preferred hospital for advanced specialty care, we are expanding our “Just Say Yes” Program to Adams County Regional Medical Center. Patients needing transfer will be automatically accepted and sent here so we can care for them. How will this change your workflow? Not much. If the case is straightforward, you may be directly connected with the sending physician to get sign out. Otherwise, the chiefs will give sign out as usual. If there are any hiccups, let us know!

What the hell is ERAS?

APPLYING FOR FELLOWSHIP THIS FALL?

If so, come by the noon report room on Tuesday, May 26th at 5 PM. Keith Luckett, our assistant program director for recruiting and fellowship placement, will lead a roundtable discussion about ERAS, NRMP, tokens, list certification, letters of recommendation and a recommended timeline based on the application process’ deadline. Please mark your calendars to attend!
Q: 80 year old female presents with recurrent sinusitis and pneumonias. Exam shows splenomegaly. Labs show WBC count 90,000 with 89% lymphocytes. What might you expect to see on peripheral smear?

A: Smudge Cells! This patient has CLL: splenomegaly, recurrent URI (2/2 associated immunoglobulin deficiency) and high WBC that is leukocyte predominant. The buzz word for CLL is smudge cell.

John Reid is working on a study with Dr. Alex Miethke at Children’s Hospital. The objective is to discover mechanisms driving progressive biliary obstruction in biliary atresia. Specifically, how do natural killer (NK) and T-lymphocytes mediate cholangiocyte injury and what is the role of dendritic cells in lymphocyte activation? The hypothesis is that livers of children with biliary atresia have impaired inhibition of T-lymphocyte stimulation. They are using immunohistochemistry to show the differences in chemokine expression between a normal and a murine disease model.

The study is wrapping up soon and hopefully will be published later this year.
The Weekend To-Do List— April 17-19th

1) Lady Antebellum with Hunter Hayes and Sam Hunt: Sun May 17th, 7:00 PM, Riverbend Music Center

2) Maifest: 5/15-17. German fest with food, arts and crafts booths, rides and must. MainStrasse Village, Main St., Covington.


4) Rob Schneider: 5/16-16. Come hear this Emmy-nominated actor and comedian. Funny Bone Comedy Club, Newport on the Levee


Medical Trivia

First responder to Dana with the name of a drug that will unmask this syndrome will get a Starbucks card!

Congratulations to Caitlin Richter for identifying psoriatic arthritis

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

-Shout out to Arek, Maggie, Nabeela, Sarma, Korey and Beverly for powering through a crazy couple of nights at UH! Not only have they handled a slew of admissions, but per an attending: “The work this past week has been extremely thorough and accurate!”

-Shout out to two of our incoming interns, Elyse Harris and Joanna Marco for nailing the medical trivia!

-Thanks to Malini Reddy for helping provide coverage on short notice!

-Shout out to the anonymous resident who made the chiefs crack up but asking what to do if he accidently flushed his pager down the toilet...