Weekly Calendar

- 7/6: Noon Report: Intern Bootcamp
- 7/7: Noon Report: Intern Bootcamp
- 7/8: Grand Rounds: Silvana Obici, MD: “Approaches to obesity therapy”
- 7/9: Weesner Prep: ACS
  - Academic Half-Day: Hypertension with Elise and Dr. Reif
- 7/10: Noon Report: Intern Bootcamp AND Senior Noon Report returns

Sports on Sundays

After a disappointing turnout this past weekend, let’s see if we can round up some folks to play soccer immediately prior to the Women’s World Cup Championship!

**Location:** Withrow High School Turf Fields (Enter off Dana Ave)

**Time:** 5pm

To be followed by Women’s World Cup Championship Game-watching on Fountain Square or your local pub of choice.

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)
Top 10 Cross Cover Tips from Captain of Clinic Elise:

1. Returning pages promptly and introduce yourself, for example, "Hi this is Elise Henning, I'm returning a page for ___ team." Please be friendly :-) 
2. Prioritization is key. Let people know when they will hear back from you. 
3. Right down EVERYTHING. 
4. Trust but verify. Repeat vital signs or other components of the physical exam, labs or films, and check equipment before using (i.e.: ultrasound). 
5. When in doubt and urgently concerned, call a Rapid Response.  
6. SEE THE PATIENT: Know when to walk, jog, or RUN! 
7. Be present and kind to families who want updates. Explain your role and help as much as possible. 
8. Document notes in the record if there is a change to patient status, plan of care, or history obtained. 
9. Call the attending in event of death, transfer level of care, surgeries, procedures, major clinical changes...and when in doubt - call the attending! 
10. ASK FOR HELP!

Diabetes Management by Lieutenant of Learning Li’:

1. Goal blood sugar in the hospital <180 (stricter control increases mortality) 
2. Sliding Scale Insulin “catches up” with hyperglycemia but does NOT prevent **50% becomes basal and other 50% divided by a third and given prior to each meal 
3. Use “50-30” Rule to divide 24 hours total insulin needs to Basal-Bolus regimen 
4. 0.5 units/kg is a safe bet for weight-based insulin dosing 
5. Symptomatic Hypoglycemia? GO SEE THE PATIENT 
6. Patient is hypoglycemic and unresponsive? Call a Rapid Response 
7. IM Glucagon can always be given for hypoglycemia when there is no IV access 
8. Don’t forget to check medications and diet when a patient is hyperglycemic 
9. Insulin Order Set! The only acceptable way to order insulin

Speaking of boots... Kickball Save-the-Date!
The Pediatrics Residents have challenged us to a Med vs. Peds Kickball game. Those baby docs won’t know what him ‘em.

Saturday, July 18th 3 pm at 1501 Sherman Avenue (Corner of Victory Parkway)
7 habits of Highly Effective Acid-Base Problem Solvers

1. Note the clinical presentation! Chloride is your friend.
2. Determine internal validity using the Kassirer-Bleich equation
3. Calculate anion gap. (and osmolar and urinary gaps if indicated)
4. Draw the arrows.
5. Apply rules of compensation
6. If rules of compensation cannot be satisfied, determine the nature of mixed disorder
7. Calculate the delta/delta.

The delta ratio (or “delta-delta”) can be used in the assessment of elevated anion gap metabolic acidosis. \[ \Delta \frac{\Delta}{\Delta} \]

\[
\text{Delta Delta} = \frac{\Delta \text{Anion gap/} \Delta [\text{HCO}_3^-] \text{or } \uparrow \text{anion gap/} \downarrow [\text{HCO}_3^-]}{\text{Normal [HCO}_3^-] - \text{Measured [HCO}_3^-]}
\]

\[
\text{Delta Delta} = \frac{\text{Measured anion gap} - \text{Normal anion gap}}{24 - [\text{HCO}_3^-]} = \frac{\text{AG} - 12}{\text{AG} - 12}
\]

<table>
<thead>
<tr>
<th>Delta Ratio</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>&lt;0.4</td>
<td>Hyperchloremic normal AG acidosis</td>
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<tr>
<td>&lt;1</td>
<td>High AG and normal AG acidosis</td>
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<tr>
<td>1-2</td>
<td>Pure AG acidosis (Lactic acidosis: avg 1.6, DKA ratio ~1 due to urinary ketone loss)</td>
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<tr>
<td>&gt;2</td>
<td>High AG acidosis and concurrent metabolic alkalosis or pre-existing compensated respiratory acidosis</td>
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LGBT Health

In light of last week’s landmark Supreme Court decision surrounding same sex marriage, here is a quick primer to review several issues in LGBT Health:

**Mental Health:** LGBT young adults have significantly higher rates of depression and are 8 times more likely to attempt suicide.

**HIV:** Most new HIV infections in the U.S. occur in MSM. Read about Pre-Exposure Prophylaxis to learn more about Prevention.

**Health Maintenance:** Homosexual women are significantly less likely to be up-to-date with Pap smears.

**Stigma:** LGBT persons are more likely to experience prejudice in housing, employment, and medical services. Almost 50% of the U.S. Population does not approve of homosexual relationships. Health Care Providers should ensure a welcoming and supportive environment for LGBT patients.
BOARD REVIEW WITH THE CHIEFS

DUST OFF THOSE OLD STETHOSCOPES, FOLKS. IT’S TIME TO START GEARING UP FOR BOARDS. HERE IS A QUICK PEARL WE LEARNED THIS WEEK:

Educational Objective: Manage an adrenal incidentaloma

Q: A 61-year-old man receives a CT scan for right epigastric pain showed. Incidentally, a 6-cm right adrenal mass with an attenuation factor of 77 Hounsfield units is discovered. Left sided adrenal gland is normal. The patient reports no change in weight or appetite and no history of hypertension, palpitations, headaches, or excess sweating. He takes no medication.

Physical examination shows a man with normal features. He is afebrile, BP of 122/76, pulse 74, RR 16, BMI of 29. No plethora, muscle wasting, weakness, or ecchymosis is noted.

Results of laboratory studies, including measurement of serum electrolyte, cortisol, and adrenocorticotropic hormone levels and of the 24-hour urine metanephrine level, are normal, as are results of a dexamethasone suppression test. What is the next step in management?

A. Refer for Right Adrenalectomy. An adrenal incidentaloma that is 6cm in size or larger and has a high CT attenuation value has a high likelihood of malignancy Adrenal masses in younger patients are more clinically significant. The evaluation of adrenal masses should address the origin and nature of the mass (primary versus metastatic, benign versus malignant). For a primary tumor, whether it is functioning or not must be determined. Nearly 10% of all adrenal incidentalomas are functioning, although most do not have overt clinical manifestations. He has an incidental but large adrenal mass without any clinical or biochemical features to suggest excessive adrenocortical hormone or catecholamine secretion. The size of the mass (7 cm) and its high CT attenuation (77 Hounsfield units) are suggestive of malignancy. The risk of primary or metastatic cancer is nearly 2% for tumors less than 4 cm in diameter but increases to 25% for tumors 6 cm or larger.

Nieman LK. Approach to the patient with an adrenal incidentaloma. J Clin Endocrinol Metab. 2010;95(9):4106-4113. PMID:

1. Madeira Independence Day
Sellman Park in Madeira for a parade, music, and food leading up to the main event at 10 p.m. July 2, parade begins at 7 p.m., Sellman Park, 6700 Marvin Ave., Madeira, fireworksonhio.com/events/madeira-independence-day

2. Fireworks Friday—and Saturday, too
Reds host the Brewers this weekend, see the usual Fireworks Friday display or the special Independence Day Fireworks Show after the Saturday evening game. Saturday is also a Military Appreciation Day, so along with baseball, fireworks, and freedom, could this day be any more American? July 3 (game at 7:10 p.m.) and 4 (game at 7:15 p.m.), Great American Ball Park

3. Kings Island
The amusement park normally closes out operations at 10 p.m. with a nightly fireworks display, but on July 3 and 4, you can stay after the show until midnight; the Fourth of July fireworks will be 10 times the size of their regular displays. July 3 and 4, 10 p.m., Kings Island, 6300 Kings Island Dr., Mason, visitkingsisland.com

4. Red White and Blue Ash Celebration
Going strong after nearly 40 years, The Doobie Brothers headline this bash before the fireworks. July 4, gates open at 4 pm, concert at 8:15 p.m. and fireworks at 10 p.m., Blue Ash Summit Park, 4335 Glendale-Milford Rd., Blue Ash, blueshevents.com

5. 4th of July Extravaganza
Edgewood, Kentucky begins with a 5k at 7:30 a.m. and continues with a 9:30 a.m. parade, afternoon volleyball tournaments, and a classic rock concert at 7 p.m. that leads into the Rozzi Fireworks display. July 4 (Fireworks rain date July 5), starts at dusk, Freedom Park, 550 Freedom Park Dr., edgewoodky.gov/july-4th-extravaganza/
4th of July Weekend To-Do: Non-Firework Edition:

LaRosa’s Balloon Glow at Coney Island
LaRosa’s celebrates the Fourth of July a day early with music, hot air balloons, and all the classic Coney Island rides you can handle. July 3, 5-11 p.m., Coney Island, coneyislandpark.com

Self Diploma Concert at Fountain Square
Weekly Self Diploma Saturday Concert Series, featuring indie rapper Dave Zup and Cincinnati-based DJ Kev the Goon. July 4, 7-11 p.m., Fountain Square, myfountainsquare.com

Colerain Township 4th of July 5K for the Pray Hope Believe Foundation
5K Walk/Run supporting the Pray Hope Believe Foundation and The Cure Starts Now. Money raised from the event will support research to finding a cure for pediatric brain cancer July 4, registration at 7 a.m., race begins at 8:30 a.m., Colerain Township Government Complex. Registration and more info found at egovlink.com

Northside 4th of July Parade and Rock N’ Roll Carnival
This totally free carnival features local and national musical acts Thursday through Saturday of the holiday weekend. Beer Garden at Hoffner Park + Street entertainment (Fire breathers! Sword swallowers!) The parade on Saturday is anything but traditional and the carnival promises unexpected fun. July 2-4, 6 p.m.-2 a.m., parade July 4 at 12 p.m., northsiderocks.com

Medical Trivia:
This potentially devastating infectious disease is the first targeted for eradication by the WHO Global Vaccine Action Plan but currently remains endemic in about 5 countries. For this reason, physicians should ensure patients travelling to certain areas of Africa, Asia, and the Middle East have a one-time adult booster of the vaccine.

SHOUT OUTS!!! (Let us know who Rocks)
-Shout out to the UH Night Residents: Perry Lin, Kate Schmidt, Malini Reddy, Megan Caroway, Mohammad Rai, and Eric Niespodzany for tackling 28 admissions in one night with grace and aplomb. UCMC Record!!!
-Shout out to Leslie Applegate for saving lives and stamping out disease on 6S nights.
-Shout out to Steve Cogorno for finding the long-lost Green COW out at pasture on 8S.
-Congrats to Rita Schlanger for doing a fine job running her first code ever!
-Thank you to Tim Lee for inter-service handoff amazingness!
-Shout out to Joel Gabre for covering for his co-senior while holding down GI craziness.
-Shout out to Hani Alkatib for staying late to be a super helpful AOD.