Weekly Calendar

7/13: Noon Report: Intern Bootcamp
7/14: Noon Report: Intern Bootcamp
7/16: Weesner Prep: Pneumonia with Elise
    Academic Half-Day: ACS with Stephen Evans and Dr. Tim Smith
7/17: Noon Report: Intern Bootcamp AND Senior Noon Report

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
Altered Mental Status by Brigadier General Bensman:

1. Assess the degree of alteration and prioritize urgency: ask for vitals and description of patient.
2. Always GO SEE THE PATIENT!
3. ABCD—immediately assess airway, breathing, circulation, and Dextrose (check a blood sugar).
5. Narcan is your friend – 0.1-0.4mg IV and wait...
6. Remember to keep a broad differential—no anchoring bias!
7. Evaluation: Immediately helpful: glucose, ABG, EKG, CXR.
   Soon helpful: Head CT, metabolic profile, troponin, CBC, UDS.
8. Titrate O2 to 88-92% in COPD to avoid hypercarbic respiratory failure.
9. Prevent delirium: pay attention to environment, equipment, medications, vision/hearing, infection, dehydration, pain.
10. Call anyone you can for information about baseline.

Managing Dyspnea by Med-Peds Major Courtney:

1. Vitals and Access.
3. Apply Oxygen Appropriately. Is hypoxia driven by ventilatory failure?
4. Exam: Head (mental status, ability to protect airway) to TOE (warm-anaphylaxis?)
5. Tests: Labs (ABG, CBC, BNP, Biomarkers), Imaging (EKG, CXR, CTPA).
6. Why? Symptoms ≠ Diagnosis. Neurologic, Cardiac, Pulmonary causes. Think about PE.
7. NIPPV with careful consideration:

<table>
<thead>
<tr>
<th>Most evidence for NIPPV</th>
<th>Inappropriate to use NIPPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD exacerbation with hypercapnia</td>
<td>Not able to protect airway/clear secretions/remove mask (Includes Restraints!)</td>
</tr>
<tr>
<td>Cardiogenic Pulmonary Edema</td>
<td>Repeat ABG in 1-2H: deterioration or failure to improve Unable to closely monitor alarms, mental status, effort Anticipate prolonged duration of use</td>
</tr>
</tbody>
</table>

8. Anaphylaxis: IM EPI 1:1000 [1 mg/mL] 0.3-0.5 mg upper outer thigh every 5-15 min.
9. Sickle Cell? Think ACUTE CHEST. Risk of death? 4.3%

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 3pm
1501 Sherman Avenue (Corner of Victory Parkway)
Hypertension—breaking down JNC 8

Goals of Treatment:

Age Specific:
≥60 years: treat to goal SBP <150 mm Hg and goal DBP <90 mm Hg.

IF treatment results in SBP <140 mm Hg and is well tolerated, do not adjust.

<60 years: treat to goal SBP <140 mm Hg and DBP <90 mm Hg.

Disease Specific:
≥18 years with CKD: treat to goal SBP <140 mm Hg and goal DBP <90 mm Hg.

≥18 years with DM: treat to a goal SBP <140 mm Hg and goal DBP <90 mm Hg.

Tailored Treatment:

Race Specific:

General nonblack population, including those with diabetes, initial treatment options include:
- thiazide-type diuretic
- calcium channel blocker
- angiotensin-converting enzyme inhibitor
- angiotensin receptor blocker

General black population, including those with diabetes, initial treatment options include:
- thiazide-type diuretic
- calcium channel blocker

Reaching Goals:

If goal BP not reached within a month of treatment, increase dose or add second drug from one of the recommended classes.

If goal BP not reached with 2 drugs, add and titrate a third drug.

If goal BP not reached using only recommended drugs:
- Use antihypertensive drugs from other classes
- Evaluate secondary causes
- Consider referral to a hypertension specialist

Disease Specific:

≥18 years with CKD including diabetic patients with proteinuria, initial treatment should include an ACEI or ARB to improve kidney outcomes. Applies to all CKD patients with hypertension regardless of race or diabetes status.

Crushing Chest Pain by Sargeant Stephen:

"Chest Pain" should be accompanied by the following descriptors:
F.A.R.C.O.L.D.E.R.
- F: Frequency
- A: Associated Symptoms
- R: Radiation
- C: Character
- O: Onset
- L: Location
- D: Duration
- E: Exacerbating Factors
- R: Relieving Factors

WHO is most likely to have atypical symptoms of angina?
- Females
- Elderly (>65)
- Diabetics
- Post-operative patients

Things that favor ischemia:
- Squeezing, burning, heaviness in character
- Substernal, across mid-thorax, radiation to arms/neck in location
- Provoked by: exercise/stress/excitement
- Lasts minutes in duration

Things that favor NON-ISCHEMIA:
- Sharp, stabbing in character
- Left hemithorax in location
- Localized with on finger
- Back pain
- Relieved by exercise
- Provoked by specific body motion
- Seconds or hours in duration
Educational Objective: Manage hypertensive emergency

A 62-year-old man presents with headache and confusion. Denies chest pain. PMHx of HTN, TIA, DMII, HLD. Rx are HCTZ, Amlodipine, ASA, Atorvastatin. PE: AF, pulse 88, RR 20, BMI 31. BP in both arms is 220/135mm Hg. Somewhat lethargic, oriented to self and place, not date/time. No focal weakness or loss of sensation. CNs intact. Electrolytes, complete blood count, cardiac troponin level, and urinalysis are normal. Chest radiograph is normal. CT of the head shows evidence of an old lacunar infarction but no signs of acute stroke or bleeding.

Q: By what percentage should you reduce his blood pressure within the first hour?

A: MAP should be lowered by no more than 25% in the first hour of treatment. This pt has evidence of hypertensive encephalopathy (changes in LOC). Too rapid and aggressive lowering of the BP can cause end-organ hypo-perfusion and thus further end-organ damage. More rapid BP reduction may be attempted if there is evidence of myocardial ischemia, LV failure + pulmonary edema, acute aortic dissection, preeclampsia/eclampsia.


Birthday Celebrations

Our wonderful office student assistant Stephanie will be turning 21 on Tuesday! Be sure to say Happy Birthday.

And guess who turned 30. Sorry if you missed out on the “Happy…” cookie pie.

Sports on Sundays

Sport: Ultimate Frisbee
Location: St. Ursula Academy Turf Field
Time: 5pm
**Weekend To-Do:**

**All-Star Game Celebrations**
Celebrate the All-American game in the hometown of the first national baseball team, the Cincinnati Red Stockings! [MLB.com](https://www.mlb.com)
- Color Run MLB All-Star 5K, Saturday July 11 at Sawyer Point
- All-Star Sunday, Sunday July 12 at Great American Ball Park
- Home Run Derby, Monday July 13 at GABP
- All-Star Game and Red Carpet Show, Tuesday July 14 at GABP
- MLB All-Star Summer Pepsi Block Party, July 12-14 12p-8p at East Freedom Way

**City Flea All Star Market**
Cincinnati’s original curated, urban flea market, this time with an All Star Weekend flair. "Keep your dollars local, support small business and experience YOUR city in a unique and engaging way.” July 10, 10a-4p, Washington Park, [www.thecityflea.com](http://www.thecityflea.com)

**Cincinnati Zip Line Experience**
Need an extra thrill this weekend? Fly 700 feet n the air down to the Reds Hall of Fame and see your screaming face shown on the Hall of Fame’s LED video board. July 11: 11a-5p, July 12-13: 10a-9p, July 14: 10a-12p and 3p-9p. Tickets online.

**LEGO Americana Road Show**
10 large scale models of American Landmarks completed with thousands of LEGOs. Kenwood Mall July 10-19 during mall hours

**Bacon, Bourbon, and Brew Festival**
Need we say more? Festival Park Newport, Riverboat Row 7/10 5p-1a, 7/11 12p-11p, 7/12 12p-9p, 7/13 5p-11p, 7/14, 12p-6p

---

**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.

First responder to Stephen with the answer wins a Starbucks or Copper Moon gift card!

---

**SHOUT OUTS!!!** (Let us know who Rocks)
- Shout out to the intern trivia team the **Hoosker Doos** for winning pub trivia last week!
- Shout out to **Monique Jindal** for remembering the chief’s birthday with a giant cookie
- Shout out to **Devon Carr** for expertly managing a critical aortic stenosis
- Shout out to **Joel Gabre** for patiently navigating implementation of the new paracentesis policy on GI and making sure the patients are always safe.
- Shout out to **Jensine Norman** for actively seeking out Elise to give her feedback about her AHD. We want to hear from you to improve for you!
- Shout out to all of the new seniors and interns on wards for holding it down. July 10th and we are still afloat and rising.