Weekly Calendar

8/24: Noon Report: **GI Team**
8/25: Noon Report: **Renal Team**
8/26: Grand Rounds: Arun Sanyal, MD (Schiff Lecture): “NASH”
8/27: Weesner Prep: **AKI with Li’**

Academic Half-Day: **NONE (Change day)**
8/28: **NONE (Change day)**

Wishing Dr. Warm a “T”-rrific “B”-day!

If you don’t know what all those ligands, receptors, and interleukins are, you better eat...er, read up! :)

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)
Open Door Policy

We know sometimes our door is closed and we are sorry about that. Often we are away, usually precepting in clinic or attending on wards, or in meetings or roaming the hospital getting miscellaneous work done and trying to solve the problems and address the concerns brought to us. Sometimes we shut the door when we are here having private discussions—please keep in mind that if it was your business or you were in the office with us, you wouldn’t want the door open either.

Even if we aren’t physically sitting behind an open door, we ALWAYS have a virtual open door policy and you should know we are ALWAYS available to you.

3 tips:
1. Always knock (we may be here)
2. Email at any time
3. Call at any time (our cell phones are in the Epic phone book!)

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Epic Phonebook

Did you know there is a Phone Book in Epic?

A phone book where you can find pagers and cell phones for providers at UC?? Now you have no excuse not to call attendings for assistance and you can track down subspecialists at your whim.

Did you know YOU are listed in the phone book?

To access Phone Book, go to Epic menu (top left), click on Tools, and find Phone Book (see screen shot at right)

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Powerpoint Power

Ben Kinnear with the Master Teacher Program and the Blue Team demonstrated some how-tos and what-not-to-dos in Powerpoint presentations for noon report on Tuesday. Thanks to everyone for their feedback and discussion.

Top tips:
- **Simplify the slides**: More diagrams/visuals, less words. People should be listening to your words and it’s confusing to read at the same time
- **Give a few active learning objectives at the beginning**: audience can focus on what they should be able to DO after the presentation
- **Make it visible**: be certain your audience can read text, see graphs—no point in having it up there if they can’t see it
- **Deliver the presentation**: YOUR VOICE is the presentation. The slides are for effect. Know the material and rehearse, rehearse, rehearse. You will catch your blunders and can practice timing to avoid awkwardness.

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DEATH BY POWERPOINT

*It’s how to avoid it*

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Managing IVDU at UCMC

Caroline Lee with the Vulnerable Populations Pathway and the Green Team, along with guest speaker Dr. Feinberg, discussed and advised on topics related to heroin use in Cincinnati at Monday's noon report. Thanks to everyone for their discussion.

Recap:
- **Withdrawal:** treat early with clonidine and anti-emetics. Acute withdrawal will directly worsen pain and result in frustration and poorer patient outcomes.
- **Preventing overdose:** Consider prescribing naloxone for your patients being discharged on narcotics.
- **Harm Reduction:** Clean needle exchange can effectively reduce transmission rates of HIV and HCV.
- **Breaking the habit:** If you have a IVDU who is interested in quitting, contact Libby at 513-377-7114.

Mechanisms of Adaptation to Iron Deficiency
- Mediated by tissue hypoxia and suppression of the hepatic hormone hepcidin
- hypoxia-inducible factor 2α (HIF-2α) stimulates production of EPO by kidney. Erythropoiesis is increased, senescent RBCs are destroyed and iron recycled by macrophages.
- HIF-2α increases expression of the duodenal divalent metal transporter 1 (DMT1)22 on enterocytes to increase the absorption of dietary iron
- Hepcidin levels are depressed in response to a reduction in the physiologic signals and erythropoiesis.
- Ferroportin (FPN), which is no longer being degraded because of the low levels of hepcidin, facilitates dietary iron absorption and iron release from macrophages.
- Reduced levels of iron in the liver trigger increases in the synthesis of the iron carrier transferrin further decreasing levels of iron-bound transferrin.


<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Thrombocytopenia</th>
<th>TTP</th>
<th>HUS</th>
<th>HIT</th>
<th>DIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased PT/INR</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>+/-</td>
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</tr>
<tr>
<td>MAHA</td>
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<td>YES</td>
<td>No</td>
<td>Yes</td>
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<tr>
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<td>ABNL</td>
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<tr>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>+++</td>
<td>++++</td>
<td>++</td>
</tr>
<tr>
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<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+++</td>
</tr>
</tbody>
</table>

Why don’t you give platelet transfusions in TTP? It increases thrombosis. Only give platelets if patient is having serious bleeding.

How is TTP different from HUS?
Acquired TTP is due to auto-antibody to ADAMTS13. HUS is due to shiga toxin producing bacterial infection, usually EHEC O157:H7. Toxin binds to endothelial cells and inactivates ADAMTS13. Usually preceded by bloody diarrhea, but not always. TTP has increased neurologic symptoms vs HUS has increased renal symptoms. Very hard to distinguish clinically. Usually treat patient as if it were TTP - plasma exchange.
**Q:** A 54-year-old woman is seen in the office for routine follow up. She has diabetes mellitus and RA. Her only complaints are mild fatigue and mild morning joint discomfort. She denies fevers, dyspnea, and weight loss. She is able to perform duties and home and work. Family and medical history are noncontributory. Her medications include metformin and hydroxychloroquine.

**PE:** Afebrile, BP 123/69, pulse 98, RR 16. Exam is unremarkable.

Labs are obtained and shown at right.

**What would a bone marrow biopsy most likely show?**

**A:** Bone marrow biopsy would show dense iron staining in macrophages but no staining in erythrocyte precursors. The most likely diagnosis is anemia of chronic disease which is the second most common cause of anemia after iron deficiency. The pathophysiology is complex but increased hepcidin appears to play a major role. Hepcidin, a peptide hormone, inhibits iron uptake in the duodenum as well as iron release from hepatocytes and macrophages. When hepcidin is increased in states of inflammation (which would be protective in situations such as sepsis), iron becomes trapped in bone marrow macrophages and hepatocytes. On serum testing, anemia of chronic disease is characterized by normal to high ferritin with low serum iron and low to normal TIBC. The RBC morphology may be normocytic or microcytic.


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**VA Updates**

Monday Aaron Mulhall and Adam Cole kindly volunteered to teach Ultrasound-guided IJ and Subclavian central lines. The residents were then able to practice placing central lines on ultrasound compatible mannequins. We plan on practicing other procedures over the next several months including lumbar punctures, thoracentesis and intubation.
Weekend To-Do: Tennis! Festivals!!!


TRIVIA

A month after swimming at Cape Maclear, Lake Malawi, a traveler develops fevers, lethargy, and the rash shown at right. What is the eponymous name of this condition and where did that name originate? Hint: it’s not malaria.

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

-shout out to the VA teams for their discharge efficiency. Joanna Marco did 7 discharges in one day with no senior! Cody Lebeck-Lee did 7 to bring his team to a total of 11 in one day! These must be records!

-shout out to Javier Baez for writing MICU notes so beautiful Dr. Norton should be jealous.

-shout out to Greg Wigger and Grace Escamilla for rocking night float.

-shout out to Joel Gabre from a seasoned past chief for doing an awesome job stepping up to run a code.

-shout out to Erin Connolly for taking VA night float beatings like a champ, smile and all.

Congratulations to Casey Philipsborn for identifying reticulocytes and spherocytes in autoimmune hemolytic anemia.

First correct answer to Rachel wins a $5 Starbucks gift card!