Weekly Calendar

6/13: Noon Report: Blue Team
6/14: Noon Report: Green Team
6/15: Grand Rounds: Ahsan Zafar, MD: “From Idea to Outcomes: Improving Care Delivery for COPD Patients”
6/16: nothing
6/17: Noon Report: GI Team

End of a noon report era. Start of a brilliant new HD epoch.

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
Infection Prevention

Prevention of hospital-acquired infection is the responsibility of all who care for patients. You will see this data in the newsletter routinely in the future. Please take note of the trend, remember to use interventions such as the nurse-driven Foley protocol, and join the teams working to improve quality care of our patients.

See Renee Hebbeler-Clark to join a team!

**UCMC Days Since Last:**

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>Days</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>31</td>
<td>NSICU</td>
</tr>
<tr>
<td>CLABSI</td>
<td>9</td>
<td>SICU</td>
</tr>
<tr>
<td>C-Diff</td>
<td>5</td>
<td>MSD</td>
</tr>
<tr>
<td>MRSA (Bloodstream)</td>
<td>21</td>
<td>CVICU</td>
</tr>
<tr>
<td>SSI</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>VAP</td>
<td>11</td>
<td>MICU</td>
</tr>
</tbody>
</table>

Note:
VAP contains ICU data only.
MRSA/C. diff as per HA NHSN defined

Interns! AME 6/13-6/17 Osteoporosis – find in your Dropbox folder or in Medhub
Long Blockers! Special AAP 6/15 MIGRAINES Part I - MSB 6254
This week’s Pearl – Cleveland Clinic Journal of Medicine Clarifies the Pneumococcal vaccine confusion! Download the quick read as a PDF from CCF!

Clinic Corner

Come Monday, there will be new kids on the block. Onward and upward.
# Rheumatologic Emergencies

<table>
<thead>
<tr>
<th>Vignette</th>
<th>Diagnosis</th>
<th>Pearls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive History of longstanding Rheumatoid Arthritis, develops cervical pain with radiation to occiput, +/- both upper and motor neuron signs; +/- unsteady gait and decreased proprioception</td>
<td>Cervical Myelopathy 2/2 cervical subluxation: C1-C2</td>
<td>Propensity of RA to involve C-spine: synovitis with erosions that destroy the ligaments anchoring C1-C2; <strong>definitive diagnosis via Cervical MRI</strong>; <strong>screen RA patients preoperatively with plain films if undergoing general anesthesia</strong></td>
</tr>
<tr>
<td>Young female patient of child-bearing age p/w livedo reticularis, thrombocytopenia, elevated INR, prolonged aPTT, clinical concern for concomitant venous and arterial thromboembolism</td>
<td>Antiphospholipid Antibody Syndrome → Catastrophic antiphospholipid antibody syndrome</td>
<td>Suspect in patients: - with unexplained thrombotic events (arterial, unusual organ involvement) - unexplained adverse pregnancy outcomes (fetal loss, recurrent miscarriage) - unexplained thrombocytopenia - unexplained prolonged PTT; order antiphospholipid antibodies: 1. Lupus anticoagulant 2. Anticardiolipin Ab 3. Anti-Beta-2 glycoprotein; tx = anticoagulation, high-dose steroids, plasmapheresis</td>
</tr>
<tr>
<td>Pt with systemic sclerosis, recent exposure to glucocorticoids, +/- HA, new-onset/worsening HTN; lab evidence of MAHA, AKI, bland UA with non-nephrotic range proteinuria</td>
<td>Scleroderma Renal Crisis</td>
<td>Pathophysiology theory: insult/injury to endothelial cells &gt; intimal thickening, proliferation, and an absence of inflammatory cells within the renal vasculature; narrowed afferent renal arterioles &gt; glomerular ischemia and hyperplasia of the juxtaglomerular apparatus and subsequent renin release (hyperreninemia); ~10% of patients present with normotension; TX = ACEI (CAPTOPRIL)</td>
</tr>
<tr>
<td>SLE pt p/w LE edema, hematuria, lab evidence of active lupus and AKI</td>
<td>Lupus Nephritis</td>
<td>6 types - require <strong>renal biopsy</strong> to diagnose. Most common = <strong>type IV</strong>: Diffuse proliferative LN (&gt;50% glomeruli involved); all may be with segmental or global involvement (active; active and chronic; chronic) Most severe kidney involvement with active urine sediment, HTN, heavy proteinuria (often nephrotic range); and often reduced GFR; serology very active; active lesions require treatment: high-dose steroids, cyclophosphamide</td>
</tr>
<tr>
<td>SLE patient hypoxemia, new pulmonary infiltrates on chest radiograph, and decreasing hematocrit, +/- hemoptysis</td>
<td>Diffuse Alveolar Hemorrhage</td>
<td>Bronchoscopy with bronchoalveolar lavage (BAL) and biopsy is the most appropriate diagnostic test to perform next in this patient with suspected diffuse alveolar hemorrhage (DAH), <strong>50% of patients have hemoptysis</strong>. DAH occurs in the setting of active SLE, and up to 90% of patients have evidence of nephritis; - Mechanical ventilation and aggressive immunosuppression are generally required:  • Methylprednisolone 1g daily  • Cyclophosphamide  • Transfusion support as indicated</td>
</tr>
<tr>
<td>Acute monoarticular arthritis; +/- elderly, history of joint trauma, alcoholism, DMII, immunosuppression, IVDU</td>
<td>Bacterial Arthritis</td>
<td>Synovial fluid analysis = paramount; WBC &gt;50,000 most likely infectious in etiology. Can coexist with deposition disease (gout/pseudogout). Empiric antibiotic coverage ASAP.</td>
</tr>
</tbody>
</table>
The work room door is fixed!

Thank you for your patience through this challenging and dangerous time. Special shout out to Steve Amatangelo for rigging up an emergency escape solution. Shout out to Leslie Applegate for her impressive grip strength.

Resident Research Symposium

Job well done to all of the presenters today. Kudos to your scholarship!

Upcoming Residency Events

GRIT & Finding Meaning in Medicine

Last meeting of the year with reflection on the initiative thus far and planning for the year ahead. Finding Meaning in Medicine will follow. Come for one, stay for both! **FMM Topic: Gratitude.**

Time: **5:30 June 15th** (Wednesday) (FMM ~6:30)

Location: Elise’s house (ask Rachel or Elise for address)

Vulnerable Populations Dinner

We will be reflecting on the year past and planning for the year ahead. PLEASE come and be a part of the pathway’s future!

Time: **5:30 June 13th** (Monday)

Location: UH 7104 (NRR)
Congratulations to our very deserving resident award winners!

Department of Internal Medicine Outstanding Medical Student Graduate: Ashley Cattran

Herbert C. Flessa Physician’s Physician Award: Andrew Petersen

Jerome Herman Award for Excellence in Patient Care: Katie Donnelly

Resident Teacher award: Robbie Bach
Weekend to-do!

Friday: Cincinnati Fringe Festival, through Saturday. Held at various venues in Over-the-Rhine. Local, regional, national and international artists present 12 days of artistic celebration. www.cincyfringe.com.

BalloonFest: Bands, BBQ and Beer, 4-10 p.m. Friday, noon-10 p.m. Saturday, Rising Star Casino & Resort, 777 Rising Star Drive, Rising Sun; www.risingstarcasino.com.

Saturday: NamasDEY, 10 a.m., Paul Brown Stadium, Downtown. Yoga on the field led by instructors from The Yoga Bar and all levels are welcome.www.bengals.com/yoga.

Northside Second Saturdays, noon-midnight, Hamilton Avenue, Northside. Art openings, later retail hours, food and drink specials, live music, interactive events and more. Free.

FC Cincinnati Soccer, 7 p.m., Nippert Stadium, University of Cincinnati, University Heights. vs. Montreal. www.fccincinnati.com.


Clam Bake in the Park, noon-9 p.m., Washington Park, 1230 Elm St., Over-the-Rhine; www.washingtonplatform.com

TRIVIA

This statue is meant to depict the battle of Man vs. Disease. It is part of a monument to what historical titan of pathology?

First correct answer wins a $5 Starbucks gift card

Congrats to Joanna Marco for identifying Curschmann’s spirals in asthma.

SHOUT OUTS!!!

to Geoff Motz for taking the time to help a patient through a difficult situation.

“Had a Jehovah’s Witness patient w/ hgb of 5.5 at admission, newly dx cirrhotic w/ UGIB. Looked up on JW website to find a rationale for her to agree to a transfusion...and getting scoped.” Some Jehovah’s Witnesses may agree with alternative teaching that “fractions of blood are up to the beliefs of the person” versus whole blood.

to the long block residents covering for graduation: Avanti Jakatdar, John Murithii, Rita Schlanger, Javier Baez, Tim Reed, Mike Sabbah, Cameron Ditty, Kantha Medepalli. It means a great deal to know we support each other for events like this!

to the rising chiefs Danielle Weber, Caitlin Richter, Nabeela Siddiqi, Thomas Getreu, and Owen Baldwin who are kicking it in gear to plan an awesome residency year 2016-2017. If anyone knows how much work there is behind the scenes, we do, and you are doing a fantastic job already. Good luck!