Weekly Calendar

6/6: Noon Report: Blue Team
6/7: Noon Report: Green Team
6/8: Grand Rounds: Max Reif, MD: “What is Optimal Blood Pressure”
6/9: Weesner Prep: Acute Respiratory Failure with Rachel
AHD: Acute Respiratory Failure with Rachel
6/10: 8:30-4:30: Internal Medicine Research Symposium

Trainees Research Poster presentations 11-1pm

BREATHE, CASEY!
DON’T GIVE UP NOW!
THE LIGHT AT THE END OF THE TUNNEL IS NEARING FOR BOTH GRADUATING RESIDENTS AND INTERNS.

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
ZIKA

What is Zika? A flavivirus (family of dengue and yellow fever)

Modes of transmission:
- Mosquito-borne: Aedes (aegypti, albopictus) mosquito (also transmits flaviviruses, chikungunya)
- Sexual contact (including oral)
- Vertical transmission from pregnant mothers
- Blood transfusion (no confirmed cases but several suspected)

Clinical course:
- Incubation period: a few days
- Symptoms: typically mild. Fever, body aches, myalgias, headache (duration 2-7 days)
- Duration of viremia: unknown and variable. Present in urine and semen for weeks to months.
- Evaluation: ALL persons returning from Zika areas with symptoms should be tested by PCR +/- IgM by CDC
- Treatment: supportive

Sequelae/Complications: Guillain Barre Syndrome
- Intrauterine infection: microcephaly, brain malformation, and other developmental effects (hearing, vision deficits, growth restriction)

Domestic Impact: >600 travel-related cases in US states (>1000 locally transmitted cases in Puerto Rico)

Prevention:
- Physical barriers: window screens or closed windows, long sleeves and long pants, bed nets
- Chemical barriers: repellents containing DEET and/or permethrin applied to exposed skin and/or clothing
- Lifestyle: Avoid unprotected sexual intercourse for 8 weeks after travel to Zika areas and 6 months if confirmed Zika or suspected Zika based on symptoms and exposure
- Aedes are preferential daytime feeders making bednets less effective and daytime barriers more important.
- Zika survives the lifespan of the mosquito (~30 days) so it is EXTREMELY important to prevent mosquito bites in persons already infected or possibly infected.

See CDC for more information.
Extended Dwell IV

If you are ordering a PICC for difficult access or IV antibiotics without a definitive plan for long term administration, consider asking for an Extended Dwell IV. These are also placed by the PICC team but have lower complication rates and are often appropriate alternatives.

Can they be used for vancomycin?

YES. Our average duration of vancomycin administration is 3.8 days (interquartile range 3-5 days), well within the duration shown in studies to safely administer via midline IV.

Safe administration of vancomycin through a novel midline catheter: a randomized, prospective clinical trial

Jona V. Caparas¹, Jian-Ping Hu²

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Methods: Patients scheduled to receive short-term (<6 days) intravenous vancomycin were randomly assigned to receive treatment through either a peripherally inserted central catheter (PICC) or the midline study device. Complications and the costs of insertion were recorded.

Results: The two groups did not differ significantly with respect to total complications (17.9% with PICCs vs. 19.9% with the midline), phlebitis (0% vs. 0%) or thrombosis (0% vs. 0%). One suspected catheter-associated bloodstream infection did occur in the PICC group. Insertion costs were $90.00 less per insertion in the midline group.

Conclusions: Short-term intravenous vancomycin can be safely and cost-efficiently administered in the deep vessels of the upper arm using the midline study device.

Upcoming Residency Events

End-of-year GRIT and Finding Meaning in Medicine

2015-2016 was the year GRIT was born and now our resiliency program needs feedback, ideas, and support. We will start our 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!

Time: 5:30 June 15th (Wednesday) (FMM starting at 6:30)
Location: Elise’s house (ask Rachel or Elise for address)
BOARD REVIEW WITH THE CHIEFS: DUST OFF THOSE STETHOSCOPES, FOLKS. IT’S BOARDS STUDYING TIME!

Q: A 28 yo previously healthy female is brought to the hospital by her family for mild confusion and weakness. Exam is significant for hypertension of 160/103, fever of 100.6, altered mental status, and petechiae. Laboratory tests reveal WBC 10, Hgb 9, Plts 23, creatinine 1.6. Her blood smear is at right.

Describe your next steps in management.

A: Her clinical picture includes altered mental status, hypertension, fever, thrombocytopenia, AKI, and microangiopathic hemolytic anemia. The differential diagnosis includes TTP, HUS, DIC, sepsis, HLH, systemic rheumatologic disorders. Coagulation studies should be performed to evaluate for DIC and should be normal in TTP. Chemistries should be completed to assess for liver dysfunction. Pregnancy status should be assessed. Platelet transfusion should be avoided unless necessary to control bleeding as studies show higher rates of thrombosis in patients who received platelets. ADAMTS13 activity should be sent (especially before any transfusion) but results will return after treatment needs to begin. Inhibitor can also be assayed. **Most importantly, in suspected TTP, plasma exchange is indicated immediately to remove inhibitor antibodies and should not be delayed until final diagnosis.** Without plasma exchange, mortality of TTP is as high as 90%.

GI Order Set

There is an admission order set specifically for GI patients created by Dr Yacyshyn, Chief Residents, Pharmacy, 8 East nursing, and reps from EPIC and West Chester. It is found in Epic as **IP GI Admission Order set 3041000777**. Goals for the GI order set:

1. Assist residents by giving them more time to perform other tasks
2. Provide consistency of care (disease clinical pathway)
3. Increase patient safety and quality of care
4. Increase communication and collaboration between physicians and nurses
5. Decrease readmis

According to audits, the GI order set is not being used consistently. Please use it for GI admits!!!
**Weekend to-do! Festival season is kicking off!**

**Bunbury Music Festival**, Friday-Sunday, Sawyer Point, Pete Rose Way, Downtown. Three-day, four-stage alternative music festival. $89 one-day pass. www.bunburyfestival.com.

**Summerfair**, 2-8 p.m. Friday, 10 a.m.-8 p.m. Saturday, 10 a.m.-5 p.m. Sunday, Coney Island, 6201 Kellogg Ave., Anderson Township. www.summerfair.org.

**Wine and Beer Festival**, 5-11 p.m. Friday, 11 a.m.-11 p.m. Saturday, Valley Vineyards Estate, 2276 E. U.S. 22 and 3, Morrow; www.valleyvineyards.com.

**Saturday:**  
**FC Cincinnati Soccer**, 7 p.m., Nippert Stadium, University of Cincinnati, University Heights; www.fccincinnati.com

**Sunday:**  
**Taste of Newport**, 11 a.m.-7 p.m., City of Newport. 600-700-800 blocks of Monmouth Street. www.newportky.gov.

**Art on Vine**, noon-6 p.m., Fountain Square, Fifth and Vine streets, Downtown; www.artonvinecincy.com.

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**TRIVIA**

This finding is most commonly seen in what condition?

First correct answer wins a $5 Starbucks gift card.

Congrats to Elyse Harris (again) for identifying “Phossy jaw”. Somebody stop this girl, she’s on a roll!

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**SHOUT OUTS!!!**

-to Betsy Larder and Leslie Applegate for being “interns in-charge” and presenting their creative ideas for QI and Interdisciplinary experience at Master Teacher Program.

-to Thomas Getreu who expertly provided the clinical set-up for Tim Reed’s shout out last week (from Thomas Getreu)

-to Elyse Harris for being the only person to read the newsletter through to the trivia section. Just kidding (sort of) but she’s kicking some serious behind on trivia!