Weekly Calendar

10/5: Noon Report: Orange Team
10/6: Noon Report: Yellow Team
10/7: Grand Rounds: Dr. Rajat Madan, MD, PhD: “C. diff (iicult): Not an Easy Bug to Treat”
10/8: Weesner Prep: The Difficult Patient
    Academic Half-Day: The Neuro Exam with Rachel and Dr. Neel
10/9: Noon Report: Blue Team

October was ushered in by the final total lunar eclipse of the year, AKA the Blood Moon, and will be ushered out by the onset of interviewee invasion, AKA Recruitment season.

Can you believe the year is 1/4 over?! 25% over?!

Thanks to all the residents and students for your continued preparation and participation in your own education. Check out the AHD crowd this week!

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
As the weather gets cooler, we find more reasons to get together. In addition to all of the great events happening around the city, keep these events on your radar for some residency good times.

**October 10th: Pumpkin patch picking and pumpkin carving**
Location: College Hill Recreational building, 5660 Belmont Ave, Cincinnati, OH 45224 followed by carving at Rachel’s house, 1916 Blue Bell Dr. Cincinnati, OH 45224
Time: Meet at pumpkin patch at 3pm. Carving begins at 4pm at Rachel’s house.
RSVP: please RSVP to email
Details: pumpkin picking, cider drinking, pumpkin carving, and campfire sitting. If you would like a pumpkin but will be coming late, please let Rachel know in the RSVP!

**October 25th: Residents vs Faculty soccer game**
Location: TBA
Time: 4:00pm
RSVP: please RSVP to coming email
Details: battle for glory on the soccer pitch

**October 30th: 10th Annual Internal Medicine Residency Party**
Location: Dr. Warm’s house. 3413 Burch Avenue Cincinnati Ohio 45208
Time: 7pm
RSVP: please RSVP to email
Details: A jamboree with stories of medical training glory, spontaneous musical numbers, food, drink, and fun. Costumes encouraged!

**November: Med vs Peds flag football**
Location: TBA
RSVP: please RSVP to email
Details: Forget Med-Peds. Now it’s Med vs.
Wellness and Resiliency

After the second planning meeting, some Wellness and Resiliency Initiatives are starting to take shape. Here is a preview of the projects:

**Finding Meaning in Medicine:** monthly meetings of reflection and introspection

**Reflection and Appreciation in Practice:** incorporating mindfulness and gratitude in our daily lives and work

**Positive Messaging:** tumblr, blog, and positive messaging of the day

**Activities:** various periodic activities (yoga, bowling, cooking, or whatever else you want!)

**Peer Support and Surveillance Team:** resident team for support and intervention

If it interests you to help build and plan these things and you are not yet on the development team, please email Rachel or Elise!

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**Steroids in meningitis, why do we give them?**

301 Patients with bacterial meningitis randomized to IV dexamethasone or placebo prior or with 1st dose of antibiotics.

Overall Dexamethasone decreased mortality and unfavorable outcomes.

However, subgroup analysis showed that only those patient’s who grew S. pneumoniae had a statistical decrease in mortality and morbidity

So what should I be doing in my daily practice?

- Give Dexamethasone 0.15mg/kg with or before the 1st dose of antibiotics
- If the gram stain/culture indicates a *S. pneumoniae* infection continue 0.15mg/kg q6h for 4 days
- If gram stain/culture confirms a different etiology of the infection then stop dexamethasone because there is no statistical benefit to dexamethasone for these patients

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**Table 2. Outcomes Eight Weeks after Admission, According to Culture Results.**

<table>
<thead>
<tr>
<th>Outcome and Culture Results</th>
<th>Dexamethasone Group</th>
<th>Placebo Group</th>
<th>Relative Risk (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfavorable outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>23/157 (15)</td>
<td>36/144 (25)</td>
<td>0.59 (0.37–0.94)</td>
<td>0.03</td>
</tr>
<tr>
<td><em>S. pneumoniae</em></td>
<td>15/58 (26)</td>
<td>26/50 (52)</td>
<td>0.50 (0.30–0.83)</td>
<td>0.006</td>
</tr>
<tr>
<td>Neisseria meningitidis</td>
<td>4/50 (8)</td>
<td>5/47 (11)</td>
<td>0.75 (0.21–2.63)</td>
<td>0.74</td>
</tr>
<tr>
<td>Other bacteria</td>
<td>2/12 (17)</td>
<td>1/17 (6)</td>
<td>2.83 (0.29–27.8)</td>
<td>0.55</td>
</tr>
<tr>
<td>Negative bacterial culture†</td>
<td>2/37 (5)</td>
<td>4/30 (13)</td>
<td>0.41 (0.08–2.06)</td>
<td>0.40</td>
</tr>
<tr>
<td>Death</td>
<td>11/157 (7)</td>
<td>21/144 (15)</td>
<td>0.48 (0.24–0.96)</td>
<td>0.04</td>
</tr>
<tr>
<td><em>S. pneumoniae</em></td>
<td>8/58 (14)</td>
<td>17/50 (34)</td>
<td>0.41 (0.19–0.86)</td>
<td>0.02</td>
</tr>
<tr>
<td>N. meningitidis</td>
<td>2/50 (4)</td>
<td>1/47 (2)</td>
<td>1.88 (0.76–20.1)</td>
<td>0.00</td>
</tr>
<tr>
<td>Other bacteria</td>
<td>1/12 (8)</td>
<td>1/17 (6)</td>
<td>1.42 (0.10–20.5)</td>
<td>1.00</td>
</tr>
<tr>
<td>Negative bacterial culture</td>
<td>0/37</td>
<td>2/30 (7)</td>
<td>—</td>
<td>0.20</td>
</tr>
<tr>
<td>Focal neurologic abnormalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>18/143 (13)</td>
<td>24/119 (20)</td>
<td>0.62 (0.36–1.09)</td>
<td>0.13</td>
</tr>
<tr>
<td><em>S. pneumoniae</em></td>
<td>11/49 (22)</td>
<td>11/33 (33)</td>
<td>0.67 (0.33–1.37)</td>
<td>0.32</td>
</tr>
<tr>
<td>N. meningitidis</td>
<td>3/46 (7)</td>
<td>5/44 (11)</td>
<td>0.57 (0.15–2.26)</td>
<td>0.48</td>
</tr>
<tr>
<td>Other bacteria</td>
<td>3/11 (27)</td>
<td>3/16 (19)</td>
<td>1.45 (0.36–5.92)</td>
<td>0.66</td>
</tr>
<tr>
<td>Negative bacterial culture</td>
<td>1/37 (3)</td>
<td>5/26 (19)</td>
<td>0.14 (0.02–1.13)</td>
<td>0.07</td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>13/143 (9)</td>
<td>14/119 (12)</td>
<td>0.77 (0.38–1.58)</td>
<td>0.54</td>
</tr>
<tr>
<td><em>S. pneumoniae</em></td>
<td>7/49 (14)</td>
<td>7/33 (21)</td>
<td>0.67 (0.25–1.69)</td>
<td>0.55</td>
</tr>
<tr>
<td>N. meningitidis</td>
<td>3/46 (7)</td>
<td>5/44 (11)</td>
<td>0.57 (0.15–2.26)</td>
<td>0.48</td>
</tr>
<tr>
<td>Other bacteria</td>
<td>2/11 (18)</td>
<td>1/16 (6)</td>
<td>2.91 (0.30–28.3)</td>
<td>0.55</td>
</tr>
<tr>
<td>Negative bacterial culture</td>
<td>1/37 (3)</td>
<td>1/26 (4)</td>
<td>0.70 (0.05–10.7)</td>
<td>1.00</td>
</tr>
</tbody>
</table>
CLC coming soon to a VA near you!

The Community Living Center will be opening October 5th!

FYI: We will be covering Rapid Responses and Codes at the CLC.
Q: A 47-year-old man is evaluated for a 5-year history of sexual dysfunction and a 3-month history of headache. (+) low libido and erectile dysfunction. Personal and family medical histories are unremarkable. The patient takes no medications. VS are normal; BMI is 24. Funduscopic, visual field, and cranial nerve examination findings are normal. Testes are small and descended bilaterally. No testicular mass is palpated.

Comprehensive metabolic profile: Normal; Follicle-stimulating hormone 2 mU/mL; Luteinizing hormone 1.3 mU/mL; Prolactin 78 ng/mL; Thyroid-stimulating hormone 2.1 µU/mL; Total testosterone 132 ng/dL

What is the next step in management?

A: A pituitary MRI should be performed in this patient to evaluate for a sellar mass. He has hypogonadotropic hypogonadism, which is the likely basis of his sexual dysfunction. His hyperprolactinemia is most likely contributing to the hypogonadism. Before treatment can begin, the cause of the hyperprolactinemia must be determined. This patient has no other disorders (such as hypothyroidism, liver disease, or kidney failure) and takes no medication that could result in hyperprolactinemia. Therefore, MRI is necessary to exclude either a prolactinoma or another sellar mass.

Spotlight on Research:

a slice of UC’s cutting edge

UC Cardiology fellows, faculty, and former fellows, along with resident Denada Palm, at Heart Failure Society of America
Weekend To-Do: Autumunal Edition

Oct 3-Jan 3: **Sublime Beauty at Cincinnati Art Museum.** Renaissance master Raphael’s “Portrait of a Lady with a Unicorn,” presented in the U.S. for the first time. 953 Eden Park Dr., Eden Park


October 6 @ 7:30pm **Neil deGrasse Tyson at Taft Theatre.** Astrophysicist, author, and Cosmos star visits the Taft Theatre, tafttheatre.org

Oct. 3-26: **HallZOOween,** noon-5 p.m. Saturday-Sunday, Cincinnati Zoo and Botanical Garden, 3400 Vine St., Avondale. Trick or treat around zoo. www.cincinnatizoo.org.

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**TRIVIA**

Name the correct treatment for the febrile illness (+ thrombocytopenia and transaminitis) with this skin finding.

- **First correct answer to**
  - Stephen wins a $5 Starbucks gift card!

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

- to **Avanti Jakatdar** for helping out a fellow resident
- to **Robbie Bach** for “keeping a level head and showing clinical maturity” in some incredibly tough AOD roles (from multiple attendings)
- to **Parm Mavi** for catching that a wrong antibiotic was hung for his patient and potentially saving the life of a patient with neutropenic fever
- to **Steve Cogorno** and **Clay Turner** for taking Voceras and interdisciplinary team patient care to a whole new level by doing night time Vocera huddles at the VA.
- Mega shoutouts to **Joel Gabre** and **Cameron Ditty** for basically being Boss during a code in stepdown with urgent procedures(!) - blind femoral line and a line with SBP 40s!!
- Huge shoutout to **Drew Petersen** for being absolutely stellar in helping co-residents on night float
- Solid shoutouts to **Perry Lin, Robbie Bach,** and **Robin Wright** for ACLS'ing like pros, running rapids and codes like champs, and just being straight up ballahs (shot callahs)