Weekly Calendar

11/2: Noon Report: Chief case with Stephen
11/3: Green Team Noon Report with CANDIDATES in MSB 5051
***note location change for recruitment season***
11/4: Grand Rounds: David Feldman, MD, PhD; Louis Louis, MD: “Medical and Invasive Management of CHF”
11/5: Weesner Prep: Rheumatology with Rachel
       AHD: Diabetes with Courtney
11/6: Orange Team Noon Report with CANDIDATES in MSB 5051
***note location change for recruitment season***

ANNUAL RESIDENCY LONG BLOCK PARTY TONIGHT!

The StethoSCOOP

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

Happy Halloween from the Chiefs!

The first and second Board Game nights were a success! Join the crew at Arkham House Games in Walnut Hills. Thursdays at about 6:30 pm.
**PROJECT OCEAN FAQS**

You’ve heard the rumors and yes, it’s true. After months of collaborative problem-solving between the chief residents and the department of Cardiology, there have been some major changes to the Cardiology Services starting TODAY!

1. There are now 2 Cardiology “6 South” teams, each with their own attending and senior resident.
2. There is now an intern in the CVICU!
3. All call across Cardiology and the CVICU is now Q4!
4. Cardiology team caps are 10 (total of 20). Overflow to Medicine starts once CVICU hits 12.

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**Faculty vs. Residents Soccer**

*Boy, was the competition strong this year! The faculty took the residents 4 to 3 led by a hat trick by the illustrious Dr. Gbenga. The residents almost caught up in prolonged injury time, with a late showing of Dr. Evans with 2 goals and an assist. Progeny were key ringers for the faculty this year, with Dr. Hattemer’s making an impressive debut. Dr. Connolly survived a crushing tackle by Dr. Luckett. Despite the defeat, goalkeeping by Dr. Alkhatib was really all that stopped the bleeding on the resident side. By all accounts, a rematch is in order for the spring. Look for emails once the ground thaws.*
Defense of the Measures

This week’s Academic Half Day was the annual Defense of the Measures. Congratulations to the incoming Long Block second year residents who held an excellent high quality forum to discuss the evidence, barriers, and consequences regarding various measurements of patient care indices. Here is a brief summary of the results.

Should we revise our blood pressure goals for patients >60 yo based on current JNC-8 guidelines vs upcoming evidence from the SPRINT trial?
CURRENT MEASURE – BP goals for patients > 60yo are SBP <150 and DBP <90
GROUP VOTE—NO, do not change goals

Should we screen for prostate cancer and if so should we measure our testing?
CURRENT MEASURE – not measured
GROUP VOTE—NO, do not measure

Should we deliver Prevnar (pneumococcal conjugate vaccine) to prevent pneumococcal pneumonia in addition to Pneumovax (pneumococcal polysaccharide vaccine)? If so, whom do we vaccinate and at what intervals?
CURRENT MEASURE – not measured
GROUP VOTE—YES, measure Prevnar vaccination rates for adults >65

Should we prescribe cardiac rehabilitation for patients with recent (in the last 12 months) acute coronary syndrome (ACS), diagnosis of CHD/CAD, CABG, valve repair/replacement, or severe heart failure (NYHA class III or IV)?
CURRENT MEASURE – not measured
GROUP VOTE—NO, do not measure

Should we measure fall risk in community dwelling patients >65 yo? Does evidence support use of a standardized questionnaire (i.e.: STEADI) to evaluate patients at-risk for falls? Do we have resources to provide patients considered moderate to high risk to prevent falls?
CURRENT MEASURE – not measured
GROUP VOTE—YES, screen and measure

Should we administer HPV (human papillomavirus) vaccination? Whom do we vaccinate? Should we measure vaccination?
CURRENT MEASURE – not measured
GROUP VOTE—YES, measure vaccination rates in females 19-26 and males 19-21

Should we administer HAV (hepatitis A virus) and HBV (hepatitis B virus) vaccination for patients with liver disease? Should we confirm immunity to HAV and HBV in patients with liver disease? Which patients should we classify as having liver disease?
CURRENT MEASURE – not measured
GROUP VOTE—YES, measure vaccination of HAV and HBV in patients with liver disease

Should we administer HBV vaccination for patients with diabetes mellitus? Should we confirm immunity to HBV in patients with diabetes?
CURRENT MEASURE – not measured
GROUP VOTE—NO, do not measure

Should we review Beer’s list medications for patients >65 yo? Should we build an Epic tool that measures the number of, and identifies, Beer’s list medications for patients >65 yo.
CURRENT MEASURE – not measured
GROUP VOTE—NO, do not measure

Should we recommend folate supplementation to women of childbearing age regardless of their plans for future pregnancy?
CURRENT MEASURE – not measured
GROUP VOTE—YES, measure

Should we document PHQ-9 and antidepressant use in patients with “Depression” (ICD-9 codes 296.20 to 296.36 and 296.82) in the problem list? Does evidence support the use of PHQ-9 for monitoring depression and should all patients with this diagnosis be tried on an antidepressant?
CURRENT MEASURE – not measured
GROUP VOTE—YES, measure documentation of PHQ-9 in patients with the diagnosis or SSRI or SNRI on medication list

Should we document H.pylori eradication for patients with: 1) positive H.pylor antibody 2) record of previous H.pylori infection 3) record of previous H.pylori treatment? Does the evidence support measuring eradication of H.pylori and if so, why?
CURRENT MEASURE – not measured
GROUP VOTE—NO, do not measure
Q: 18-year-old woman is evaluated for a 2-day history of fever, headache, vomiting, and photosensitivity. She noted painful ulcers on the vulva 10 days ago. Medical history is otherwise unremarkable.

On PE, temperature is 38.5 °C (101.3 °F), blood pressure is 100/60 mm Hg, pulse rate is 110/min, and respiration rate is 14/min. Nuchal rigidity is noted. The eyes appear normal. She has no oral or skin lesions. There are a few shallow ulcers on the vulva. There are no changes in sensorium. Neurologic examination is nonfocal.

What is the most likely diagnosis?

A: This patient's clinical illness and cerebrospinal fluid (CSF) findings are most consistent with aseptic meningitis caused by herpes simplex virus (HSV). Aseptic meningitis is defined as meningeal inflammation without a known bacterial or fungal cause. Most cases are caused by viruses, although aseptic meningitis may also be associated with difficult-to-identify infectious agents, inflammation triggered by medications, malignancy, and other systemic inflammatory conditions. Although HSV-1 is typically associated with encephalitis, overt viral meningitis is much more common with HSV-2. The genital lesions of HSV-2 usually precede or accompany the onset of meningitis.

Typical CSF findings of acute bacterial meningitis include a leukocyte count of 1000 to 5000/microliter, a predominance of neutrophils, a glucose level of less than or equal to 40 mg/dL (2.2 mmol/L), a CSF-to-plasma glucose ratio of less than or equal to 0.4, and Gram stain positivity of 60% to 90%.

The differential diagnosis of HSV aseptic meningitis includes illnesses with concurrent genital or perineal ulcerations and central nervous system involvement, such as other viral causes, Behçet disease, porphyria, collagen vascular diseases, and inflammatory bowel disease. Patients with Behçet disease have recurrent painful oral and genital aphthous ulcerations, skin lesions, and uveitis; this disease is relatively rare in the United States. Neurologic manifestations are seen in up to 25% of patients. When Behçet disease causes aseptic meningitis, the level of pleocytosis is usually less than 100 cells/microliter. Additionally, the lack of history or findings of other manifestations of this uncommon condition makes this an unlikely diagnosis.

Cerebrospinal fluid (CSF) analysis:
- Gram stain is negative.
- Leukocyte count 200/µL (200 × 10^6/L) with 90% lymphocytes
- Erythrocyte count 10/µL (10 × 10^6/L)
- Glucose 60 mg/dL (3.3 mmol/L)
- Plasma glucose 100 mg/dL (5.6 mmol/L)

PMID: 18579020

Vulnerable Populations Pathway Update

November Dinner will be 11/9 at 5:30pm in the Mark Brown Library

At that dinner, please come prepared to discuss the first module in the Caring with Compassion online curriculum by University of Michigan. The topic is Epidemiology of Homeless and Uninsured Populations. Access the module at caringwithcompassion.org

Both Drop Inn clinics (Male and Female) are up and running and in need of residents. A great opportunity for teaching early medical students!

Please sign up here: http://www.signupgenius.com/go/10c0d44a9a928a3ff2-medvouc6
Weekend To-Do: Halloween Edition


Oct. 31: UC Bearcats Football, noon, Nippert Stadium, University of Cincinnati, University Heights. vs. UCF. $38 and up. 513-556-2287; www.gobearcats.com.

Oct. 31: Igby’s Venetian Masquerade, 8 p.m., Igby’s, 122 E. Sixth St., Downtown. Fire performers and sword swallower, photo booth, Venetian-themed cocktails, music from Simo. Unmask identity at Midnight. Ages 21 and up. Free. 513-246-4396; on.fb.me/1VRU0Zz.

In 1880, French Neurologist Jules Cotard described an affliction of self loathing ranging from depression to belief that one is eternally damned and unable to die. He called it “Le délire des négations”, but today it is more commonly known as this (at least in Epic).

TRIVIA

First correct answer to Stephen wins a $5 Copper Moon gift card!

Congrats to Aditi Mulgund for identifying Bullous Pemphigoid!

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

- to the November Cardiology/CVICU residents: Katie Donnelly, Malini Reddy, Pankti Shah, Jeremy Sorkin, Michael Sabbah, Dorothy Jung, Megan Caroway, Elyse Harris, Peter Arrabal, William Pittman, and Travis McClain, for being awesome, flexible, and willing to trial the new 6S/CVICU restructuring this month!

- to Clay Turner for rocking it out on VA wards this past month, including running a code stroke.

- to “the Amazing Night Medicine Squad of the past two weeks: Medhavi Bole, Bo Franklin, Eric Niespodzany, Thomas Getreu, Whitney Whitis, Jeremy Sorkin, and John Reid; with special appearances by Malini, Robbie, and Devon. Work was way more fun than should be allowed. #SquadGoals”

- to Matt Lambert for “being super awesome” and covering for a fellow intern so that he could go to a wedding!

- to Tim Reed and Robbie Bach for coming to chat with the applicants Tuesday afternoon and the whole October Hem/Onc team, Tim Reed, Mohammad Rai, and Betsy Larder for kicking off interview season with an awesome applicant noon report!