The StethoSCOOP.

Weekly Calendar

5/2: Noon Report: Yellow Team
5/3: Noon Report Green Team
5/5: Weesner Prep: Patient Safety with Adam AHD:
5/6: Noon Report: Purple Team

Get out and enjoy the beautiful weather this weekend, whether that’s Cincy Cinco on the Square, a derby party in OTR, or the Appalachian Festival on the East side. So much to do right in town!

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
VA Updates

You speak, we listen. All VA work room computers now have double screens to facilitate awkward tasks in CPRS like med recs, chart review while note writing, entering orders while note writing, trying to be efficient, etc.

Sports on Sunday

What: Soccer
When: 5pm Sunday 5/8
Where: Withrow High School Turf Field.
Clinic Corner

Interns! AME 5/9-5/13 COPD – find in your Dropbox folder or in Medhub
Long Blockers! Special AAP 5/11 530PM - Billing with Dr. Varghai.
Heme/Onc review is 5/18!

This week’s Pearls – check out ACP Internist Scientific Meeting News for 5/6/16:
http://www.acpinternist.org/im2016/2016-5-6-index.html#2 <— Go to "Highlights". Great ideas for teaching to your strengths. Quick review of a few meds and side effects.

- PPI risks: AKI and CKD, C.difficle, and possible increased risk of dementia.
- FQN risks: peripheral neuropathy, tendon rupture, aortic disease and collagen-associated adverse events.
- NSAIDs - FDA strengthened label warnings to use caution with NSAIDs in patients with CAD.
- Vitamin D - repletion may improve statin-related myalgias.

What is “Urosepsis”?

NOTHING. It is not a thing. And in the billing world, it means “UTI”. Please do not use this in your patient’s problem list or notes. Perhaps you mean “Sepsis due to UTI”. If so, please document that instead to appropriately characterize the severity of your patient’s illness.

Upcoming Residency Events

Vulnerable Populations Dinner
In addition to updates in Global Health, we will be discussing Module 5 in Caring with Compassion at caringwithcompassion.org.
Time: 5:30pm May 9th (Monday)
Location: UH 7104 (NRR)

Special AAP: Billing with Dr. Varghai
Long blockers have a special session planned but graduating 3rd years may also want to join.
Time: 5:30pm May 11th (Wednesday)
Location: Mark Brown Library

Residency Council
Sorry, had to change the date due to VP conflict, so gather your thoughts and concerns, date/time coming soon.
Time: TBA
Location: UH 7104 (NRR)
**Q:** A 35 yo F with a history of recurrent partial small bowel obstruction due to adhesions presents to the ED with colicky abdominal pain for 8 hours. Her initial exam is benign, lactate is normal, and a CT confirms small bowel obstruction without signs of ischemia or perforation. She is admitted to medicine NPO on IVF with NG to suction. On hospital day 2 she is complaining of increasing sharp periumbilical pain. On exam, her vital signs are normal except a HR of 100. She is lying still in bed and appears pale and uncomfortable. Bowel sounds are absent and she has reproducible localized sharp pain with rebound tenderness just right of her umbilicus. What is the most appropriate next step?

**A:** The correct answer is to immediately contact the surgeon. About 80% of small bowel obstructions will resolve with medical management within 1 week. Sepsis, hypotension, and peritoneal findings are an indication for immediate laparoscopic exploration. Peritoneal findings indication transmural bowel ischemia or perforation. Although a lactate and abdominal CT would provide information about potential bowel ischemia or perforation, the surgeons may opt to proceed directly to OR without delaying for additional information. Surgery is also indicated after 3-5 days without improvement.
Weekend to-do! Kentucky Derby/Mother’s Day Edition

Cincy-Cinco Latino Festival, 12-11pm Saturday, 12-7pm Sunday, Fountain Square. Celebrate Cinco de Mayo with authentic music, culture, food and more. www.cincy-cinco.com.

Appalachian Festival, 10 a.m.-9 p.m. Saturday, 10 a.m.-6 p.m. Sunday, Coney Island, 6201 Kellogg Ave., Anderson. Artisans, crafts, dance and food vendors. www.appalachianfestival.org.

Saturday: Kentucky Derby Party, 4-10 p.m., Washington Park, OTR. Mint Juleps and watch Derby race on giant LED board. Craft beer, giant Jenga, cornhole and more. washingtonpark.org.

Rhinegeist Maker Day, noon-4 p.m., Rhinegeist Brewery, 1910 Elm St., Over-the-Rhine. Event features 5 maker stations with activities for all ages.

Sunday: Mother’s Day Brunch, 10am-12:15pm, Cincinnati Museum Center, 1301 Western Ave. Or just call your mother to tell her you love her. www.cincymuseum.org/events/mothers-day-brunch.

TRIVIA

Name the associated condition.

First correct answer wins a $5 Starbucks gift card.

Congrats to Patricio Alzamora for identifying Right Ventricular Hypertrophy.

SHOUT OUTS!!!

to Perry Lin, Eliott Welford, Kelly Laipply, Charlotte So, and Eric Cohen for being excellent diagnosticians.

to Hani Alkhatib for providing prompt ECG recognition.

to everyone who helped with the paracentesis assessment tool pilot, including residents Greg Wigger, Parm Mavi, Nikki Levin, Pankti Reid, Joe Cooley, Damon Fu, Kantha Medepalli, and Nabeela Siddiqi

"Shoutout to night float casanovas Michael Sabbah and Donnie Quimby for saving a patient's life in the C pod after "he's been a little sleepy for two hours" turned out to be a blood glucose of 13. Quick thinking guys!"