Weekly Calendar
12/12: Noon report: Community Health and Advocacy (NRR)
12/13: Noon report: Green Team (MSB 5051)
12/14: Medical Grand Rounds: Mouhamad Abdallah, MD: “Chronically Occluded Coronary Arteries: Clinical Significance and Therapeutic Options” (MSB 5051)
12/15: AHD: Solid Malignancy; Senior Prep: None
12/16: Noon Report: Red Team (MSB 5051)

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://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback

Action shots of Brian, Alex, Reza, and Brendan at a hockey game. Look Ma, they’re famous!
CONGRATULATIONS!

Please stop all these fabulous people in the hallway to congratulate them on their matches/future fellowships!

I CAN'T KEEP CALM
IT'S MATCH DAY
7NW Interdisciplinary Improvement Team Huddle
Come be part of improving patient care through interdisciplinary teamwork!
EVERY Tuesday at 2pm Location: UH 7104 (NRR)

Schedule Stuff
Remember that some of you are scheduled for Paracentesis re-training this month. This is mandatory, so if you note a conflict in your scheduled time, please let us know ASAP!
Culture Transformation training is also mandatory for all UCHealth Associates. In order to make sure all of our residents are signed up, we are helping with the scheduling. Please check your email for your scheduled time and again, let us know of conflicts. Long Block residents, please schedule yourselves and let us know when you scheduled for.

Jackets are finally here! Thanks everyone for your patience, we hope that they are worth the wait! Everyone looks awesome, especially Jason, Brian, and Sarah in these very casual and not at all posed for photos from AHD this week. If you haven’t been able to pick up your jacket, please stop by the Chief’s office and we will give it to you!

Hepatitis B Vaccination!
HOW: In clinic, you can give the first vaccine in the series during your patient visit, and then place standing orders for the following vaccinations in the series. Let your nurse and the patient know when they will need to come back for RN visits to complete the series.
WHY: There are more than 2 billion people worldwide with serologic evidence of Hepatitis B, and approximately 686k deaths related to hepatitis B! The vaccines are safe and are >90 effective.
WHO: Babies get these, but lets focus on the adults who get the vaccine. High risk groups should be vaccinated, and include sexually active individuals with multiple sex partners, MSM, household contacts of patients with hepatitis B, patients with IVDU, healthcare workers (how bout those needlesticks...), patients on hemodialysis, patients requiring repeated blood transfusion, patients with chronic liver disease, people who are unvaccinated and traveling to areas with intermediate to high levels of endemic HBV, and patients with diabetes aged 19 to 59.

Mathis Cardiology Test!
December 14th 7:30 AM, MSB 6254
Remember to let Nabeela know if you are unable to make it and are not on a excused rotation such as night float, ED, rheumatology, or vacation.

Clinic Corner

THE STETHOSCOOP
Noon Report Round-up!

Blue team, led by Wesley Dutton, presented an interesting case of altered mental status. Let’s talk about it!

Blue team’s patient had altered mental status secondary to hyperammonemia related to valproic acid! This can happen in patients on normal doses, with normal levels (though remember, free levels of VPA may not always correlate with total levels, as well—so a normal total VPA level may not mean the patient’s free VPA level is normal), and normal liver function. The clinical presentation can be varied, ranging from mild confusion, lethargy, and increased seizure frequency to stupor and coma, and even death. Valproate-related hyperammonemic encephalopathy should be on the differential in patients who are loaded with Depakote, as well as with patients who are chronically on Depakote, even on stable doses. The most important consideration is a high index of suspicion.

Valproic acid, or VPA, or Depakote, can be used to treat many conditions. It is an anti-epileptic medication used to treat seizures, psychiatric disorders, dementia-related agitation and behavior disturbances, and more. It has multiple drug interactions* and can have serious side effects, including liver damage, thrombocytopenia, rash, and hyperammonemia.

Always remember the dreaded combination of VPA and PHT (Depakote and Dilantin, respectively) - pharmacists hate this combination because VPA increases levels of PHT and PHT decreases levels of VPA!

How does this happen? VPA is metabolized to propionic acid, which inhibits mitochondrial carbamoyl phosphate synthetase, thereby preventing ammonia elimination via the urea cycle and resulting in increased ammonia.

How can carnitine rescue this? VPA itself decreases carnitine levels which results in increased omega oxidation of VPA and increased products that inhibit mitochondrial carbamoyl phosphate synthetase (and then leading to increased ammonia), so it makes sense that more carnitine means less inhibition of mitochondrial carbamoyl phosphate synthetase and therefore more ammonia elimination via the urea cycle!

Moral of the story: check for elevated ammonia levels in patients on valproic acid with symptoms of possible of VPA Hyperammonemic encephalopathy, and supplement with carnitine. There is no evidence of harm and carnitine can provide benefit to these patients.
Q: A 65 year old male is evaluated in the ED for fevers and “not being himself.” He has a history of Normal Pressure Hydrocephalus treated with a ventriculoperitoneal shunt, with improvement of his symptoms. He required a revision of the shunt 7 days prior to presentation and had been doing fine until yesterday, when his wife noted that he was “acting funny.” On exam, the patient has temperature of 102.3F, HR 102 bpm, BP 145/93 mmHg, and respiratory rate is 18/min. The patient is lethargic and intermittently answers questions appropriately, but perseverates on his name. Surgical incisions appear clean, dry, and intact with no drainage or cellulitis. Lungs are clear to auscultation. Nuchal rigidity is present. The remainder of the physical exam is normal. Shunt series is obtained which has no abnormality. Labs are notable for leukocytosis to 15k with left shift. CSF is obtained and results reveal a leukocyte count of 1200 with neutrophil predominance, glucose of 23, and protein 150. What empiric antibiotics are appropriate for this patient?

A. Amphotericin B  
B. Ampicillin, vancomycin, and ceftriaxone  
C. Vancomycin and Meropenem  
D. Ampicillin, vancomycin, ceftriaxone, and acyclovir

A. The correct answer is C, Vancomycin and meropenem. This patient has evidence of meningitis secondary to infected VP shunt. His fever, altered mental status, and very abnormal CSF findings consistent with bacterial infection indicate a diagnosis of meningitis. The presence of a VP shunt with recent revision make him at risk for nosocomial pathogens that would not be treated with a typical empiric regimen for bacterial meningitis in a typical patient his age. We are far less worried about things like listeria, and more concerned that he could have Pseudomonas or MRSA. Vancomycin is necessary to treat for the possibility of MRSA, and a carbapenem like meropenem treats pseudomonas and other gram negatives, with excellent CNS penetration.

Hospital Christmas Tree Photo Contest!
Send us your best resident and staff (extra bonus points for full on Team pics!) in front of the many hospital lobby Christmas Trees! Mainly for Caitlin’s personal enjoyment. Winners (and likely all submissions) to be featured in next week’s SCOOP. Deadline 12/15, 11:59pm. Categories include: Most Festive, Most Ridiculous, Best Hair (to beat out Thomas), Most Likely to be your Mom’s actual Christmas Card, and Most Likely to make it into Dr. Warm’s Recruiting Presentation. Text or email submissions to Caitlin!
**Weekend to-do!**

**Friday:** A Candlelit Christmas by Vocal Arts Ensemble, 8 p.m., St. Francis de Sales Church, 1600 Madison Road. $25, $12 students. www.vaecinci.org.

*The Nutcracker*, 7:30 p.m. Friday, 2 and 7:30 p.m. Saturday, 1 and 5:30 p.m. Sunday, Aronoff Center, Procter & Gamble Hall. Through Dec. 18. Presented by Cincinnati Ballet. $32. cballet.org.

**Saturday:** Cincinnati Santacon, noon-midnight, Jack Cincinnati Casino. Santas meet downtown and then sing songs, make merry and spread good cheer through City of Cincinnati. Elliott Welford will be wearing tights. Free. www.cincinnatisantacon.com.

**Saturday**


**Sunday**: Breakfast with Santa at Krohn Conservatory, 9-10 a.m., Krohn Conservatory. Continental breakfast and chance to visit with Santa, see botanical display, vintage holiday collection and trains. $14, $7 ages 5-12, free ages 4 and under. Reservations required. bit.ly/2ffmQRO.

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**SHOUT OUTS!!!**

- To **Reza Ghoorkhanian** for “always treating patients like people and going above and beyond the call of duty for everyone he takes care of. Thanks for being a great role model for what a doctor should be.” Such kind words from a fellow intern. Thank you Reza! And thank you to the intern for acknowledging these traits. We are proud of all of you!

- To **David Young** and **Sarah Weiskittel** for coming to 100% of eligible Academic Half Days!!! Thank you for your commitment! Next week is the last chance to be considered for an honorable mention in next week’s ‘SCOOP…

- To **Michael Northcutt** and **Wesley Dutton** for their excellent noon reports this week.

- To everyone helping with recruitment—coming to dinners, participating in noon report, hanging out in Mark Brown Library in the afternoon—thank you!!! We are officially more than halfway through the season!

- To all the PGY3s and MP4s who matched in their chosen specialties—your hard work has paid off! Celebrate this weekend (safely!!!)

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**First correct answer wins**

- a $5 Starbucks gift card!

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**Guess the applicant Pictionary clue!**

Tell us something interesting about the answer.

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**Congrats to Elyse Harris for guessing “Leaving AMA” from the above applicant Pictionary clue!**