Weekly Calendar
7/18: Noon report—Blue team
7/19: Noon report—Orange team
7/20: Grand Rounds: David Bernstein, MD: “Managing Severe Asthma” MSB 5051
7/21: AHD: EBM; Senior Prep: Resiliency
7/22: Morbidity, Mortality, and Improvement MSB 2351

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
- Long Blockers are studying for their next Mathis test, Infectious Diseases - 7/20 7:30am.
- Who needs screened for lung cancer? USPSTF recommends annual screening with CT scan in adults 55-80 years old who have a 30 pack-year smoking history and currently smoke, or have quit in the last 15 years.

Clinic Corner

Come be a part of improving patient care through interdisciplinary teamwork! Great opportunities for QI projects!

EVERY Tuesday at 2pm
Location: UH 7104 (NRR)

Resident Patient Safety Committee
– Tuesday, July 19, 4pm
UCMC 1346

The purpose of this committee is to promote patient safety, review safety incidents in the hospital, and work together with our nursing and ancillary staff colleagues to improve our processes and reduce the risk of patients being harmed while under our care.
Did you know that we have a Discharge Hospitality Center (DHC)?

Who qualifies for the DHC? Patients who are alert, independent, not going to another facility (SNFs), and who don’t have complex wound care or nursing care needs that would arise while they are waiting in the DHC. It is open Monday through Friday, from 11am to 7pm.

Patients can get their medications delivered to the DHC by the Medication Concierge Program, their Durable Medical equipment can be delivered there, they have access to bagged lunches and drinks, and there are phone charging stations available.

This is a great service provided to our patients! You can help by educating the patients about the DHC, letting the patient’s bedside RN know when they are appropriate for the DHC, and by writing in your discharge order that the patient may be discharged to the DHC while they wait for their ride, meds, home O2, etc.

Please email Caitlin if you have any questions!
Noon Report Round-up!

Interns are still in the midst of the Boot Camp lecture series and both at UC and the VA learned about inpatient diabetes management this week. Let’s talk about it!

Remember that sliding scale insulin is not an optimal way to control blood sugars in the hospital—it only treats the patient’s current hyperglycemia and does nothing to provide insulin coverage for the meal they are about to eat! You can devise a basal-bolus regimen using weight-based dosing:

- **Weight based total daily insulin**
  - Type 1 (0.1-0.7 U/kg)
  - Type 2 (0.3-1.0 U/kg)

THEN break that total daily insulin into 50% long-acting basal insulin, and 50% short-acting prandial insulin (one third with each meal). For example, a 100 kg patient with T2DM with a weight based total daily insulin dose of 30 units (0.3 units/kg) could be started on 15 units insulin glargine qHS and 5 units insulin aspart TIDWC.

Changes to Critical Labs!

Effective July 25th, the lab will no longer call units with the following critical values (highlighted in yellow) or have made changes to the cut-offs. Please familiarize yourself with this list!

<table>
<thead>
<tr>
<th>Analyte</th>
<th>Current</th>
<th>Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH arterial/venous</td>
<td>Less than 7.20</td>
<td>Delete (except ED Blood Gas)</td>
</tr>
<tr>
<td>pCO2 arterial [mmHG]</td>
<td>Less than 16</td>
<td>Delete (except ED Blood Gas)</td>
</tr>
<tr>
<td>pO2 arterial [mmHG]</td>
<td>Less than 40</td>
<td>Delete (except ED Blood Gas)</td>
</tr>
<tr>
<td>TCO2 [mEq/L]</td>
<td>Less than 10</td>
<td>Delete (except ED Blood Gas)</td>
</tr>
<tr>
<td>CO2 [mmol/L]</td>
<td>Less than 10</td>
<td>Delete both low and high</td>
</tr>
<tr>
<td>WBC [×10^9/L]</td>
<td>Less than 3,000</td>
<td>Less than 1,000</td>
</tr>
<tr>
<td>Ammonia [µg/dL]</td>
<td>Greater than 125</td>
<td>Greater than 180</td>
</tr>
<tr>
<td>Gentamicin, trough [µg/mL]</td>
<td>Greater than 2.5</td>
<td>Delete</td>
</tr>
<tr>
<td>Tobramycin, trough [µg/mL]</td>
<td>Greater than 2.5</td>
<td>Delete</td>
</tr>
<tr>
<td>Vancocycin, trough [µg/mL]</td>
<td>Greater than 25</td>
<td>Delete</td>
</tr>
</tbody>
</table>
**BOARD REVIEW WITH THE CHIEFS:**

Q: A 73 yo AAM presented to the ED with acute onset left sided weakness and slurred speech since he woke up 4 hours prior to arrival. He has a history of hypertension, diabetes, and hyperlipidemia. On exam, HR 75 bpm, BP 195/107 mmHg in both arms, he was afebrile, respiratory rate was 14 breaths/min and spO2 100% on RA. Cardiac exam was unremarkable, there were no carotid bruits, and lungs were clear. Neurological exam showed left sided facial paralysis and hemiplegia of left sided extremities, as well as dysarthria. Labs, including renal panel, urinalysis, and troponin were all within normal limits. EKG was without ischemic changes. Head CT obtained without contrast showed no hemorrhage. What should you do about this patient’s blood pressure?

A. Start Lisinopril  
B. No treatment required  
C. Initiate Nicardipine infusion  
D. IV hydralazine PRN

A: The answer is B, no treatment required. This patient has an acute ischemic stroke, likely right MCA given his left sided facial and extremity paralysis. He cannot receive treatment with tPA since he is outside the window (not only did he wake up with the symptoms, but he’s had them for 4 hours). In reperfusion candidates with acute ischemic strokes, the blood pressure should be treated if >185/110. In non-reperfusion candidates, blood pressure should be treated if >220/120 (per AHA guidelines for hypertension management in acute ischemic stroke in the absence of end-organ damage). If the patient had a hemorrhagic stroke, the blood pressure would have an indication for treatment since it is >180/105.

Osmosis

Hopefully you are all now signed up for Osmosis so that you have access to this awesome new learning platform. There are great questions on here, thank you to everyone who is adding them!

If you still need to join the Cincinnati Internal Medicine group, copy and paste the link below into your browser: https://www.osmosis.org/groupinvite?id=16539&k=rJUBER9nSeql0AN-nE4IroPaQuatm-de

Recall that we are expecting everyone to write at least one question in Osmosis every 6 months.

Please make sure that you have added your name to your profile. To do this, click on the red circle in the upper right hand corner, edit your profile, and add your name. If you have any questions, please come to Caitlin or Danielle in the Chief’s office and we can help you out. We are asking that **everyone have this completed by 7/22**, so ask us for help!
Weekend to-do!

Friday: St. Cecilia Parish Festival, 6 p.m. Friday, 5 p.m. Saturday, 4 p.m. Sunday, St. Cecilia Church, 3105 Madison Road, Oakley. Food, funnel cakes, beer, bid ‘n’ buy, flea market, rides, kiddy games, games of chance, gambling tent, live music. www.stceciliacincinnati.org.

Bad Ass Beer Fest, 4-11 p.m. Friday, 4-11 p.m. Saturday, French Park, 3012 Section Road, Amberley Village. $2 cover charge, $2 per 5 oz beer, $5 per 12 oz beer. www.badassbeerfest2016.com.


Blue Point Brewery’s Toasted Tour, 2-7 p.m., 317 E. 12th St., Downtown. Live music, seafood and beer. Ages 21 and up. $5. bluepointtoastedtour.com/cincinnati.

Sunday: Schutzenfest, 6 p.m.-midnight Friday, 4 p.m.-midnight Saturday, 1-9 p.m. Sunday, Kolping Center, 10235 Mill Road, Springfield Township. All German lineup. German food and drink. $3. www.schuetzenfestcincy.com.

TRIVIA

What is the diagnosis?

What cardiac screening should this patient get?

SHOUT OUTS!!!

- To Owen Baldwin for changing the game by creating the wireless internet at the VA for residents, from all of our data plans. Owen Baldwin, showing quality and improvement.
- To Brendan Collins from a CVICU nurse, who said that “Dr. Collins was EXCELLENT. He took the time to explain the plan of care and answered all my questions fully. He really cared about the patient and was wonderful to work with. Dr. Collins is a great team player and a great caregiver!”
- To Elyse Harris, Aditi Mulgund, Amanda Rutishauser, and Allison Stickles for running their first codes in their new roles as seniors and interns, from an impressed AOD.
- To Nikki Levin, Jane Neiheisel, and Danielle Clark for coming to the 7NW Improvement meeting this week, and for taking on some projects!
- To Yellow Team Don Quimby, Harika Gorti, and Anuj Shukla for working hard and being awesome, from a thankful Attending.
- To Julie Broderick Gomez for smashing some Osmosis questions!