Weekly Calendar

6/5: Noon Report: Yellow Team
6/6: Independent Study/Rising Chief Orientation
6/7: Grand rounds: (MSB 7051)
6/8: AHD: Acute Respiratory Failure and Vents; Senior prep: None!
6/9: Trainee’s Research Grand Rounds (Care/ Crawley Atrium) 11am-1pm

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
Clinic Corner

Low-potency steroids (groups VI and VII)

Dermatitis (diaper)
Dermatitis (eyelids)
Dermatitis (face)
Intertrigo
Perianal inflammation

Topical therapy: Vehicle selection for specific body sites

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Smooth, nonhairly skin; thick, hyperkeratotic lesions</th>
<th>Hairy areas</th>
<th>Palms, soles</th>
<th>Infected areas</th>
<th>Between skin folds; moist, macerated lesions</th>
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<td>Ointment</td>
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+-: infrequently used; ++: acceptable vehicle; +++: preferred vehicle.

MEDICATION

POTENCY (GROUP) GENERIC

Ultra high (I) Augmented betamethasone dipropionate 0.05%

Clobetasol propionate 0.05%

High (II) Amincione 0.1%

Augmented betamethasone dipropionate 0.05%

Betamethasone dipropionate 0.05%

Medium to high (III) Amincione 0.1%

Betamethasone dipropionate 0.05%

Fluticasone propionate 0.005%

Triamcinolone acetonide 0.5%

Medium (IV and V) Betamethasone valerate

Desonide 0.05%

Flucinolone acetonide 0.025%

Fluticasone propionate 0.05%

Hydrocortisone butyrate 0.1%

Hydrocortisone valerate 0.2%

Mometasone furoate 0.1%

Triamcinolone acetonide 0.025%

Triamcinolone acetonide 0.1%

Low (VI) Alclometasone dipropionate 0.05%

Desonide 0.05%

Flucinolone 0.01%

Hydrocortisone butyrate 0.1%

Least potent (VII) Hydrocortisone 1%, 2.5%

Selecting topical steroids can be tough...use this information from AFP for some guidance!
Starting May 30th, the VA will have increased nutritional options to include fruit, string cheese, and veggie sandwiches in addition to the current selection. If you have other suggestions, please contact Thomas and soon-to-be VA Chief Tim Reed!
Pathophysiology: Body temperature depends on balance of heat production and heat loss. Heat is primarily lost through the skin and lungs such as via evaporation (e.g. insensible losses, sweat). Accidental hypothermia usually occurs via convection (heat loss to cold air) or conduction (heat loss to cold water). Normal body temperature set point is $37 \pm 0.5^\circ$C. Our body uses autonomic mechanisms to regulate our temperature. Let’s review the body’s response to cold: cold is sensed via central and peripheral thermal receptors that input to the hypothalamus, hypothalamus stimulates shivering to increase heat production and increases thyroid, catecholamine, and adrenal activity. Peripheral blood vessels vasoconstrict via increased sympathetic activity and in direct response to cold (reason you warm the patient’s core not their extremities!). Watch out for arrhythmias due to slowed conduction through K+ channels. PR, QRS, and QT prolongation can occur. Check out this EKG with classic Osborne waves that can be seen and are J point elevations in the precordial leads due to abnormalities in the earliest phase of membrane repolarization!

BOARD REVIEW WITH THE CHIEFS:

Q. An 89 year old female is brought to your clinic by her daughter, who is concerned about her urinary habits. The patient has a diagnosis of dementia and her daughter recently moved in with her to provide aid. She noticed that her mother was sometimes incontinent of urine at night, but the frequency increased and it occurs during the day, as well. She purchased adult diapers for her to help, but wants to know if there is a medication or treatment they can try, as her mother does have some embarrassment about her accidents. Her mother has no other medical history, had 2 children born vaginally, was previously on donepezil but this was stopped due to weight loss concerns and is no longer on any medications. What treatment do you recommend?

A. Pelvic floor exercises
B. Pessary
C. Prompted voiding
D. Oxybutynin

A. The correct answer is C, prompted voiding. For patients with incontinence and cognitive impairment and dementia, prompted voiding is utilized rather than alternative techniques, and involves regularly asking the patient if he or she needs to void and providing assistance to do that. Pelvic floor exercises require involvement on the patient’s part, and this is typically the first line of behavioral modification for patients without cognitive impairment and with stress incontinence (loss of urine with cough, sneeze, laughter, exertion) but requires 15-20 weeks of therapy, 3-4 sets of 10 contractions daily, and should be continued for 15-20 weeks. Patients should be told to tighten the muscles in the pelvis as they would to try to stop urine flow and hold for 10 seconds each time. Pessaries can be used but these need to be fitted and wouldn’t be idea for a patient with cognitive impairment who couldn’t manage this on her own. Oxybutynin is an anticholinergic and should not be used in patients with cognitive impairment and is on the Beers list.
**Weekend to-do!**

**Friday:** *Bunbury Music Festival, all weekend* 12-11 pm Fri/Sat, 12-10 pm Sun, Sawyer Point, Pete Rose Way, Downtown, prices based on # of days, www.bunburyfestival.com.


**Saturday:** *German Day Celebration*, 10:30 am– 4 pm, Findlay Market, Music/parade/reception

**Sunday:** *German Day Celebration*, 11 am– 11 pm, Hofbrauhaus, 200 E. Third St Newport,

*Art on Vine,* noon-6 pm, Fountain Square 5th and Vine streets downtown, Up to 40 local artists displaying and selling fine arts and handmade goods, www.artonvinecincy.com

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The substance from the plant on the right is the antidote for the poison from the plant on the left. What are the substances?

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**TRIVIA**

First correct answer wins a $5 Starbucks gift card!

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**SHOUT OUTS!!!**

- To **Reza Ghoorkhanian** for taking the extra step and weighing his patient in CDU himself to ensure accurate weights.
- To **Jeff Miller** and **Syeda Ahmad** for being awesome interns on neurology! From neurology: Syeda was excellent with patients, very thorough, and never complained; Jeff was very diligent, had a great attitude, and showed genuine interest in neurology.
- To **Scott Merriman** for letting us know that the process of pre-alerting him of a sick patient that was coming from OSH worked well.
- To **Leila Borders** for giving good advice during her last wards orientation ever!
- To **Eejung Kim** for always looking for ways to help fix things. Thanks for bringing up the specific amion issue with cardiology so it could be fixed!
- To the rising chiefs (**Danielle Clark**, **Javier Baez**, **Rita Schlanger**, and **Tim Reed**) for working hard on getting things ready for the new year!