Weekly Calendar
6/12: Noon Report: Board Review Jeopardy!
6/13: Noon Report: Purple Team
6/14: Grand rounds: Mercedes Falciglia, MD: “Hyperglycemia and Diabetes in the Hospital and Beyond” (MSB 7051)
6/15: Noon Report: Blue Team
6/16: Noon Report: Orange Team

New Chiefs are here! Welcome Javy, Danielle, Monique, Tim, and Rita to the fold. Lame-duck Chiefs will be around in ghostly form during the transition this next week, but please include the new crew in any necessary correspondence!

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  Review of some Post-exposure prophylaxis scenarios!

<table>
<thead>
<tr>
<th>Infection</th>
<th>Who should get prophylaxis</th>
<th>Treatment</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Unvaccinated, vaccinated with inadequate response, or nonresponder</td>
<td>Single dose of Hep B immune globulin within 24 hours of exposure, followed by vaccine series (or 2 doses of immune globulin for non-responders)</td>
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<tr>
<td>HIV</td>
<td>Low risk exposure</td>
<td>Truvada, first dose within 72 hours of exposure, continue for 4 weeks</td>
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<tr>
<td></td>
<td>High risk exposure</td>
<td>Truvada plus kaletra, first dose within 72 hours, continue for 4 weeks</td>
</tr>
<tr>
<td>Varicella zoster virus</td>
<td>Non-immune who have not received 2 doses of vaccine</td>
<td>Healthy—varicella vaccine within 5 days exposure. Pregnant or immunocompromised, varicella immune globulin ASAP</td>
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<tr>
<td>Rabies</td>
<td>Previously unvaccinated</td>
<td>Vaccine ASAP on days 0, 3, 7, and 14 post-exposure and immune globulin on day 0.</td>
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<tr>
<td>Invasive meningococcal infection</td>
<td>Any close contact, regardless of vaccination status</td>
<td>Cipro 500 mg x 1, given ASAP but no more than 14 days after exposure</td>
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<tr>
<td>Pertussis</td>
<td>All household contacts and other close contacts exposed within 21 days of onset of cough</td>
<td>Azithromycin standard dosing</td>
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Congratulations to John Muriithi, this year’s recipient of the Jerome Herman Award, given to the resident who “best exemplifies Dr. Jerome Herman’s dedication and commitment to excellence in patient care.” Congratulations to Javier Baez, the recipient of two awards; the Resident as Teacher award, as well as the Herbert C. Flessa, M.D. Physician’s Physician Award. Congratulations to Dr. Luckett, the recipient of the Richard W. Vilter, M.D. Award, for his excellence as a physician teacher. And of course congratulations to Mark Mastrodicasa for being the recipient of the Outstanding Fellow award, as well as Benni Hensley who again received the outstanding Nurse award! Thank you all!
Q. A 65 year old male with a history of COPD presents to the ED with a complaint of shortness of breath and increased sputum production. His wife was ill with an upper respiratory infection last week and he developed similar symptoms with increased cough, rhinorrhea, and nasal congestion. He has had to increase his use of his albuterol inhaler to six times a day and has still been taking his ICS/LABA and tiotropium, with no improvement in symptoms. On presentation, his heart rate is 116 bpm, respirations are 28/min, blood pressure is 136/75 mmHg, and he is saturating 84% on room air. An initial arterial blood gas is obtained and shows a pH of 7.2, pCO2 of 65, and pO2 of 80. His renal panel is unremarkable and shows a bicarb of 26 and normal serum creatinine. The patient is placed on bilevel positive pressure ventilation with settings of IPAP 15, EPAP 5, and FiO2 50% and is saturating at 93%. After thirty minutes on NIPPV, the patient seems more somnolent and isn’t responding to verbal stimuli. A repeat ABG shows pH of 7.11 and pCO2 of 83, pO2 is 78. What is the next step in management?

A. Increase the IPAP to 20  C. Increase FiO2 to 100%
B. Increase EPAP to 8  D. Intubate and begin mechanical ventilation

A. The correct answer is D, intubate and begin mechanical ventilation. This patient presented with an acute hypercapnic respiratory failure secondary to an acute exacerbation of COPD, likely triggered by a viral URI. The patient has an acute respiratory acidosis. Sometimes it can be difficult to distinguish what patients are acute CO2 retainers and who retain CO2 chronically; this patient’s bicarb on the renal panel tells us what we need to know—the anticipated renal compensation for acute respiratory acidosis is an increase in the bicarb by 1mEq per 10 increase in pCO2, so his bicarb of 26 is consistent with that, and we know this is all acute. An appropriate step to treat acute hypercapnic respiratory failure secondary to AECOPD is to trial NIPPV with close monitoring and checking an ABG or VBG after about 30 minutes and monitoring for expected improvement. This patient is failing NIPPV and will need to be intubated and mechanically ventilated. Increasing EPAP or IPAP at this time will not increase ventilation, and an increase in FiO2 would not help—he needs ventilatory support and his oxygen saturation is at goal, if not slightly above (titrate to 88-92%).
**Weekend to-do!**

**Friday:** Schwabenfest, 5:30-11:30 p.m. (Alpen Echos.) Friday, noon-11:30 p.m. (Squeeze Play, Alpen Echos.)

Saturday, Donauschwaben Haus, 4290 Dry Ridge Road, Colerain Township. Like Oktoberfest in June. German beer, music, food, entertainment and performances by Donauschwaben Youth Group and Schuhplattlers both nights. $3 per person. bit.ly/2oTzzgw.

**Saturday:** FC Cincinnati Soccer, 7 p.m., Nippert Stadium. v. Charlotte Independence. $30, $20, $12, $10. www.fcincinnati.com.

Cincinnati Rollergirls Fan Appreciation Night, 6-9 p.m., Schmidt Memorial Fieldhouse, 3900 Winding Way. Double-header featuring CRG’s Black Sheep and Violent Lambs squads. $15. cincinnatirollergirls.com

**Sunday:** Opera in the Park, 7:30 p.m., Washington Park. Spanish-themed program of opera and musical theater favorites performed by stars from 2017 season, Cincinnati Symphony Orchestra and Cincinnati Opera Chorus. Free. www.cincinnatiopera.org.

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**TRIVIA**

First correct answer wins a $5 Starbucks gift card!

You are on call in the MICU and your patient’s ventilator starts alarming. They are on AC/VC. You have the ultrasound with you so you plop down the probe on the right chest and see this. What is your diagnosis? That is your next step in management? What was the ventilator alarming for?

Congrats to Joanna Marco who recognized the plants that make Belladonna and physostigmine! Physostigmine, and acetylcholinesterate inhibitor, is the antidote for belladonna poisoning, which results in anticholinergic syndrome.

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**SHOUT OUTS!!!**

- To Javy Baez and John Muriithi for being exemplars of excellence in our residency, and for their recognition this week for resident awards. You are awesome!
- To Mike Sabbah for “getting sweaty and saving lives” in the CVICU this week. Thanks!
- To Syeda Ahmad for her commitment to teaching the keys of reading EKGs to medical students!
- To Connie Fu, who has been “a pleasure to have on the palliative care service!” Thanks Connie!
- To Jeff Miller for helping out with a patient safety issue! Thanks for your dedication to continuous improvement!
- To Calvin Feng for his kind and compassionate interactions with a difficult patient!