Weekly Calendar

4/3: Noon Report: Red Team
4/4: Noon Report: Blue Team
4/5: Grand rounds: Robert Englander, MD, MPH
“Entrustable Professional Activities as an Organizing Framework for Assessment Across the Continuum” (MSB 7051)
4/6: AHD: Valvular Heart Disease; Senior prep: Antibiotics
4/7: Noon Report: Intern: Renal; Senior: Heme/Onc

Congratulations to Steve Cogorno for being a recipient of a Doctor’s Day Award! Thank you for all the work you do at UCMC!

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
GRADUATING RESIDENTS:
If you plan on taking the ABIM Boards in August of 2017, the deadline to register is April 15 and the cost is $1,365. Sign up at: https://www.abim.org

GLOBAL HEALTH!
Categorical and Med Peds PGY1s—
If you are interested in going abroad in 2018, please contact Caroline Lee at: leecn@ucmail.uc.edu.

Clinic Corner

Ever wish you could just pick up the phone and get help caring for your complex patients with chronic pain? NOW YOU CAN!

Join us the 1st Thursday of every month 12:15 – 1:15 PM from the comfort of your own computer or smart device!

Each monthly session begins with a chronic pain expert presenting an evidence based clinical pearl on treating pain in primary care. All primary care physicians, nurse practitioners, physician assistants, students, nurses, medical assistants and office staff can participate live from any internet device and ask questions or offer their own suggestions.

You must log in and use your full name. This is how we track attendance and it is very important for the evaluation portion of this project. We will use this information to send you a survey after each clinic you attend. You must complete the survey to receive the University of Cincinnati CME credit.

To submit a case for review and discussion:
- Select a patient with chronic pain for whom you would like input from the chronic pain experts. All patient cases with any type of chronic pain are invited for discussion, not just those patients on opioids
- Fill out the case submission form: https://redcap.research.chmc.org/surveys/?s=PTPWNHJALJ
- You will be notified if your case is selected and provided with further instructions.
- Present a brief summary of the case and your key questions for the experts during your assigned TEAMS/ECHO session and present a brief update follow-up 3-6 months after presenting your case.

If you have questions about the TEAMS/ECHO clinics, please email blocksm@uc.edu or call 513-558-5999. For links to past presentations, articles, and additional resources, please visit: http://cme.uc.edu/echo-pain

Mark your Calendars!

We will have a special guest at Master Teacher Program! Please join us on Tuesday, April 4th, at 5:15pm in MSB 2001 with Dr. Englander, the Associate Dean for UME in Minnesota. He is a national leader in developing competency-based medical education, and will be leading a discussion regarding co-production of education. Don’t know what that is? Great! Come join us at MTP!

Dr. Englander will also be our guest Medical Grand Rounds speaker on April 5th, so even if you can’t come to MTP, you will still get a chance to hear a great medical education specialist!
Q. A 36 year old female with hypertension and diabetes is brought into the ED by her husband for anxiety. She is unable to provide history. He states that she has been feeling down since the unexpected death of her brother two weeks ago, but today, he found her after he woke up and she appeared confused, lethargic, and was sweating and seemed anxious. She only complained of nausea. He thinks that she was drinking some alcohol last night, and maybe that is what is going on. She does not typically drink alcohol, but has been drinking 2 or 3 drinks a night since her brother died. She takes atenolol and glipizide. On exam, she is afebrile, her BP is 132/76 mmHg, heart rate 104 bpm, respiratory rate is 14/min, and 100% on room air. She is confused and not answering questions appropriately but is mumbling “I want to be with my brother,” she is diaphoretic and tremulous. A fingerstick blood glucose is 32 and she is immediately given glucagon while IV access is established. Complete metabolic panel is checked and is normal aside from hypoglycemia, APAP and ASA levels are negative, EKG is within normal limits, and alcohol level is 100 mg/dL. What are your next steps in management?

A. Administer nalaxone  
B. Start IV dextrose, titrate to euglycemia  
C. Start IV dextrose and IV octreotide  
D. IV lorazepam

A. The correct answer is C, start IV dextrose and IV octreotide. The most likely diagnosis for this patient is intentional sulfonylurea overdose given that the patient has manifested signs of depression and suicidality, has access to sulfonylureas, and presents with hypoglycemia without another apparent cause. A symptomatic intentional sulfonylurea overdose should be treated with both IV dextrose and octreotide. The dextrose immediately treats the hypoglycemia and, most importantly, provide glucose to the brain, and the octreotide is necessary to inhibit further release of insulin from the pancreatic beta cells. Without octreotide, the hyperglycemia that results from dextrose infusion/boluses can result in further insulin release and then recurrent hypoglycemia. Octreotide should be continued for 24 hours. Recall from the toxicology half day, that if this patient presented within a few hours of ingestion and was maintaining her airway, she should be considered as a candidate for activate charcoal administration.

It is important to consider other causes of hypoglycemia that would require immediate treatment, including liver failure, sepsis, and adrenal crisis; however her presentation is not consistent with those etiologies—her vital signs are reassuring as her labs, aside from the presence of hypoglycemia. Narcan is diagnostic and therapeutic for suspected opioid overdose, however she does not fit the toxidrome for opioid overdose. Patients presenting with alcohol withdrawal will have tachycardia, hypertension, tremors, and may be hallucinating, however she does not have a history of heavy alcohol use and is currently intoxicated, making alcohol withdrawal less likely.

April the Giraffe!

If you’ve been watching the livestream of April the Giraffe and waiting for her to give birth, you’re in good company with our very own Liz Bauke, who is obsessed! We’re taking a poll—if you correctly guess the date that April gives birth, you’ll win a prize!
Noon Report Round-up!

Blue team presented a case of a patient with a history of solid organ transplant on immunosuppression who presented with hypoxia and a very abnormal chest radiograph. Let’s talk about it!

This patient presented with a complaint of a subacute to chronic exertional dyspnea, and was hypoxic on presentation with abnormal imaging. Given the patient’s immunosuppression, the team was rightfully concerned about atypical infections, fungal organisms, or bacteria resulting in pneumonia, and started antibiotics while awaiting further evaluation for interstitial lung disease.

The evaluation for ILD can be tough—it involves chest imaging and evaluation for systemic diseases that are associated with ILD, as well as exposures to medications or substances that are known to cause ILD. The evaluation should also include pulmonary consultation for consideration of bronchoscopy, as well as pulmonary function testing.

When thinking about infection in post transplant patients, the timing of transplantation matters, as well as any episodes of rejection. This matters because this determines the level of immune suppression that the patient is on.

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**Come Join us for a Residency Social Event!**

**Where:** Myrtle’s Punch House, 2733 Woodburn Ave  
**When:** Wednesday, April 5th at 7pm (get there early to reserve a table/get your team together!)  
**Why:** To have fun! And be nerds about things other than medicine
April Fool’s Day Pranks!

(Courtesy of GomerBlog)

Medical students: Who are we kidding? We just treat every day like April Fools’ Day for you. Don’t worry about playing a joke since you inadvertently provide plenty already!

Residents: Actually setup a mandatory naptime area for yourselves, ask for milk.

Hospitalist: Call orthopedics and tell them there is a non-operative patient in the ER that you want them to admit to their service, with the hospitalist service consulting.

Pediatrics: After giving vaccines to a kid, just start laughing and say “Cha-Ching! Another check from big pharma coming for me!”

Neurology: Don’t identify the lesion, but offer a treatment plan.

Cardiology: Recommend more fluid for the patient.

Radiology: End a dictation, “With 100% and absolute certainty and no need for clinical correlation, this film demonstrates clear… click.”

Dermatology: Inform your staff that they will be working late to 4:00 p.m. today with only a one hour lunch.

Emergency Medicine: Print out an EKG with ST segment changes and tell a medical student to take it to another staff physician and say, “Oops, I forgot to show you the EKG of the patient we just discharged.”
Weekend to-do!

**Friday:** **Art After Dark: Through the Looking Glass**, 5-9 p.m., Cincinnati Art Museum. Explore iconic and colorful Tiffany windows and lamps with live music from Us, Today, specialty cocktails, LED hoola hoop performances from Cincinnati Circus Company and exclusive access to museum. Drinks and appetizers available for purchase. Free admission and free parking. www.cincinnatiartmuseum.org.


**Saturday:** **Zoo Blooms**, 10 a.m.-5 p.m. daily through April 30, Cincinnati Zoo. Features largest tulip display in Midwest. $17, $12 ages 2-12, free under age 2. www.cincinnatizoo.org.

**Sunday:** **Cincinnati Gorilla Run**, 11 a.m.-2 p.m., Montgomery Inn Boathouse. Registration begins 9 a.m. 5K fun run/walk around Cincinnati. Everyone who takes part gets full gorilla or banana suit to keep. $99.95 gorillas, $60 bananas; $40 with own suit. Registration required. www.cincinnatigorillarun.com.

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![Image](image1.png)

First correct answer wins a $5 Starbucks gift card!

What is your diagnosis? What will the patient complain of?

**SHOUT OUTS!!!**

- To **Anuj Shukla, Marc Guerini,** and **Leila Borders,** for the awesome care they delivered to a very thankful patient and family. Thank you!
- To **Kristine Dematta** for “getting a shout out from Trauma surgery during a rapid for writing excellent consult notes.” We’re glad that other services know what a boss you are!
- To **Bo Franklin** for graciously being jeopardized under some bummer circumstances. We appreciate you!
- To the Ultrasound Crew **Nikki Levin, Elliott Welford, Matt Lambert, Scott Merriman, Dan Tim,** and **Joe Cooley,** for their awesome noon report presentation this week. Thanks for sharing your skills with us!
- To our very own awesome **Steve Cogorno** for winning a much deserved Doctor’s Day Award! Thanks for the amazing impact you made on our hospital during your residency, Steve!

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![Image](image2.png)

**TRIVIA**

Congrats to Joe Cooley for recognizing the kidney on ultrasound and diagnosing hydronephrosis!