Weekly Calendar

5/29: Memorial Day!
5/30: Noon Report: Wards Orientation
5/31: Grand rounds: Manoocher Soleimani, MD: “Renal Tubular Acidosis: The Common, The Unusual and the Complicated” (MSB 7051)
6/1: AHD: Issues in the Geriatric Population; Senior prep: Acute Respiratory Failure and Vents
6/2: Noon Report: Red Team

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

Don’t forget to enjoy all the great food at Taste of Cincinnati!
Clinic Corner

Safe Storage of Opioids

We are trying to limit new opioid scripts and to wean down many patients, but can we do better at how we instruct patients on how to store and use their medications, in order to prevent misuse?

A survey of a little over 1000 patients who had recent opioid prescriptions admitted to sharing the drugs with someone else (to help with that person’s pain), over half of respondents said that they expected to have medications left over, and 61% of them tucked the excess meds away for further use, but the majority of those people had no idea how to safely store the medications or dispose of them. Furthermore, among patients with children under 18 years of age at home, only a third (of total 681 patients surveyed) stored their opioids safely in their home.

General guidelines: Store up and away from the sight and reach of children. Keep locked in a drawer, safe, or box to prevent inappropriate use and limit access, and keep a count of the pills they have. Additionally, if they find themselves with extra medications, they can find a medication disposal site (there is one in northern Kentucky at Ludlow Pharmacy, check disposeymeds.org), or dispose of them through National Prescription Drug Take-Back Day, or dispose of them at nearly any police station, including University of Cincinnati Police Department. Disposing of opioids and any medications by flushing down the toilet is discouraged.

Alan Hyslop, Joe Cooley, and Scott Merriman presented some of their scholarly work at the ATS conference last week! Congratulations and thank you for representing UC IM well!

Jose needs a little more spice in his life...so he’s adding hot sauce to his apple?
Q. You are seeing a 35 year old female patient in the clinic for an hospital discharge follow up. This patient was admitted two weeks ago with a red rash and was diagnosed with Steven Johnson syndrome which improved with supportive care and overall, was thankfully fairly mild. In reviewing her chart, you note that she has a documented allergy to sulfa drugs. One week prior to her admission for SJS, she was seen in an outside hospital ED for dysuria, was diagnosed with a UTI, and was prescribed bactrim. You note that her allergy did not appear in CareEverywhere for that encounter. The patient asked you why this happened to her. What should you tell her?

A. Tell her that you aren't sure and that you need to review her chart more.
B. Ask her if she has an allergy to sulfa drugs and assess if she took the prescribed bactrim. Explain to her that if she had told the other hospital that she had an allergy, then maybe this wouldn't have occurred.
C. Tell her that sometimes things like Stevens Johnson just happen but that hopefully it won't happen again.
D. Ask her if she has an allergy to sulfa drugs and assess if she took the prescribed bactrim. Explain that the bactrim was possibly prescribed in error and that you will take steps to inform the prescribing physician and hospital so that such an error won't occur again.

A. The correct answer is D. Although you are not the physician who made the error, you do have an ethical obligation to inform the patient of this medical error. If you didn't disclose the error to the patient, this could harm the trust and therapeutic relationship between you and the patient, and actually may increase litigation. It is important too, to not sweep errors under the rug, as that does not promote a culture of safety for our patients. Full disclosure and investigation of this error may uncover systems issues that promote medical error and result in harm for other patients. Tips for disclosing: 1. Ensure a private setting with adequate support system for the patient and the essential members of the team present. 2. Determine what the patient understands about the problem and correct misinformation. 3. Speak clearly, minimize jargon, and assess for understanding. 4. Apologize and let the patient know how the institution will move forward to prevent errors like this (it is good to tell patients that you will notify a safety officer or write an incident report). 5. Acknowledge the patient’s emotional response. 6. Document the discussion.
Orange team presented a case of a patient presenting with altered mental status secondary to hypercalcemia. Their teaching focused on the physiology of calcium metabolism. Let’s talk about it!

**Etiology of Hypercalcemia**

**PTH-mediated**
- Primary
- Familial isolated hyperparathyroidism
- Tertiary hyperparathyroidism (in renal failure)

**Non-PTH-mediated**
- Chronic granulomatous disorders (activation of extrarenal 1 alpha hydroxylase)
- Vitamin D intoxication

**Hypercalcemia of Malignancy (also non-PTH mediated)**
- Humoral hypercalcemia of malignancy (PTH-related peptide)
- Activation of extrarenal 1 alpha hydroxylase (similar to chronic granulomatous disease)
- Osteolytic bone metastases

**Other**
- Meds: Lithium and thiazides most commonly
- Immobilization
- Milk-alkali syndrome
Weekend to-do!

Friday: Art After Dark: Cin City, 5-9 p.m., Cincinnati Art Museum. Celebrate “naughty nineties” with cocktails, live music from The Hot Magnolias, dance performances from Pones and special lecture from local blogger Greg Hand. Food for purchase from The Chili Hut, Graeter’s and Terrace Cafe. Free admission and parking. www.cincinnatiartmuseum.org.


Sunday: Mainstrasse Village Bazaar, 9 a.m.-3 p.m., MainStrasse Village, Main Street, Covington. Antiques and collectibles available for sale along MainStrasse’s Promenade. Free. www.mainstrasse.org.

⭐⭐⭐⭐⭐⭐⭐⭐⭐⭐ First correct answer wins a $5 Starbucks gift card!

This patient presented with over a year’s history of frequent falls, weakness, and inability to open jars.

What is your diagnosis?

TRIVIA

Congrats to Elyse Harris and Jesse Rhodes who tied for first at recognizing a Café au lait spot and its associated with NF -1, McCune-Albright, Tuberous sclerosis, and Fanconi anemia.

SHOUT OUTS!!!

- To incoming intern Andrew Welch, for getting the trivia question correct the last two weeks!
- To Jen Leddon and Andrea Portocarrero for helping see new patients in clinic!
- To VA residents Suchin Khanna, Michael Northcutt, Rita Schlanger, Medhavi Bole, Kristine Dematta, Forrest Foster, Jen Leddon, Andrea Portocarrero, and Natalie Hood for having ZERO unsigned discharge summaries! This achievement was always considered a white whale at the VA but it has happened several times this year! Kudos to you all!
- To Brian Shaw for taking great care of sick people on nights, especially an incredibly sick transfer from an outside hospital!
- To Kory Schrom for “dedicating precious intern energy making sure that a vulnerable non-English speaking patient had top care despite a language barrier.”
- To Rachel John for “earning the trust and respect of her patients and their families while guiding them through difficult decisions.”
- To Steve Cogorno, Sarah Weiskittel, and Avanti Jakatdar for taking time out of their days to participate in a SWARM. Thank you all for helping to make our patients safer!