Weekly Calendar
7/11: Intern Boot camp
7/12: Intern boot camp
7/13: Grand Rounds: Syed Ahmad, MD: “Total Pancreatectomy and Islet Cell Autotransplantation for Chronic Pancreatitis” MSB 5051
7/14: AHD: HTN; Senior Prep: EBM
7/15: Intern boot camp

The inpatient Heme/Onc Team created a “Senior-bot” to senior them on Elyse’s days off. The resemblance is uncanny!

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
VA UPDATES

Nikki Levin is all smiles as one of the VA team 5 seniors. She says “I really like the independence. And I get to hang out with Dan Tim all day!”

VA5 is a 2-senior team with a 10 patient cap. They admit 7-3 M-F with no admissions or new patients (night floats) on holidays or weekends. Residents on this team have more independence, autonomy, and can take Golden Weekends. The fifth VA team also allows the other VA teams to function better during high census times, without super-capping. Thanks to the VA resident teams for the wonderful care they provide to our Veterans!

Clinic Corner

- The American College of Chest Physicians recommends direct oral anticoagulants (DOACs) apixaban, edoxaban, rivaroxaban, or dabigatran over vitamin K antagonists for treatment of acute VTE in patients who are not pregnant, don’t have active cancer, and don’t have severe renal insufficiency. This is based on studies which showed similar efficacy and more convenience with lower bleeding risk when compared to warfarin.

- The International Society of Thrombosis and Hemostasis recommends avoidance of DOACs in patients with BMIs >40 or weight ≥120 kg.

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

Resident Appreciation Lunch this Tuesday, July 12 from 11am to 1pm in the Cafeteria!
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 chest pain this week. Let’s talk about it!

Favor Ischemia.

Character
- squeezing, burning, heaviness.

Location
- substernal
- Across midthorax
- Radiation to arms, neck

Provocative Factors
- Exercise, stress

Duration
- minutes

Favor Nonischemia.

Character
- sharp, stabbing

Location
- left hemithorax
- Localized with one finger
- Back pain suggesting dissection

Provocative Factors
- relieved by exercise, specific body motion

Duration
- seconds, hours without positive troponin

EKG reading steps!
1. Rate
2. Rhythm
3. Axis
4. Intervals
5. Hypertrophy
6. Ischemia/Injury/Infarct

Ischemia
- Tall peaked T waves
- Symmetrically inverted T waves
- Horizontal or downsloping ST depression
- Prolonged QTc interval with any of above

Injury
- ST elevation in the absence of QRS changes
- Reciprocal ST depression may be seen
- T wave has upward convexity

Infarct
- Represented as Q waves on ECG
- Abnormal Q waves generally > 40 msec
- > 1/3 height of R wave in limb leads except aVL
- > ½ in aVL
- > ¼ height of R wave in precordial leads
Can I print out the articles from Osmosis? The Answer is YES, BUT—the goal of this learning platform is to have access to the questions being created by one another, make your own questions and flashcards, and interact with the document on Osmosis. Some people like to have physical documents and that is okay, but we would ask that you still return to the Osmosis document to write and answer flashcards and questions, as TESTING, more so than READING, are they key to long-term learning and retention. There are some great questions posted on the syncope articles...please check it out, answer some, and write some of your own!

To print articles, go to the course day, and click on the pencil (it will highlight orange) and then you can click PDF under each article to download it.

Also, Google Chrome is the best browser to use for the Osmosis platform. Happy test-taking! :)

**Board Review with the Chiefs: Dust Off Those Stethoscopes. It's Boards Studying Time!**

Q: A 29 year old female scheduled for an elective laparoscopic cholecystectomy. She had a history of symptomatic cholelithiasis as well as mild asthma for which she was prescribed fluticasone and PRN albuterol. Her pre-operative labs, including a pregnancy test, were unremarkable. After an uneventful induction and intubation, the patient underwent severe bronchospasm and had brief oxygen desaturation to the high 80s, as well as elevated peak inspiratory pressures on the ventilator. She was treated with back-to-back albuterol treatments for 20 minutes with improvement but not normalization of her peak inspiratory pressures. She received additional in-line nebulized albuterol throughout the case. Her anesthesia was maintained with IV narcotics and isoflurane. Her MAP remained >70, HR 90-110, and her saturations remained stable after the initial dip. She is afebrile. After the procedure, her labs were as follows: ABG with pH 7.30, pCO2 36, bicarb 20, and renal panel with serum sodium 135, serum bicarb 20, serum chloride 97, serum creatinine 0.7, and glucose 97 with negative ketones. Her CBC was normal. What is her most likely diagnosis?

A. Diabetic Ketoacidosis  B. Septic shock  
C. Type B lactic acidosis  D. Propylene glycol toxicity

A: The answer is C, Type B lactic acidosis. This otherwise healthy patient has an elevated anion gap metabolic acidosis after receiving frequent albuterol treatments. Type B lactic acidosis occurs when there is not evidence of systemic hypoperfusion or hypoxia (as there is in type A lactic acidosis, which septic shock would cause). We most commonly think of medications as the culprit of type B lactic acidosis; in this case, albuterol is the offending medication. Other medications which can cause a type B lactic acidosis are the antibiotic linezolid and the sedative propofol, as well as metformin. Thiamine deficiency, mitochondrial disorders, and some malignancies can cause a type B lactic acidosis. Note that she maintained good perfusing pressures and only briefly desaturated, so we do not think that hypoxia or hypotension are at play here. Also she has a normal CBC and is afebrile, so sepsis is not likely. Although DKA is always a good differential diagnosis for AGMA, she has a normal blood sugar and negative ketones, so we can rule that out. Propylene glycol is an important consideration, as this can also cause lactic acidosis and is commonly used as a solvent in IV infusions of lorazepam and diazepam (think about this when you have patients on Ativan drips!). In the question stem, it mentions that her anesthesia was IV opioids and inhaled anesthetic, so propylene glycol toxicity is unlikely.
We literally can’t get rid of these old chiefs hanging around our office all the time. Is it the candy bowl that keeps ‘em coming back? Is it the good company? Maybe they just know that we have an open-door policy and are available for questions/concerns/candy needs during the day in our office (unless we are in meetings elsewhere), as well as by email and phone.

One of us is on 24/7 call at all times (this is on Amion), Thomas is on call during the day at the VA, Nabeela is on call during the day for any clinic issues, and Caitlin and Danielle alternate weeks of day-time call for issues here at UH. If you ever need one of us and we are not around, you can always page the chief on call and they can direct you to the correct person.

For other previous chiefs, see below. They’re everywhere! Not pictured: Saint Steven Gay
Weekend to-do!

**Friday:** Bacon, Bourbon and Brew Festival, 5 p.m.-1 a.m. Friday, noon-11 p.m. Saturday, noon-9 p.m. Sunday, Festival Park Newport, Riverboat Row, Newport. Features bacon, Kentucky bourbon, and beers from local breweries. Free. www.newporky.gov.

Roadkill Cafe, 11 a.m.-11 p.m. daily Friday-July 31, Washington Platform Saloon and Restaurant, 1000 Elm St., Downtown. Featuring roadside favorites such as Buffalo Fajitas, Kangaroo Burgers, Pigeon Potpie and Venison Loin Au Poive. www.washingtonplatform.com.

**Saturday:** Fifty West Punch Out Beer Festival and Boxing Event, 4 p.m. (Boxing begins at 7 p.m.), Fifty West Brewing Company Pro Works Facility, 7605 Wooster Pike, Newtown. 8 local breweries square off in 5 amateur boxing matches. $15. fiftywestbrew.com/info.

Saturday, 9-11 p.m., Cincinnati Observatory Center, 3489 Observatory Place, Mount Lookout. Viewing of Saturn and if clear, see moon, Mars, and Jupiter too. $7. 513-321-5186.


Second Sunday on Main, noon-5 p.m., Main Street, 14th and Main streets, Over-the-Rhine. Free. www.secondsundayonmain.org.

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**TRIVIA**

A patient in the MICU has this in their urine. What is your diagnosis, and what (if any) acid base disturbance would you expect?

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**SHOUT OUTS!!!**

- To all the residents who had projects accepted at ACP! **Suchin Khanna,** **Michael Northcutt,** **Kelly Laiypply,** **Joe Cooley,** **Joel Gabre,** **Mike Sabbah,** **Cody Lee,** **Betsy Larder,** **Scott Merriman,** **Sarma Singam,** **Avanti Jakatdar,** **Kantha Medepalli,** **Merranda Holmes,** **Monique Jindal,** **Michael Jerkins,** **Brian May,** **Devon Carr,** **Matt Newcomb,** **Ned Palmer** and **Saagar Sangvhai**. Congrats!
- To AOD **Javier Baez** for running around to 5 rapid responses in less than 3 hours on Wednesday. Kudos to the rest of the patient emergency response team, as well!
- To AOD **Jane Neiheisel** for doing the right thing for patient care, even when it meant taking a 3rd short call admission. Strong work!
- To AOD **Cameron Ditty** for taking care of a very sick patient while on nights, and now the patient is doing better, from a grateful Attending.
- To **Brendan Collins** and **Matt Cortese** for their “courage under fire” when being put on the spot at AHD for EKG reading. Awesome job guys!
- To the Cards2 team **Korey Schrom,** **Calvin Feng,** and **Zulma Swank** for “being awesome,” from their thankful Senior.
- To **Katie Beaulieu** for absolutely smoking some Osmosis questions! Aspirational!