**Weekly Calendar**

**8/15: Noon report— Dispo Dilemma**

**8/16: Noon report— Blue team**

**8/17: Grand Rounds: Mark Eckman, MD: Update from the Cincinnati Atrial Fibrillation Initiative, MSB 5051**

**Osmosis Ice Cream Party: 1-2pm in NRR**

**8/18: AHD: Inflammatory Arthritis; Senior Prep: High yield review, Resilience**

**8/19: Noon report: Intern—Hosp 4, Senior—GI**

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**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](http://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback)
**Library resources**

The Health Sciences Library has a lot of resources which residents may find helpful, including writing classes and tutoring, as well as classes on how to use PubMed, PowerPoint to make posters, and RefWorks. The class list is can be found at:

http://webcentral.uc.edu/hslclass/home.aspx

If you would like help writing articles, case reports, or personal statements, you can drop in to the Informatics Lab from 12:30 to 6pm on August 31, September 28, October 26, or November 30 to work with a writing tutor!

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**Clinic Corner**

**Do you know what to do with an upper extremity DVT (UEDVT)?**

**Quick hits:** PE can be present in up to 1/3 of patients. This has also become more and more common due to the increasing use of central lines. UEDVT has been reported in up to 1/4 of patients with these catheters!

**To anticoagulate or not?** YES you should. Per the guidelines in *Circulation*, “Anticoagulation is the cornerstone of therapy. Anticoagulation helps maintain patency of venous collaterals and reduces thrombus propagation even if the clot does not completely resolve.” Anticoagulate for minimum of 3 months or at least 6 months if a coagulation abnormality is detected.

The long-term effects of UEDVT can be devastating—post-thrombotic syndrome ranging from mild edema to terrible limb swelling, pain, and ulceration—so in young people with primary UEDVT (not line-related) or even in patient with secondary UEDVT (line provoked) and who need the line maintained, consider thrombolysis as a treatment! Also, all symptomatic patients with acute UEDVT should have graduated compression sleeves.

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**Resident Appreciation Lunch!**

Tuesday, August 16

11:00 am to 1:00 pm

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**Resident Patient Safety Committee**

Tuesday, August 16

4:00 pm – 5:00 pm UCMC 1346

Patient safety is everyone’s responsibility!
Noon Report Round-up!

Purple team presented a case of a patient with HIV who presented with lower back pain and was found to have vertebral osteomyelitis. Let’s talk about it!

Quick Hits:

- Native vertebral osteomyelitis (NVO) is commonly diagnosed in the setting of refractory back pain with elevated inflammatory markers, plus or minus fever.
- Plain radiograph is not sensitive and MRI is often required to establish the diagnosis.
- NVO is typically hematogenously spread.
- Most common organism is Staph aureus.

— Staph aureus bacteremia in the preceding 3 months and the presence of typical MRI changes is enough to establish the diagnosis, and in this case, there is no need for aspiration or biopsy to guide therapy.

Treatment should be targeted at the microbiologic etiology and continued for 6 weeks. Antibiotics should be IV (or can be highly bioavailable PO antibiotics in certain circumstances). Patients with a good clinical response do not need follow-up imaging with MRI, but patients who are deemed to have a poor clinical response may need repeat MRI.

What do I do when I admit a patient on night float with suspected NVO? Should I start antibiotics? Like most questions in medicine, the answer is, “it depends.” If the patient doesn’t have sepsis or concern for impending sepsis, and if they have a normal and stable neurological exam, the recommendation is to hold empiric antibiotic therapy until a microbiologic diagnosis can be established with an aspirational biopsy/culture (strong recommendation, low level of evidence).
Thank you for your participation and enthusiasm during noon report! We want to make sure that this is a valuable learning experience for you. If there are different methods you’d like to try, let us know!

NEW non-ICU DKA order-set!
This includes initial fluid resuscitation orders, appropriate initial insulin order, labs at appropriate intervals, and hypoglycemia treatments. This can be used in the ED, MSD, CSD, Burns, and CVICU! Definitely add this to your favorite order-sets!

Check out how to do Osmosis questions on the app! Did you know there are 14 ACS questions on there? Test your knowledge! Testing is the best way to learn!
Q: A 65 year old male is being seen prior to discharge after being hospitalized for a non-ST-elevation myocardial infarction. He underwent PCI and was treated with a bare metal stent. Prior to his admission, his medications were atorvastatin, aspirin, and lisinopril. On admission to the hospital, he was treated with intravenous heparin drip, metoprolol, and ticagrelor. In addition to continuing aspirin, what anti-platelet medication recommendations should be made upon discharge?

A: The answer is C, continue ticagrelor for at least one year. The AHA/ACC guidelines state that all patients who present with ACS who are treated medically or with a stent (bare metal or drug eluting) should be treated with aspirin and a P2Y12 inhibitor (ticagrelor, clopidogrel, or prasugrel) for at least 12 months. For patients who are treated with a bare metal stent for coronary artery disease that does not present with acute coronary syndrome, their dual anti-platelet therapy (DAPT) duration should be for at least one month to allow for endothelialization of the stent and prevent in-stent thrombosis, or at least reduce the risk. Non-ACS CAD treated with drug eluting stents should be on DAPT for one year. There is no indication in this case for lifelong DAPT, though patients will remain on aspirin for one year. There would be no reason to switch from ticagrelor to clopidogrel, as the PLATO trial showed that ticagrelor was found to be superior to clopidogrel in reducing the incidence of cardiovascular death, myocardial infarction, and stroke following an acute coronary syndrome.

I-PASS evals!

Recall that senior residents are required to evaluate their interns giving IPASS handoffs and fill out this evaluation once every two-week period. The evaluation allows for formal feedback regarding sign-out technique and helps keep our patients safe. See the screenshots here to remind yourself how to initiate this evaluation.
**Weekend to-do!**

**Friday:** Perseid Meteor Shower, 9:30 p.m.-midnight, Fernald Preserve, 7400 Willey Road, Crosby Township. Visitors Center. Bring blanket or lawn chair and watch night skies for shooting stars. Free.

**Great Inland Seafood Festival**, 6-11 p.m, Festival Park Newport. Local restaurants selling freshest seafood available. Includes raffles and entertainment. Free.


**Starlit Picnic**, 7-10 p.m., Cincinnati Observatory Center, 3489 Observatory Place, Mount Lookout. Bring blanket, food and drinks, and enjoy tour of historic buildings. Ages 21 and up. $30. Reservations required. bit.ly/1l6JtIQ.


**Second Sunday on Main**, noon-5 p.m., 14th and Main streets, OTR. Street fair featuring craft and food vendors, entertainment, and more. Free. www.secondsundayonmain.org.

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**TRIVIA**

What is the diagnosis? What is the common presentation of patients with this diagnosis?

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**SHOUT OUTS!!!**

- To **Brian May** from Dr. Dickens, for “excellent triage” of a patient in the VA ED who ended up having an epidural abscess! Good catch!
- To **Dan Tim**, Elliot Welford, and **Geoff Motz** for participating in Quality Improvement initiatives at the VA.
- To **Greg Mott** for admitting like a BOSS on a 6S long call. Impressive!
- To **Medhavi Bole** for handling really sick patients with grace, and treating her patients with dignity at all times. Your hard work does not go unnoticed!
- To **Chris Johns** for doing a very nice job of leading a “breaking bad news” discussion with a patient on Blue team. And to **Deepika Chona** for being a great senior! From a thankful Attending.
- To **Brian May**, from a resident who shall remain anonymous, for “forcing the VA interns to sing Happy Birthday to a certain resident.” Cryptic!
- To **Reza Ghoorkhanian** who came to AHD even though it was his day off! Dedication!
- To **Matt Lambert** and **Danielle Clark** for “going above and beyond” to help Purple team on a busy call day. They both stayed late after finishing their own work to help out, and made a fellow senior “grateful to be working with such amazing people who look out for each other like that.” #UCGratitude