Weekly Calendar

9/5: Labor Day! No noon report

9/6: Noon report—Purple Team

9/7: Grand Rounds: Hyon Kim, MD: “Late Complications of Sickle Cell Disease” MSB 5051

9/8: AHD: COPD Senior Prep: AKI

9/9: Intern: Hosp 2 intern; Senior report—GI senior

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
Paracentesis Training Update!
September dates have been scheduled for residents to begin rotating through the training program at the VA simulation center! Take note of the days you are scheduled for (we are working slowly through the residency, so you may not have received an email yet), and everyone should feel free to check out the pre-session work!

Clinic Corner

TRAC
- Remember to do your TRAC learning logs, you need to do 10 per month
- .tracfu
- Message your clinic nurse with the time that you and the patient have agreed upon for their appointment
- Make sure you are meeting with your TRAC mentor once a month!

High Dose Flu Vaccines!
Who needs them? Patients 65 and older
Why? Contains 4 times the amount of antigen to help mount an appropriate immune response in older individuals who may need more of an antigenic stimulus
When? CDC recommends by the end of October, but vaccination should continue through the end of flu season.

Final Deadline...
For those going abroad in 2017 during Long Block, please contact Caroline Lee via email or via phone (513-300-6526) by September 15!

7NW Interdisciplinary Improvement Team Huddle
Come be part of improving patient care through interdisciplinary teamwork! Great opportunities for QI projects!
EVERY Tuesday at 2pm, Location: UH 7104 (NRR)

VA Updates
For the first time in the written record of VA history, there were ZERO outstanding discharge summaries last week! Challenge to the September VA Wards squad to continue this streak! Again, rides in Thomas’ whip are offered as the prize.

UC Health Employee Assistance Program
This is a confidential program open to all residents at no cost for any of the services provided! This includes confidential assessments and short-term counseling. Services are provided by experienced, licensed therapists in counseling, psychology or social work. To schedule an appointment call 585-6100, 8AM to 4:30PM, Monday through Friday.
Noon Report Round-up!

Yellow Team talked about a great case where they were concerned about TTP. Then we had an excellent AHD with Dr. Draper’s awesome teaching about anemia, MAHA, and TTP. Let’s talk about it!

TTP Clinical Pentad

CNS symptoms  Anemia (MAHA)
Renal failure  Thrombocytopenia
Fever

MAHA

Microangiopathic hemolytic anemia describes a non-immune hemolytic anemia resulting from intravascular red blood cell fragmentation that produces schistocytes on the peripheral blood smear (see left). The typical lab abnormalities include a negative Coombs test, an increased LDH, increased direct bilirubin, and low haptoglobin.

So what happens? In TTP, an antibody to ADAMTS13, which is responsible for cleaving the ultra-large multimers of von Willebrand Factor. When the antibody binds to ADAMTS13, it can’t cleave the VWF, resulting in this giant “strings” of VWF attached to the endothelial surface. This causes a cascade of platelet aggregation and activation, resulting in thrombocytopenia and microvascular thrombosis (hence why you don’t transfuse platelets and add “fuel to the fire”). RBCs which try to traverse through these microvascular tangles and get cut up, resulting in schistocytes and hemolysis.

Matt Lambert gathered the supplies for a central line...and briefly borrowed the PAR wand for this photo-op.

Things to remember: All procedures must be supervised!
Being “signed off” no longer exists, and while a senior with experience may help teach a less experienced resident, the procedure still must be supervised by an appropriate Attending or Fellow. Make sure you charge the supplies! Please ensure that a signed consent form is on the chart, and write a procedure note in Epic. And don’t forget—proper insertion is important, but so is removal! If you don’t know how to remove a central line safely, ASK! And if your patient has a central line, you should be reviewing daily if the line is still needed, and removing it as soon as possible!
Q: A 24 year old African American male presents with dark urine, yellowing of the eyes, and fatigue. He was previously healthy and his only medical history is a recent abscess for which he was prescribed TMP-SMX after an incision and drainage was performed. He is afebrile, BP is 118/73 mmHg, and pulse is 93bpm. His respiratory rate and O2 saturations are normal. On exam, scleral icterus is noted. There is no organomegaly, and the remainder of the exam is normal. Labs are notable for a hemoglobin of 7, platelet count is 300k, bilirubin is 4.7, and reticulocytes are 10% of erythrocytes. LDH is 250. The patient’s peripheral smear shows bite cells; no spherocytes are seen. What is the most likely diagnosis?

A: The answer is C, Glucose-6-phosphate dehydrogenase deficiency. G6PD deficiency is an x-linked disorder and presents with an acute hemolytic anemia as a result of oxidant stress. This can be caused by medications, including primaquine, TMP-SMX, nitrofurantoin, and others. G6PD is the enzyme in the first step of the hexose monophosphate shunt, which is responsible for protecting RBCs from oxidative injury by making NADPH out of NADP (science!). Medications that lead to the intracellular formation of hydrogen peroxide and overwhelm the dysfunctional shunt, result in oxidative damage with loss of function and red cell death. Given this patient’s presentation and recent exposure to commonly implicated medication TMP-SMX, he most likely has G6PD deficiency. TTP is not likely given the lack of thrombocytopenia, and the lack of spherocytes or sickle cells rule out hereditary spherocytosis and sickle cell disease, respectively.

7NW Improvement!

The 7NW Discharge Huddle is something that has come out of the 7NW Improvement meeting, in response to a universal desire to improve the discharge process in our hospital. Have you ever discharged a patient only to have them not leave the facility? Have you been told by nursing staff that they get “dinged” if patients don’t leave the hospital in a certain time after the discharge order is in place? Has transportation for your patient fallen through, or you find yourself waiting on a particular discharge-dependent consultant recommendation, imaging study, or procedure? This is where we are trying to figure out what causes discharge delays, and what we can do to fix it.

By the way, two Myths were Busted in this process. One is that No, nurses do not get “dinged” for a delay in the discharge order time to the time the patient leaves the hospital, and the other is that a discharge order in Epic does not cause downstream effects (like meds not being able to be given, or imaging studies not being able to be performed.

One of our PDSAs this week didn’t work. That’s okay! Its great actually. The problem is not the failure, but how we respond to it. Thanks for everyone’s dedication to this project!
Weekend to-do!


Cincinnati Reds Baseball, 7:10 p.m., Great American Ball Park, vs. Cardinals. Fireworks Friday. $5 and up. www.reds.com.

Saturday: Lunken Airport Days, 10 a.m.-4 p.m. Saturday-Sunday, Lunken Airport. Free. www.b17.org.

Opening: Fall Back in Time, 10 a.m.-5 p.m. Saturday-Sunday, Krohn Conservatory, Eden Park. Victorian-themed show with formal gardens and events like tea parties. $4, $2 children, free ages 3 and under. www.cincinnatiparks.com/krohn-conservatory.


TRIVIA

What is the diagnosis?
What is your next step in management?

SHOUT OUTS!!

- To Hoxworth NP Kim Murphy for her amazing patient care and “making things happen” for a patient with dysphagia and weight loss, from a thankful Long Block resident.
- To Beverly Srinivasan for crushing outpatient refills!
- To Dan Tim and Nikki Levin for coming to the 7NW Discharge Huddle!
- To Thomas Getreu for giving up his Chiefly VA parking pass in order to make sure there are enough parking passes for the residents. Chiefly indeed!
- To Ned Palmer for helping admit a GI patient...when GI wasn’t even on call...and he wasn’t even on GI! From a thankful Chief.
- To Rita Schlanger for her dedication to her clinic patient while her patient was admitted to the hospital. Thanks for your outstanding patient care!
- To Nikki Levin and Katie Beaulieu for their integrity in a difficult situation. You make us proud!
- To last month’s VA Ward Squad Matt Newcomb, Tarun Aurora, Gary Li, Brian May, Catherine Nguyen, Jack Shen, Betsy Larder, Gene Novikov, Joe Cooley, Matt Cortese, Elliott Welford, Geoff Motz, Jane Neiheisl, Reza Ghoorkhanian, Brendan Collins, and Jose Gomez-Arroyo, who set the historic record of NO delinquent discharge summaries! You guys are the best!