



Update in Hospital Medicine

American College of Physicians

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“I think, therefore IM!”





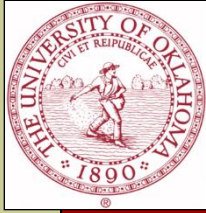
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MKSAP 17!



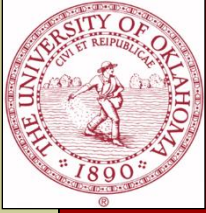
Pulmonary/ID

- **“Less is More”** – I love it!
- Antibiotics and steroids in COPD exacerbations and pneumonia:
- **Steroids = 5 days**
- **Antibiotics:** CAP = 5-7 days, HCAP = 7-8 days usually



Pulmonary (cont'd)

- New novel oral anticoagulant **Factor Xa** and direct **thrombin (IIa)** inhibitors for VTE
- Fast (3 hours!), effective, but \$\$\$
- I won't miss the rat poison!



GI

- The allergic/immune diseases of **Eosinophilic esophagitis:**
dysphagia, “stacked rings”

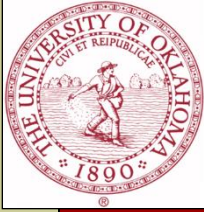
Autoimmune pancreatitis:
IgG-4 related dz, “sausage”
pancreas, steroids



A tearful reunion between fecal transplant donor and recipient

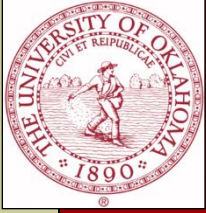
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GI (cont'd)

- The PPI's
- **C. diff** colitis?
- Low mag
- Microscopic colitis
- Dementia?
- Osteoporosis?
- Interstitial nephritis



GI (cont'd)

- **SIBO:** *small intestinal bowel overgrowth*
- Why now?
- Manifestations?





Hepatobiliary

- **Empiric Rx for SBP** with variceal bleed
- **Albumin** with SBP after tap and after large volume paracentesis
- **Antibiotic prophylaxis** after SBP and maybe no propranolol
- **Rifaximin** for hep encephalopathy
- **Enteral feeding** in acute pancreatitis



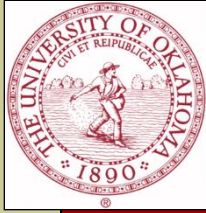
Nephrology

- No urine eosinophils anymore!!!
Lord help us!
- *Rx of hepatorenal syndrome:*
octreotide, albumin, midodrine



Endocrine

- **Adrenal insufficiency** evaluation
- Random a.m. **cortisol ≤ 3** to rule in
- Random cortisol **≥ 15** (or > 12 if low albumin state) rules out



Hematology

- To use or not to use ferritin
- In anemia of chronic disease (*inflammatory anemia*) : **YES!**
- **Rare** to have Fe def in inflammatory state if **> 100-200**
- In *hemochromatosis* screening: **NO!**
Use transferrin saturation first.

Case:

A 63-year old female arrives at the ED after passing 5 large-volume stools that appeared to be melena. These occurred abruptly over the past 3 hours. Her history is positive for atrial fibrillation and diastolic CHF with preserved ejection fraction. Her medications are warfarin, lisinopril, and diltiazem.

On PE, she is diaphoretic and skin is cool. She is afebrile, with a BP of 79/58, pulse of 138 and irregular. RR is 22/min. Oxygen saturation is 92% on room air. Rectal exam reveals melanic stool and is guaiac positive.

Laboratory studies reveal and Hgb of 7.8, platelets of 163,000, and INR of 9.3.

In addition to IV vitamin K and IVF resuscitation, which is the most appropriate next intervention?

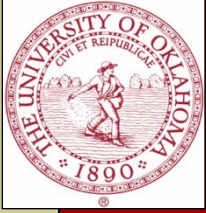
- A. Activated Factor VII
- B. Cryoprecipitate
- C. 4-Factor prothrombin complex concentrate
- D. Fresh frozen plasma
- E. Transfuse 2 units of pRBC's and recheck Hgb after transfusion



Hematology (cont'd)

- 4-factor prothrombin complex concentrate for severe coagulopathy and bleeding
- Name = Kcentra
- Indications = with Vit K for Rx of major warfarin-assoc. bleeds
- Restores clotting factors ~100% in minutes!
- Avg. cost = \$14,160 if INR > 5!





Cardiology

- Our good ol' friend Colchicine
- Great for “The Gout” but also
- for **Pericarditis**



Others in the running

- Support for **less opioids**, finally!
- Knowing your **cytochromes**
- Some of our favorite diseases: they changed their names!
- And









Questions?

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