Fellow on Call!

Tips for New Fellows

Steve Harrell, MD, MSPH

GI Orientation

August 16, 2007

Goals

- Organizational Tips
- Bleeders
- Liver Disease
- Miscellaneous

Remember

Attending is always available

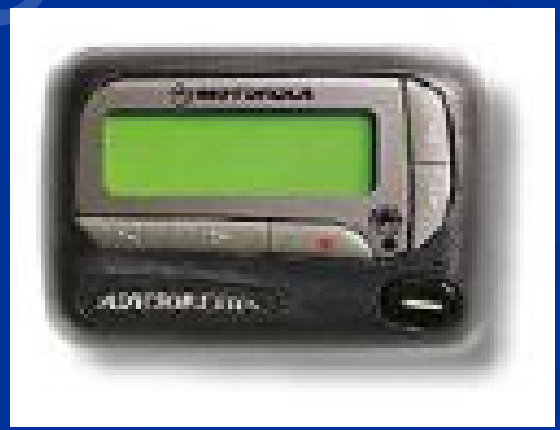
Organization

- Efficiency
  - Know attending's schedule
    - Call attending Friday night of call weekend
  - Call checkout promptly
    - Check out Sunday night when possible
  - Schedule scopes ASAP when appropriate
- Prioritize
  - PEG consult vs. bleeder
  - Utilize resources

Enter Your Call Sign When Paging

562-6500 * 342-4110

Entire hospital number!!



Weeknight Checkout

- Tell on-call fellow about:
  - Unstable patients
  - Possible transfers
  - “Do unto others…”

Weekend Checkout

- Ideally before AIM clinic
- Make list of patients with diagnosis and treatment plan and labs/studies to check
- Check out Jewish and Norton patients to Primary call fellow (and sick UL/VA patients)
- Check out UL/VA to secondary call fellow

Weekend Call

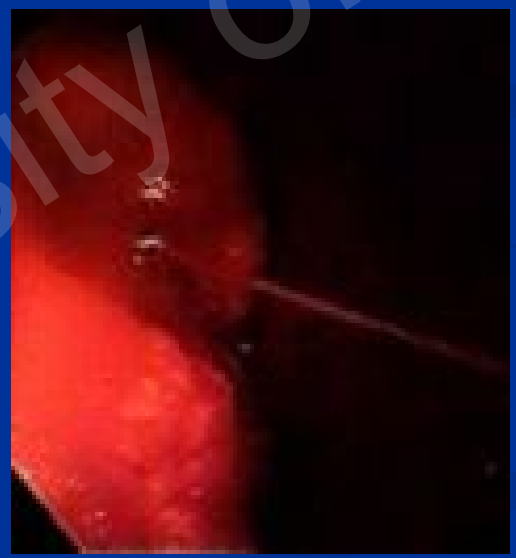
Primary Fellow

- Pager call entire weekend
- Rounds Jewish/Norton
- Sees Consults/Bleeders at all hospitals after noon
- May hold over stable UL or VA patients until next day

Secondary Fellow

- Round UL/VA 7:30-12
- Stay longer if needed to finish seeing consults

GI Bleeders



GI Bleed

- ***Don't ASSume*** team calling has started appropriate treatment
- 5 minute assessment
- Call attending +- endoscopy team
- Write consult note afterwards (you will have plenty of time!)

5 Minute Assessment

- History
- PMH (including past endoscopies)
- Meds (plavix, ASA, coumadin, NSAIDS)
- PE
  - Vitals, orthostatics, stigmata, abdomen, heart, lungs, RECTAL!!!
- Labs
- Call attending!

Upper GI Bleed

- PPI drip
- 2 large bore IVs
- Fluids
- Type and cross
- IV Erythromycin

- *If cirrhotic Include:*
- Octreotide 50mcg bolus then 50/hr
- Daily quinolone

High Risk Patients

- Age
- Anticoagulation
- Comorbidities
- Liver disease
- Bleeding in hospital

IV PPI

Rebleeding: 6.7% vs. 22%

Lau et al NEJM 2000

IV Erythromycin

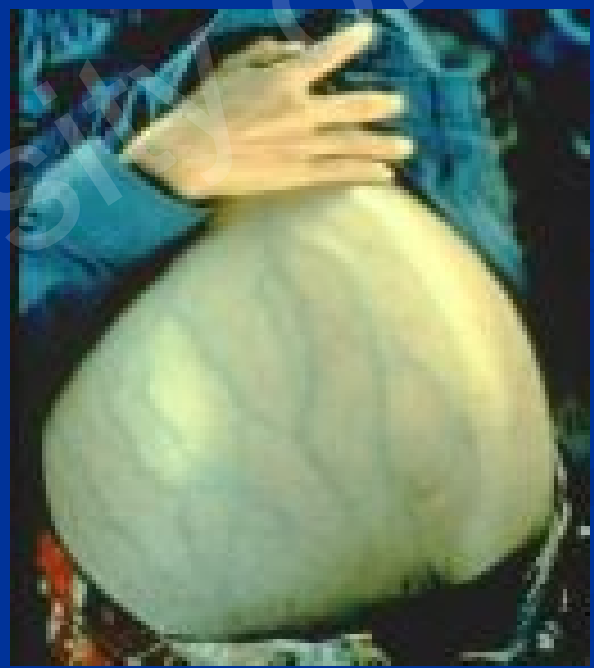
- Frossard et al, Gastro 2002
  - 105 pts 20 minutes pre-EGD 250mg vs placebo
  - Clear stomach 82% vs 33%
  - Time reduced 13 min vs. 16 min
  - Second look 6% vs. 17%

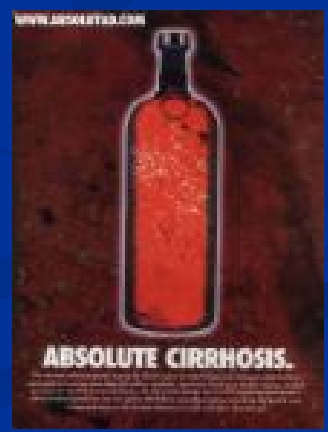
Rebleeding

Spurting arterial bleed	85-100%
Non-bleeding vessel	18-55%
Adherent clot	24-41%
Other stigmata	5-9%
No stigmata	0%

Active Bleeders = ICU

Cirrhotics





Ascites

- "All cirrhotics with ascites in hospital should be tapped"
  - -unkown
- Have nurse assist
- Call in advance for supplies

Are you demented?

Diagnostic Paracentesis Supplies

- 1 inch 23 guage needle
- 1.5 inch 18 guage needle
- 4x4
- Betadine
- Sterile gloves
- Red top bottle
- 2 blood culture bottles
- Stickers and ziplock

Diagnostic Tap is Fast!
It ain't 37 liters

Lab Orders

- Cell count and diff
- TP
- Albumin
- Cultures
- ? Cytology, LDH

Remember: SAAG > 1.1 = portal hypertension (97% sn)

Total protein > 2.5 suspicious for cardiac ascites

Total protein < 1.0 needs SBP prophylaxis

PMN > 250 = SBP **OR** + BC = SBP

Hepatic Encephalopathy

The Concoction

- Xifaxan 400mg po tid
- Lactulose retention enema
  - 300cc lactulose
  - 700cc free water
  - Hold with rectal balloon for 30 minutes

- PO lactulose +- NG tube

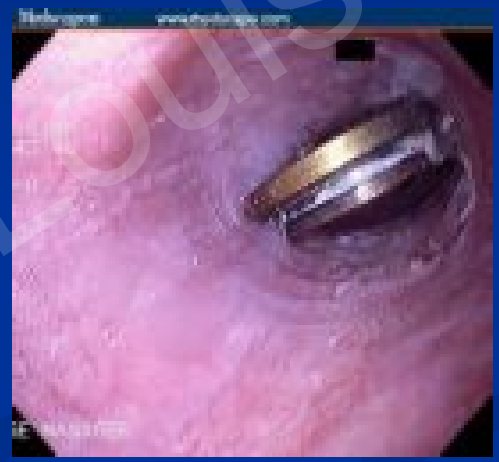
Miscellaneous

Urgent vs. Emergent

- 6-12 hours urgent
- Emergent
  - Food impaction
  - Ongoing GI blood loss
  - Sharp foreign body

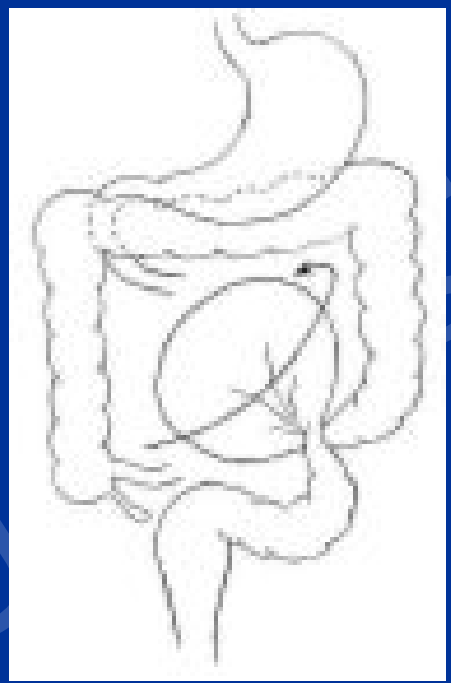
Esophageal Impaction

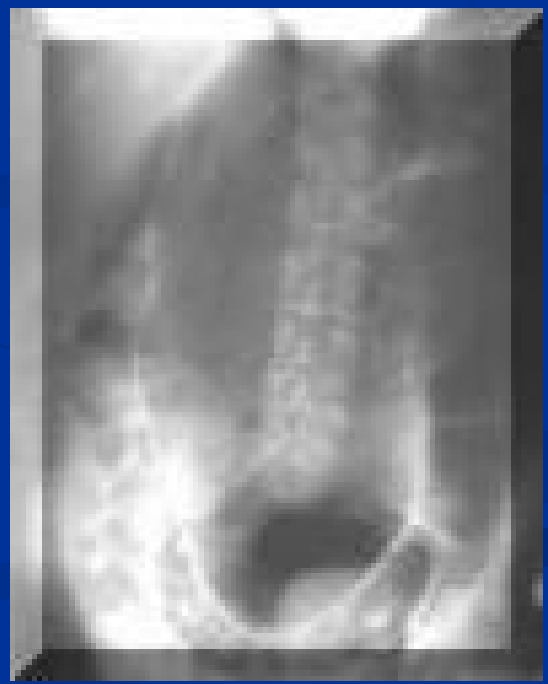
- Drool
- Ate pig tails
- Glucagon
- Urgent EGD
- Be careful with overtube



Volvulus

- Sigmoid- YES
- Cecal- NO





Caustic Ingestion

- Need EGD within 24-48 hours
- Risk stratify

AAA Repair

Consider aorto-enteric fistula in diagnosis

Sentinel bleed then die

Scope to 4th portion of duodenum

Cocaine Body Packets

- EGD contraindicated
- 1-3 grams lethal
- Flush with golytely

Crohns

No steroids until abscess ruled out

Standard Colonoscopy Prep

- Golytely 1 gallon
- Dulcolax 20 mg
- Reglan 10mg
- Magnesium Citrate one 10 oz bottle in AM

Prep Questions on Call

- No solids at least 6 hours before colonoscopy
- If unable to tolerate golytely consider:
  - Fleets phosphasoda
  - 4 bottles of mag citrate
  - Beware of renal insufficiency and proper hydration

Be Prepared Before Endoscopy

- Check indication
  - Do colonoscopy 1st for double with anemia
  - Consider small bowel aspirate for bloating
  - Consider small bowel biopsy when evaluating anemia
- Talk to patient
  - Dysphagia
  - Abdominal pain
- Barretts need therapeutic scope and jumbo biopsies
- Have dilators ready for dysphagia patients

Transfers

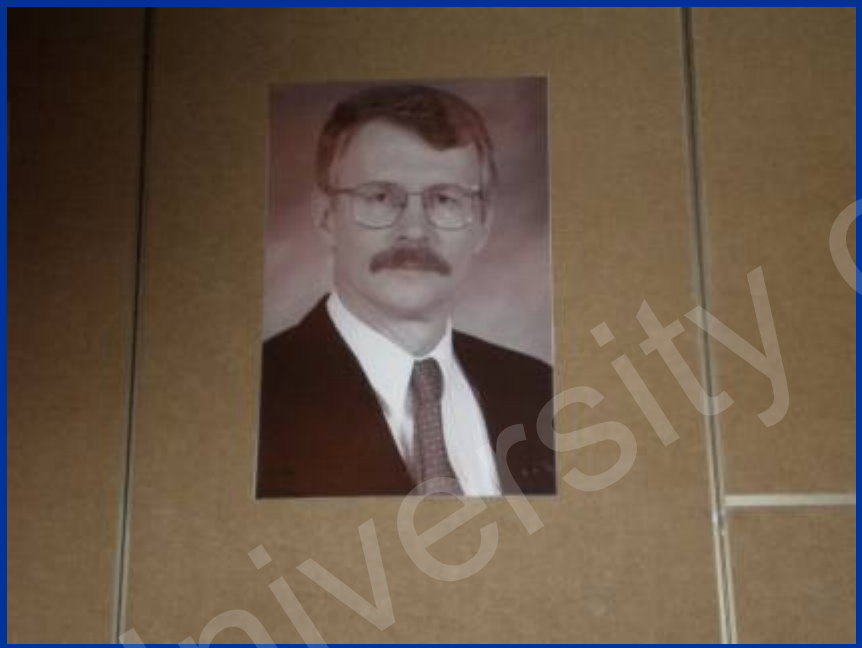
- Always beware of weekend transfers
- Ask attending
- Make sure patient is stable

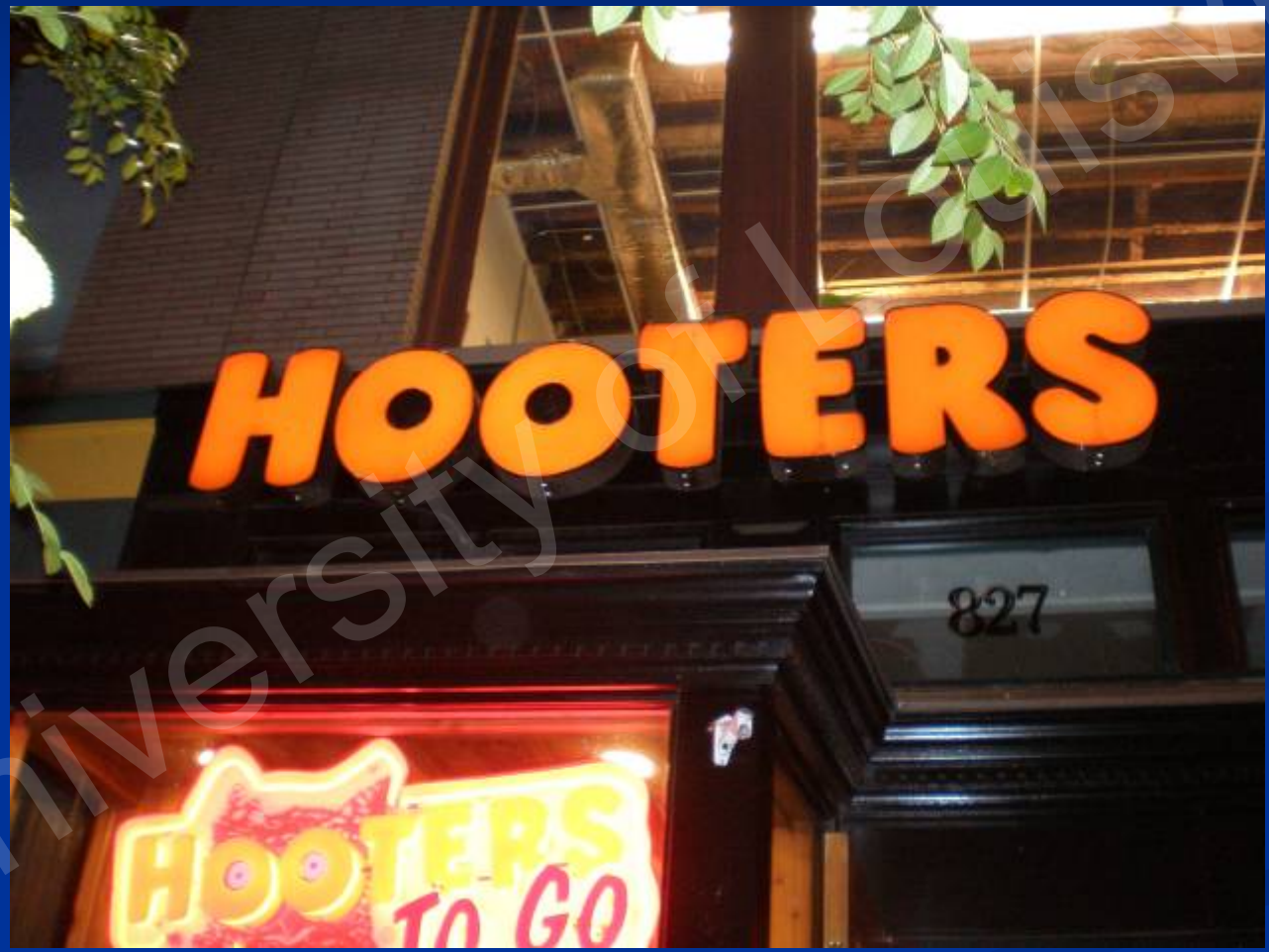
ACGME Site Visit

- New Innovations
  - Evaluations
  - Duty hours
  - Procedure log (mandatory for 1st years)
- Updated CVs
- Midmonth evaluations
- Quarterly mentor report

DDW 2007

Washington, DC





Questions??