Disclosure and Bias

Presenter: Jeremy Gunnoe

I disclose that I have no commercial interests whatsoever with this course including:

- Grants/Research Support: none
- Speaker Bureau/Honoraria: none
- Consulting Fees: none

This program has not received any commercial support of any sort from any organization.

This program has not received an in-kind support of any sort from any organization.

There is no perceived or potential conflict of interest of Jeremy Gunnoe for delivery of this program material.

There is no need to mitigate any potential bias for this course.
Agenda

Brief introduction to library and website

Access Medicine

ClinicalKey

LWW Health Library/The Point

Other databases of interest
Louis Stokes Health Sciences Library

- Opened in 2001 and named after the Honorable Louis Stokes
- Civil Rights pioneer
- First African American Congressman from Ohio
- Dedicated to combating disparities in health care
Louis Stokes Health Sciences Library (hsl.howard.edu)

- Access to 6,556 electronic journals
- 4,541 eBooks
- 61 fee-based databases.
- Electronic catalog
- A-Z list of databases
- E-Journals tab search or browse by first letter
- Research guides

Reserve and Reference materials are available behind the Access Services desk on the 1st Floor.
Always access resources via hsl.howard.edu
Research Guides
Office of Faculty Development

The Office of Faculty Development is charged with enhancing the leadership capabilities of the medical faculty through professional development.
WRLC (Washington Research Libraries Consortium)

- American University
- The Catholic University of America
- Gallaudet University
- George Mason University
- The George Washington University
- Georgetown University
- Howard University
- Marymount University
- The University of the District of Columbia

www.wrlc.org
Off-Campus Access

- Select “Howard”
- Remote Login: Your username for off campus access is your **username** or **email address**.
- Your password is your **Howard email login password**
What is AccessMedicine?

AccessMedicine from McGraw-Hill Medical is a comprehensive online medical resource that provides a complete spectrum of knowledge from the best minds in medicine, with essential information accessible anywhere.

AccessMedicine provides medical students with a variety of resources needed to excel in basic science studies and clerkships; helps residents, nurse practitioners, and physician assistants with instant access to videos, self-assessment, and leading medical textbooks that facilitate decision-making at the point-of-care; and allows practicing physicians to brush up on their medical knowledge to ensure the best patient outcome.
Clinical Library

More than 95 references help students and residents succeed throughout their medical education, including the latest editions of the world’s most respected medical texts such as, *Harrison’s Principles of Internal Medicine* and *CURRENT Medical Diagnosis & Treatment*.
Multimedia and Image Library

Extensive multimedia library – A unique collection of examination and procedural videos, patient safety modules, audio files, and animations that feature complicated concepts presented in terms students can understand are available.

Downloadable Images - Tens of thousands of photos and illustrations to aid in visual diagnosis are available to save and download to presentations for educational purposes.
Case Studies

A selection of cases from across the popular *Case Files™* series and *Pathophysiology of Disease* helps medical students better understand and evaluate real world experiences by offering questions to frame the case and the approach to the patient.

### Bleeding Abnormalities

**Authors:** Eugene C. Toy; Margaret G. Uithuizen; Uithuizen Ed; Earl J. Brown

#### Case

A 4-year-old boy is seen by his pediatrician for a marked bruising tendency of the arms and legs. His mother says that the bruising often appeared without any apparent trauma. The mother also reports that there was no bleeding at the time of circumcision or in association with separation of the umbilical cord. At 3 years of age the patient had an episode of epistaxis that required transfusion of one unit of blood. There is a history of bleeding on the maternal side of the family. The patient’s mother and maternal grandmother and great-grandmother had experienced episodes of abnormal bleeding with recurrent epistaxis and menorrhagia.

#### Questions

What types of coagulation abnormalities usually result in bruising and epistaxis?

What are possible diagnoses in this patient?

What laboratory studies would you use to evaluate this patient?
CME

Receive CME credit for searches and prepare for in-services, certification, and recertification with content that covers a broad area of medicine.
Access Medicine App

Point of care solutions for clinical practice.

- Available in iOS and Android
- Download at the AppStore or GooglePlay
- Sign in with your MyAccess account
Additional Features

- Study Tools
- Practice Guidelines
- 2 Minute Medicine
- Customizable patient education
- Drug Database
- Calculators
- English/Spanish Dictionary
- Board Review tools
ClinicalKey®

Elsevier

1,000+ e-books, 600+ full-text journals, thousands of procedural videos, images, patient education materials, First Consult point-of-care reviews, drug monographs, and more.
Books/Journals

Browse Books

Filter By

Filter List by Title

# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Abdominal Imaging
Abeloff's Clinical Oncology
Abernathy's Surgical Secrets
Accident and Emergency Radiology: A Survival Guide
Acute Coronary Syndromes: A Companion to Braunwald's Heart Disease
Adler's Physiology of the Eye
Advanced Approaches in Echocardiography
Advanced Cardiac Imaging
Aesthetic Oculofacial Rejuvenation
Aesthetic Plastic Surgery
Multimedia
**First Contact/Clinical Overviews**

**CLINICAL OVERVIEW**

*Acetaminophen toxicity*

<table>
<thead>
<tr>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Acetaminophen toxicity can be classified as acute (one-time single ingestion) or chronic (repeated supratherapeutic ingestion). It is most common cause of acute liver failure in the United States.</td>
</tr>
<tr>
<td>- Acetaminophen is primarily toxic to the liver but can cause dysfunction of other organs systems such as renal system, central nervous system, and metabolic system.</td>
</tr>
<tr>
<td>- A single acute ingestion of greater than 7.5 to 10 g in an adult or 150 to 200 mg/kg in children is potentially toxic.</td>
</tr>
<tr>
<td>- Unintentional overdose can occur in patients taking multiple acetaminophen-containing products or taking more than the recommended dose.</td>
</tr>
<tr>
<td>- Initially, most patients will be asymptomatic or have nonspecific complaints early after an acute toxic ingestion.</td>
</tr>
<tr>
<td>- Severe poisoning can progress to fulminant hepatic failure, coma, and death.</td>
</tr>
<tr>
<td>- Early involvement of a local poison center, consulting medical toxicologist, and/or a local liver transplant center can be life-saving.</td>
</tr>
</tbody>
</table>

**Urgent Action**

- Urgent gastrointestinal decontamination with activated charcoal is recommended for patients without vomiting or aspiration (e.g., laryngospasm, an esophageal airway, or an esophageal foreign body) after a suspected life-threatening overdose.
- Immediate administration of acetylcysteine is required within 8 hours of ingestion for potential toxicity or ingestion of toxic doses. Do not wait to administer acetylcysteine for more than 8 hours pending laboratory confirmation of toxicity.

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**Procedures Consult**

**Head Tilt Chin—Lift Maneuver**

**Clinical Pearls:**

Avoid hyperextension of the neck, closing the mouth, or pushing too forcefully on the submandibular tissues.

**Jaw-Thrust Maneuver**

See Figure 7.

**Figure 7** Jaw-thrust maneuver to open the airway. (From Karen J, et al: Pediatric Emergency Medicine, 1st ed, Philadelphia, Saunders, 2007, Figure 2-3.)

- When properly performed, this maneuver opens the airway with limited movement of the neck and therefore is the procedure to be used if there is concern about possible cervical spine injury.
Fractures of the Tibial Pilon

Figure 65-17: An intoxicated 25-year-old man with a history of substance abuse was the driver of a car in a head-on collision. He sustained fractures of the tibia and fibula. The injuries to the tibia and fibula are often severe because they can be complicated by vascular injuries and compartment syndromes. The long bones are the most common site of skeletal trauma in adults, and they account for about 20% of all skeletal injuries. The tibia and fibula are the most commonly fractured bones, and the majority of tibial fractures involve the distal tibia. The tibia is the largest bone in the lower leg, and it provides support and stability to the ankle joint. The fibula is a smaller bone that provides additional support and stability to the ankle joint. The tibia and fibula are closely related and are connected by the interosseous membrane, which helps to stabilize the ankle joint. The tibia and fibula are also connected by a number of ligaments, which help to stabilize the ankle joint and prevent dislocation.
CME Credits Dashboard

View your previously acquired credits and obtain credit for those saved for later redemption. More information

**Claim Credit >**

Potential Credits

2

Total number of pending credits to be claimed

Claimed Credits

0

Number of credits claimed over the last 12 months

Potential and Claimed Credits Over Time

- Potential
- Claimed

- Jun 2017
- Aug 2017
- Sep 2017
ClinicalKey®

Additional Features

- Guidelines
- Patient Education
- Drug Monographs
- Ongoing Content Update Notifications

News and Updates

Content Updates

New Book Editions in February 2018
Here’s a look at the content changes for February 2018.

New Book Editions in January 2018
Here’s a look at the content changes for January 2018.

Other Updates

New Content Type: Clinical Overviews
Clinical Overviews are easy-to-scan, clinically focused medical topic summaries that are replacing the most frequently searched and used First Consult topics on ClinicalKey.

Opioid Epidemic Resource Center
The Opioid Epidemic Resource Center, freely available on Elsevier Connect, Elsevier's public news and information website, includes content from Elsevier's many medical journals, textbooks and other clinical resources. Also available is information that is used by practicing nurses and doctors and resources for patients and their families.
Welcome, Jeremy!

Access Provided by:
Howard University Louis Stokes Health Sciences Library

My Profile
My Favorites

CHOOSE YOUR DISCIPLINE:
PHARMACY
CLERKSHIP/CLINICAL ROTATIONS
ADVANCED PRACTICE NURSING
BOARD REVIEW SERIES
Texts

GENERAL REFERENCE/EXAM PREP

- Boards and Wards for USMLE Step 2, 6e
  Carlos Ayala, Brad Spellberg

- Blueprints Neurology, 4e
  Frank W. Drislane, Michael Benatar, Bernard S. Chang, Juan Acosta, Andrew Tamili, Louis R. Caplan

- The Only EKG Book You'll Ever Need, 8e
  Malcolm S. Thaler

- Step-Up to Emergency Medicine, 1e
  Martin Huecker, Scott H. Plantz

- Step-Up to USMLE Step 2 CK, 4e
  Brian Jenkins, Michael McInnis, Chris Lewis

- Step-Up to USMLE Step 3, 1e
  Jonathan P. Van Kleunen

- Studying A Study & Testing A Test, 6e
  Richard K. Riegelman, Michael L. Rinke

- The Substance Abuse Handbook, 2e
  Pedro Ruiz, Eric C. Strain

  Thomas M. DeFeo, Eric M. Knoche, Cina N. LaRossa, Heather F. Sarela

- The Washington Manual® of Medical Therapeutics, 35e
  Pavat Bhat, Alexandra Dreier, Mark Cidrowski, Rajeev Rangopal, Dominique Williams

PEDIATRICS

- Blueprints Pediatrics

- Pediatrics for Medical Students

- Pediatrics RECALL"
"Newborn in respiratory distress"

A 26-year-old woman is in her 29th week of gestation in an uncomplicated pregnancy. She is involved in a motor vehicle crash in which she is a restrained driver. She is brought to the emergency department for evaluation and found to have bruising across her abdomen and vaginal bleeding. An ultrasound performed by an obstetrician confirms a diagnosis of abruptio placenta, and an urgent caesarean delivery is scheduled because of fluctuations in the mother's vital signs and signs of fetal distress demonstrated by ultrasound and fetal monitoring findings. An uncomplicated caesarean delivery is performed for the 29-week gestation girl, who is initially in stable condition. The neonate is admitted to the neonatal ICU (NICU) for observation given her significant prematurity. Six hours following delivery the child begins to develop progressive tachypnea and cyanosis. On further examination, the neonate appears to be in respiratory distress. Associated symptoms include tachypnea and faint breath sounds. A soft systolic murmur is faintly audible. The child is moving all extremities and withdrawing to stimuli. The following vital signs are measured:

- T: 99°F, HR: 125 bpm, BP: 70/40 mm Hg, RR: 65 breaths/min
- (Normal for neonate: HR: 100-170 bpm, BP: 65-95/30-60, RR: 30-50 breaths/min)

Differential Diagnosis

- Respiratory distress of the newborn, meconium aspiration syndrome, transient tachypnea of the newborn, congenital cardiopulmonary malformation

Laboratory Data and Other Study Results

- Pulse oximetry: 80% on room air, 91% on air hood
- ABO (room air): pH 7.36, pCO2 50 mm Hg, pO2 52 mm Hg, BE: -1.0 mEq/L, O2 sat: 85%
- Blood culture: negative gram stain
- CXR: normal heart size, bilateral infiltrates, diffuse ground-glass appearance of the paratrachea, air bronchograms
- Echocardiogram: no patent foramen ovale or ductus arteriosus, normal valves; normal wall motion; normal vascularity

Diagnosis

- Respiratory distress of the newborn

Follow-up

- The newborn was stabilized in the NICU with a significant improvement in pulmonary function by 48 hours after delivery
- The newborn remained in the NICU for an additional 10 weeks until reaching the predicted term age
- The child was transferred to the pediatrics floor and eventually able to be discharged home with her parents

Steps to the Diagnosis

- Respiratory distress of the newborn
- In almost all cases it is due to surfactant deficiency in preterm neonates (24 to 34 weeks gestation) causing lung immaturity with an associated impaired lung compliance, ventilation, and respiratory collapse
- History: respiratory distress within the initial 48 hours following birth
- Physical examination: cyanosis, nasal flaring, intercostal retractions, tachypnea (>60 breaths/min), tachycardia, decreased breath sounds
- Tests:
  - ABG shows increased CO2 and decreased O2
  - CXR shows bilateral atelectasis, reticulogranular infiltrates (ground-glass appearance), and decreased lung volumes
  - Arterial blood gas testing performed between 32 and 34 weeks gestation to measure anatomic and functional lung volumes
- Additional testing to guide treatment

- NICU admission required for close observation
- Nutritional support, oxygen therapy
- Surfactant therapy
- Intubation should be performed for any neonate not responding to therapy and requiring high levels of supplemental O2 to maintain O2 saturation
- Maternal corticosteroid administration should always be performed prior to 34 weeks of gestation (lung immaturity is assumed) and is not typically performed after 34 weeks of gestation (lung maturity is assumed)

- Neonates given prompt treatment in the NICU setting tend to have good outcomes
- Neonates are at increased risk to develop pneumonia until their lungs mature
- Children with a history of respiratory distress of the newborn

Discontinued upon negative blood culture results.
Self-Assessment and Board Review
We know technology has to support your teaching—not distract from it. Our support and training program ensures our solutions are both easy and effective to use.

**thePoint Faculty Teaching Resources**
thePoint is your one-click source for course content and product support. We provide adopting instructors with context and tools to enhance teaching and simplify your life! Access image banks, case studies, videos, journal articles, test questions, sample syllabi, and so much more...with just a few clicks.

**Faculty Training Center**
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OSCE Clinical Skills Videos

The following videos are designed to help you prepare for Objective Structured Clinical Examinations, or OSCEs, by testing your clinical reasoning skills. In each video you will observe a clinical encounter and be given the opportunity to develop an assessment, or differential diagnosis, and provide an appropriate diagnostic workup.

OSCE 1: Chest Pain (14:53)
A 50-year-old school counselor presents with a complaint of sharp chest pains over the prior 2 weeks.

OSCE 2: Abdominal Pain (12:42)
A 64-year-old stockbroker presents with pain in the upper part of the abdomen, which has spread to the back.

OSCE 3: Sore Throat (15:08)
A 17-year-old high school student presents with a complaint of a sore throat, aches, and fatigue.

OSCE 4: Knee Pain (17:44)
A 45-year-old teacher presents with pain in the left knee, which makes it difficult to walk.

OSCE 5: Cough (16:29)
A 45-year-old dispute mediator presents with a complaint of a cough that has lasted for over 1 week.

OSCE 6: Vomit (24:21)
A 10-year-old child presents with a complaint of vomiting for the past day.
Other Resources: BrowZine
Other Resources: DynaMed Plus

**Spotlight**

- Browse by specialty
- Get the DynaMed Plus Mobile App
- Opioids no better than non-opioid meds for chronic musculoskeletal pain DynaMed EBM Focus
- Activity monitors may increase physical activity in overweight and obese adults, but effect on weight is unclear DynaMed Resident Focus
- Read our new topic on approach to the patient with acid-base abnormalities
- March is National Colorectal Cancer Awareness month. See all of our colorectal cancer topics.

**Recent Updates**

- **03/26/2018 04:28:00 PM (ET)**
  myocardial perfusion reserve index (MPRI) threshold of 1.4 on stress cardiac MRI may help detect coronary microvascular dysfunction in patients with nonobstructive coronary artery disease (J Am Coll Cardiol 2018 Mar 6)
  **Topic:** Cardiac syndrome X

- **03/26/2018 02:22:00 PM (ET)**
  female sex associated with increased risk of atrioventricular septal defect compared to male sex in patients with Down syndrome (BMC Med Genet 2017 Oct 6)
  **Topic:** Down syndrome

- **03/26/2018 02:07:00 PM (ET)**
  black adults may have higher risk of diabetes than white adults over 30 years in United States, with risk difference largely attributable to metabolic and clinical factors (JAMA 2017 Dec 26)
  **Topic:** Risk factors for diabetes mellitus type 2
Questions?
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