# Advice for Green Clinicians

*No matter where you are in your medical career, here are some simple pointers to help you stay sane and get home to your family on time. No matter how chaotic things may get, know that you're not alone and your colleagues are here to help. There's a lot of expertise right here in house.*

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Please be in the clinic at least a **half hour before the first patient**, and powered up to run a huddle 15' before that patient. Your team is counting on your leadership.

Progress notes must be fully **completed and signed within 72 hours** of the encounter.

**No controlled meds on the first date.** Would you marry someone after a 15 minute date? Don't make the commitment of a lifetime until you've reviewed the old records and considered if what they are asking is within your comfort zone.

**Keep your problem lists clean and up to date.** It will help you to build cleaner notes, and pay off 10 fold later

**Always reconcile medication lists**. Polypharmacy kills. Train your favorite RN to help you do this at every visit – especially when someone has been in the hospital, visited an ER, or seen a specialist.

**Always have a follow-up plan.** "Call me if this persists or worsens. Otherwise, see me in 3 months if everything's well."

**Common things happen commonly.** When you hear hoof beats, think of horses… not zebras.
But don't forget to ask "what else could it be?" Is that possibly more than simple rib pain from coughing? Could it be a PE?

**Vitamin D screening – just don't do it.** Lab data interpretation is muddy at best, and there's no evidence to support screening asymptomatic people. (And if there's no evidence, the insurance company may not pay… and then your patient gets stuck with the lab bill… not cool.)

**Vitamin D screening part 2 – But screen them if…** they have osteoporosis, kidney disease or active TB. Secondary Vitamin D deficiency is real, can cause problems, and actually is covered by insurance companies (assuming you link the lab test to one of the covered ICD10 codes)

**Chronic Ambien is not good!** Has instant gratification *ever* been a risk-free strategy? How many people do you know that have successfully stopped taking this medicine (or any controlled sleeping medication)?

**New patients sometimes happen without records. Sometimes we fly blind.**

- Do you really think that local doc in the Dominican Republic is going to forward you records?
- UN Refugee camps have good docs but minimal resources. Their efforts are focused on TB control and basic immunizations. Their favorite blood pressure drug is amlodipine.
- Many patients stay abroad with relatives abroad for half the year… We are still their PCP while they are here in the states - so do the best you can.

**Herpes IgG titers – just don't do it…** unless you're working in an ICU

- It's a rotten screen for asymptomatic people seeking peace of mind – 50% of people are going to be positive at baseline. Plus you can't tell if the infection is old or new. Ordering this test as part of an STD check is likely to cause more harm than benefit. Relationship strife and subsequent drama outweigh any net gain.

**Herpes IgG titers – just don't do it, part 2**

- If someone has painful blisters downstairs, start some acyclovir or valacyclovir. 99 out of 100 people with painful blisters would rather NOT have someone drag a Q-tip through its base to get a viral swab (which is only 50% accurate at best). Besides, would your diagnosis change if the titer were negative?

**"Peace of mind" in the 21st Century = RPR, HIV, GC-CHL**

aka "the Fab Four". Empower your team to order these tests for anyone who's made a mistake in their past, had an unfaithful partner, has a new partner, or just wants some peace of mind

**Think generic**

- It's the easiest way to remember all those medication formularies
- It's a more sustainable long-term plan for the uninsured

**Aim for 90 day refills on chronic meds** like blood pressure pills, metformin, acetaminophen and NSAIDs (but *never* benzos or controlled meds of any kind)

**Tramadol and Soma (carisoprodol) are controlled meds.** Just because they are C5 doesn't mean they are any safer. Tramadol hits the opiate receptor. Soma metabolizes to a cousin of phenobarbital.

**Fiorinal / Fioricet / Butalbital** are miserable strategies to use for chronic headaches. Avoid starting anyone on this no-win treatment pathway.

**Use caution with meds that boost opiate effects.** The active metabolite of Neurontin (gabapentin) is the same as Lyrica (pregabalin). Both of these drugs can potentiate opiates. Clonidine also has boosting effects. Proceed with caution and know that these meds have street value.

**Clonidine is a rotten blood pressure medication.** It's taken TID, and BP can ricochet if someone misses a dose. It also potentiates opiates. So when someone tells you that "only clonidine controls my blood pressure", you should be cautious. Have you screened them for opiate usage?

**Did you just prescribe an ACE Inhibitor to a woman of reproductive age?** Imagine the sound of screeching brakes… ACE Inhibitors are Category X in pregnancy. Prils can kill. Stop and think before you prescribe or refill an ACE to a woman who has even the slightest chance of becoming pregnant. Choose a different class, or verify that she's on some form a *very* definitive birth control such as a tubal or an IUD. (Reminder – Depo Provera is only ~95% effective).

**Just because someone has swollen feet doesn't mean that it's heart failure.**

- Common things happen commonly… Swollen feet at the end of the day is usually chronic venous insufficiency. The therapy is generally support stockings and elevating the feet, *not a diuretic.*

**Skills not Pills - the mantra of integrated behavioral health.** Learning how to cope with stress helps people more than blunting their consciousness with chemicals

**Always get a pregnancy test if someone has vague symptoms and there is even a *remote* possibility.**
Nausea…vomiting… swollen feet… abdominal discomfort… dysuria… discharge… dizziness…
Learn from the mistakes of those who have done this for decades. "Are you sexually active" is not a reliable screening question; order a UCG as well.

**Think before you refer.**

- Is this something you could be managing yourself?
- Could this patient be referred to someone else at PCHC? (ID, endocrine, gyne, and more…)
- What exact question are you actually asking the specialist to answer?

**Follow evidence-based guidelines.** Up to Date is free in-house, and you can download the app onto your cell phone

**Be judicious with antibiotics.**

- 3 day-old colds with green mucus are not caused by azithromycin-deficiency

**The cure for lower back pain is generally physical therapy.**

- Don't delay a PT referral to see if a condition is going to improve on its own.
- X-Rays and MRIs are not therapeutic and do not cure acute lower back pain.
- Medications only reduce inflammation or temporarily mask the pain.
- Physical Therapy can help reduce pain, recover function faster and prevent the next episode.

**When an electrolyte is abnormal, step 1 is to repeat the test.**
Potassium, calcium and sodium are notorious for false alarms. If it's *still* abnormal after you repeat it, then go looking for problems. High calcium can be caused by some bad things.

**Abnormal screening TSH out of the blue?**
Repeat the TSH (and maybe get a T4) before you make a decision.

**The patient wants a refill of what?**
There are a handful of medications that make even a skilled clinician wince. Unless you have considerable experience with these medications, you probably should talk to someone with more experience:

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|---|---|---|---|
| Methotrexate | Lithium | Warfarin | Anti-psychotic meds |
| Theophylline | Digoxin | Something you've never heard of | |

Red flag – a patient with a diagnosis of bipolar who only wants a refill of their SSRI and not the mood stabilizing agent. Skype your favorite psychiatrist for advice

**The Medrol Dose Pack is Rarely Enough**
Poison ivy takes about 2 weeks of prednisone to bring under control. Medrol Dose packs are easy to write for, but often trigger relapses because they run out after 5 days.

**If in doubt, ask a senior clinician.** It's really hard to know exactly what you want to do, but not know how to get it done in a new town. Please ask. We love to answer questions.

**Think before you order a lab or image**

- What would you do with the information?
- Would it change the outcome?

**Get the diagnosis of asthma right**

Not all that wheezes is asthma
When you are choosing an asthma diagnosis, describe the impact on the patient's life:
Persistent or Intermittent?
Mild, moderate, or Severe?

**When they say "dizzy," do they mean light-headed or vertigo?**

When someone complains of "mareos" in Spanish, it could be just about anything. Ask more questions.

**We are under no obligation to continue an ugly chronic pain regimen started elsewhere.** If they are in withdrawal because their previous doc cut them off, they probably should go to an ER. If you think you're in over your head, step out of the room and ask for advice from a senior clinician.

**Team care and panel management** are integral parts of effective population health strategies. Standing orders provide the framework for your team – but they still need your leadership, support and education.

**What would the ER really be able to do about that chronic problem you want to send them?**

- If the patient has been living with a BP of 180 /100 for months, the solution is to restart the medicine and see them the next day (while documenting "if you have any chest pain tonight, go to the ER")

**MRIs only make pretty pictures** – they are not therapeutic.

**Geriatrics 101**

Dementia doesn't begin acutely… that's delirium (and it hopefully has a reversible cause)
It's not officially "dementia" until the HIV, RPR, B12 and TSH tests are normal.
If this were your family member, what might you do differently? (aka Customer Service 101)

**An anemia evaluation after age 45 needs a colonoscopy.** While you're at it, anyone north of 45 needs a colonoscopy.

**Not all insulin needs to be prescribed by endocrinology.** Sliding scale Lantus is not a thing…
There are many senior clinicians nearby ready to offer guidance if you are out of your comfort zone

Don't add Lasix if they're already on HCTZ.

**Really… no Ambien.** Just say No. You will never get them off of this stuff once you start.

# Multi-Stakeholder Task Force Identifies 5 Commonly Overused Services Ready for Action

1. Diagnostic Testing and Imaging Prior to Surgery

2. Vitamin D Screening

3. PSA Screening in Men 75+

4. Imaging in First 6 Weeks of Low Back Pain

5. Branded Drugs When Identical Generics Are Available

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