


Clinical Pearls of Practice: What I Wish Someone Had Told Me Years Ago



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Owner – Partners in Healthcare Education, LLC

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Disclosures

- Speaker Bureau: Sanofi-Pasteur, Merck, Pfizer, Seqirus, Moderna, Idorsia, AbbVie, Biohaven
- Consultant: Pfizer, Sanofi-Pasteur, Merck, GlaxoSmithKline, Idorsia, Shield Scientific, Bayer

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Objectives

- Upon completion of this lecture, the participant will be able to:
 - Discuss 10 -20 “clinical” pearls of practice related to various disease states
 - Identify techniques to incorporate these clinical pearls into practice

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Ears, Eyes,
Nose and
Throat

Eyes: Internal Hordeola, Patching
abrasions
Nose: Allergic Facies
Throat: Uvulitis, Peritonsillar Abscess

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Internal Hordeola



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Never Patch...

Contact lens abrasion

Abrasion of cornea caused by food or plant material

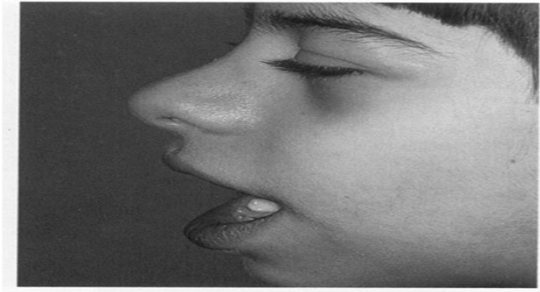
Individual with diabetes

Why?

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Allergic Facies



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Pediatric Hypoventilation Syndrome

- Often overweight or obese
- Often diagnosed with ADHD
- Enuresis persistent in over 60% of children
- May have persistent daytime fatigue
- Diagnosis: Sleep study

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Recurrent Uvulitis

- Beefy uvula
- Recurrent sore throat
- Consider sleep apnea

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Recurrent Oral Ulcers

- Check Herpes Select PCR test
- Check Uric Acid
- If herpes positive, start antiviral daily
- If herpes negative and uric acid > 6 mg/dL – start allopurinol 100 mg daily
- Warning: allopurinol
 - Renal dosing
 - Acute hypersensitivity reaction
 - African American, Han Chinese ancestry, Korean ancestry, Thai ancestry, Native Hawaiian and Pacific Islander ancestry: check HLA-B* 5801 allele

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Peritonsillar Abscess

- Physical examination
 - May appear restless
 - Irritable
 - May lie with head hyperextended to facilitate respirations
 - Muffled or “hot potato voice”
 - Stridor may be present
 - Respiratory distress

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Peritonsillar Abscess

- Physical examination findings
 - Fiery red asymmetric swelling of one tonsil
 - Uvula is often displaced contralaterally and often forward
 - Large, tender lymphadenopathy


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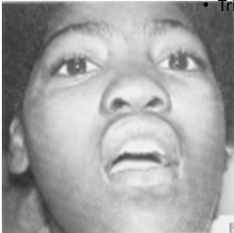
Peritonsillar Abscess



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Peritonsillar Abscess



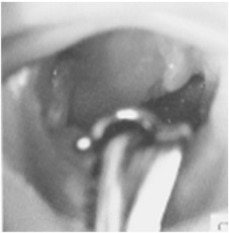
• Trismus

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Peritonsillar Abscess



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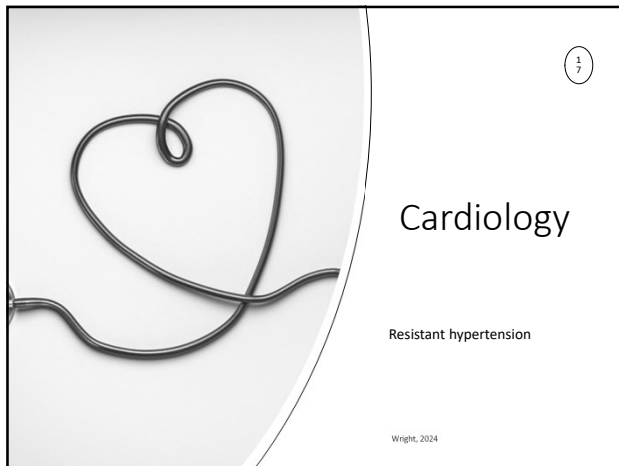
Foreign Body: Nose

- Child
 - Occlude patent nare
 - Have mom or dad blow into the child's mouth forcefully
 - Can expel foreign body

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Resistant Hypertension: Diagnosis, Evaluation, and Treatment

Figure 10. Resistant Hypertension: Diagnosis, Evaluation, and Treatment

Confirm treatment resistance
Office SBP/DBP $\geq 130/80$ mm Hg
and
Patient prescribed ≥ 3 antihypertensive medications at optimal doses, including a diuretic, if possible
or
Office SBP/DBP $\geq 130/80$ mm Hg but patient requires ≥ 4 antihypertensive medications

Exclude pseudohypertension

Ensure accurate office BP measurements
Assess for nonadherence with prescribed regimen
Obtain home, work, or ambulatory BP reading to exclude white coat effect

Identify and reverse contributing lifestyle factors

Discontinue or minimize interfering substances

Screen for secondary causes of hypertension

Pharmacological treatment
Maximize diuretic therapy
Add a mineralocorticoid receptor antagonist
Add other agents with different mechanisms of actions
Use loop diuretics in patients with CKD
and/or patients receiving potent vasodilators (e.g., minoxidil)

Refer to specialist

BP indicates blood pressure; CKD, chronic kidney disease; DBP, diastolic blood pressure; eGFR, estimated glomerular filtration rate; NSAIDs, nonsteroidal anti-inflammatory drugs; and SBP, systolic blood pressure.
Adapted with permission from Calhoun et al.

AMERICAN COLLEGE of CARDIOLOGY

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American Heart Association
life is why™

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Resistant hypertension

- Definition:
- Blood pressure of $\geq 130/80$ mm Hg AND
 - Patient on ≥ 3 medications at optimal doses (one of which is a thiazide diuretic, if able)
- OR - Office blood pressure $< 130/80$ mm Hg but requiring ≥ 4 medications to achieve that blood pressure

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Pearl

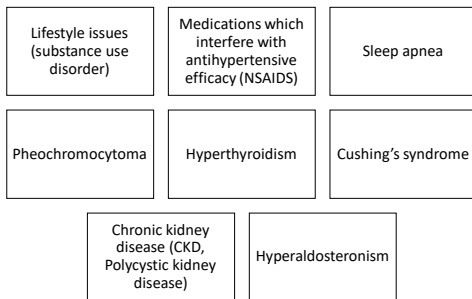
- The more resistant the hypertension, the more likely there is a secondary cause of the hypertension so look closely

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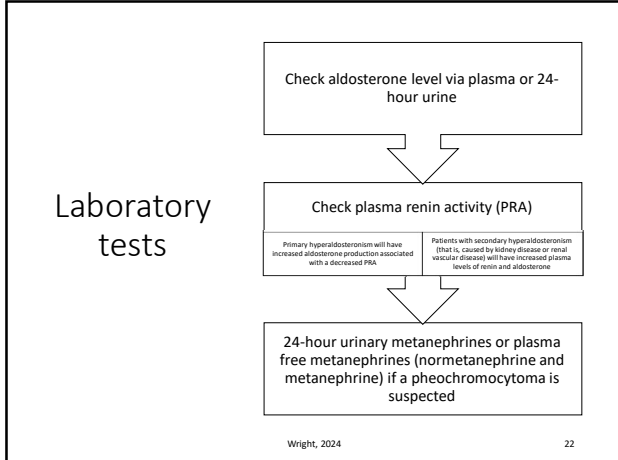
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Secondary causes



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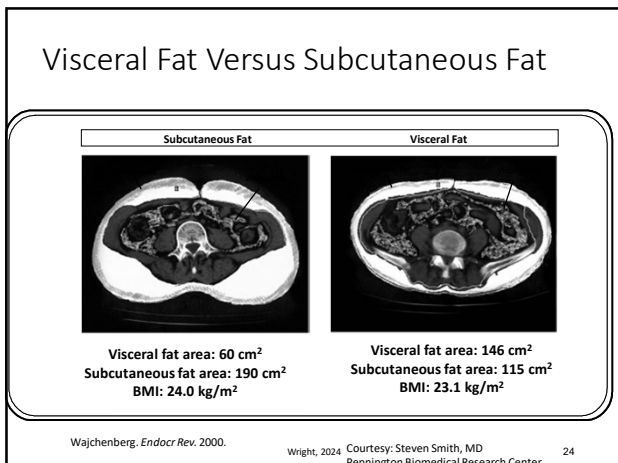
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Obesity: Visceral Adiposity
Diabetes: What Does Fasting Glucose Miss?

Endocrinology

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Adipose Tissue as an Endocrine Organ

1. Kershaw EE, Flier JS. Adipose tissue as an endocrine organ. *J Clin Endocrinol Metab.* 2004;89(6):2548-2556.
 2. Després JP, Lemieux I, Prud'homme D. Treatment of obesity: need to focus on high risk abdominally obese patients. *BMJ.* 2001;322(7288):716-720.

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What I Wish Someone Had Told Me

Risk of diabetes:

12 fold when waist circumference is 40 inches	4 fold when waist circumference is 35 inches
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Small changes make a huge impact

10% weight reduction results in a 30% reduction in intra-abdominal adiposity

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Screening for Diabetes

- DECODE Study
 - European study
 - 25,000 patients
 - 1/3 of people with Type 2 diabetes and prediabetes are missed by checking FBG alone
 - OGTT is much better at picking up those individuals with prediabetes and diabetes
 - Now....A1C: 5.7- 6.4% - prediabetes

The DECODE Study Group. Glucose tolerance and mortality: comparison of WHO and American Diabetes Association diagnostic criteria. *Lancet.* 1999;354:61721

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Diabetes

- Thin, good HDL, good blood pressure
- Think Type 1 ½ (not truly its name) - LADS
- Check GAD 65 and C peptide
- Rapid progression to insulin
- 50% need insulin in 5 years

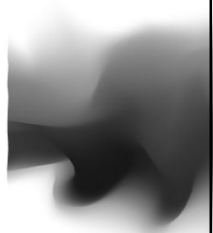
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Abdomen

Special Maneuvers
 IBS vs. Chronic Constipation
 Epiploic appendicitis



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Appendicitis Maneuvers

- Markle's sign
 - Heel-drop jarring test
- Rovsing's Sign
 - Pain felt in RLQ when examiner presses firmly in the LLQ and suddenly withdraws
- Psoas Sign
 - Patient is placed in a supine position
 - Ask patient to lift thigh against your hand that you have placed above the knee
- Obturator Sign
 - May be or may not be positive
 - Patient is positioned in supine position with the right hip and knee flexed
 - Internally rotate the right leg

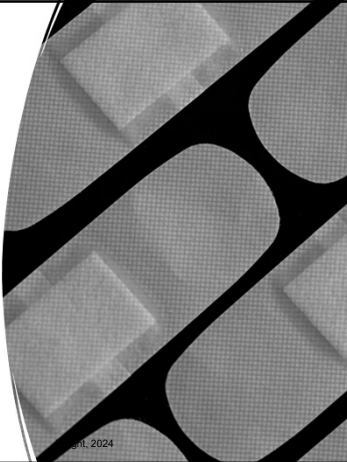
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Additional Diagnostic Pearls

- Kehr's Sign
 - Intense pain of the left shoulder
 - Produced with splenic rupture
 - Will reproduce pain with pressure over spleen but not by palpating left shoulder



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Additional Diagnostic Pearls


- Gray Turner's Sign
 - Ecchymosis of the flank
 - Indicative of Extra or Intra-peritoneal hemorrhage
- Cullen's sign
 - Periumbilical ecchymosis
 - Indicative of Extra or Intra-peritoneal hemorrhage

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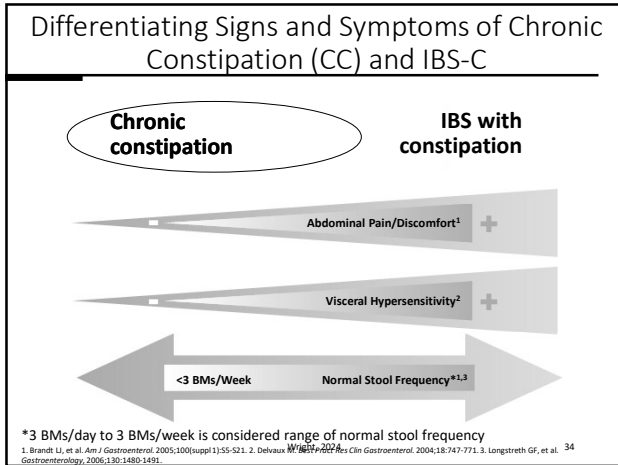
What I Wish I Had Known

- Have patient assume a "modified sit-up" on examination table
 - Palpate abdomen: if tender when abdomen is flexed - likely muscular problem
 - If tender with relaxation – deeper abdominal issue



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56-year-old female with LUQ pain

56-year-old female presents with significant LUQ pain; began yesterday. Constant. Described as a 9 on 0-10 scale. Non-radiating

Difficult to get comfortable

Movement makes it worse, including coughing and deep breathing

NO n/v/d/constipation; no chest pain, SOB, or respiratory symptoms

No obvious trigger

PMH: hyperlipidemia, morbid obesity, anxiety disorder, hypertension and asthma

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PE and Laboratory/Diagnostic Findings

- PE:
 - VSS
 - Lungs clear
 - Heart: normal
 - Abdomen: tender – LUQ with involuntary guarding; large umbilical hernia – reducible without pain

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ROSE, 2016

What Now?

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CT Scan
Abdomen
- with
contrast

Inflammation of the fat
adjacent to the proximal
descending colon

Moderate midline lower
anterior abdominal wall
hernia with herniated
fat; no obstruction

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Diagnosis:

- Epiploic appendagitis
 - Oval lesions with central areas of fat attenuation; accompanied by surrounding inflammation
 - Causes significant abdominal pain
 - Most often in upper and lower quadrants of abdomen; lower > upper
 - Seen more frequently due to advent of CT scans
 - Treatment:
 - Anti-inflammatory (NSAIDs) or pain medication
 - Heat to region
 - Rarely is surgery needed

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IBD

- 20% of individuals with IBD present initially with polyarticular joint pain
- Always ask about diarrhea, nocturnal awakening from diarrhea

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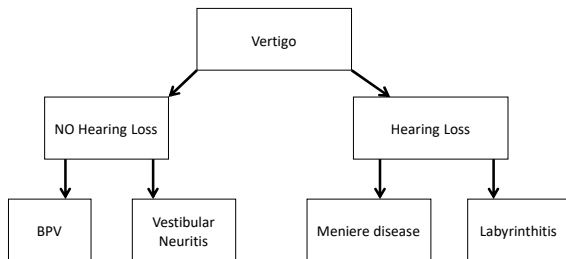
Neurology

- Vertigo
- Medication Overuse Headaches
- Status Migrainosis Treatment
- SSNHL

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Great Algorithm



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Benign Positional Paroxysmal Vertigo

- Most common in middle-age to older individuals
- Two times more common in women
- Patient complains of vertigo when getting out of bed or turning in bed to shut off alarm clock
 - Presence of vertigo upon awakening, highly suggestive of peripheral vertigo, in particular, BPV
- Etiology:
 - Loose otolith in the semicircular canals
 - Free floating in the semicircular canal, causing symptoms with head movements
 - Causes false sense of motion

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Vestibular Neuritis

- Viral infection of the vestibular nerve
 - Presents often times after a virus
 - Thought to represent an injury to vestibular nerve (on one side) – 8th cranial nerve
- Most common between 40 – 50 years of age
- Prognosis: tends to resolve over 1 - 2 months

Wright, 2024 Med Clin N Am 90 (2006) 291-304 44

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Chronic Migraine: Diagnostic Criteria
Migraine Fulfilling the Criteria Below

Meets the IHS criteria for migraine without aura

Occurs ≥ 15 days per month for ≥ 3 months

Usually begins as migraine without aura and progresses

AND

Not attributable to another disorder

As chronicity develops, headache tends to lose its attack-like presentation

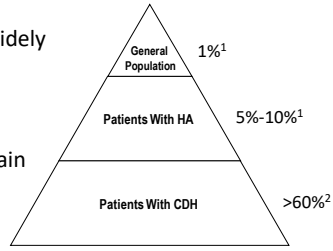
When medication overuse is present, it is the likely cause of the chronic symptoms (Medication overuse headache – MOH)

Wright, 2024 Olesen J et al. Cephalalgia. 2004;24(suppl 1):148-151.

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Common Pitfalls in Migraine Diagnosis: Importance of Medication Overuse

- MOH is common, but widely unrecognized
- MOH is almost always transformed migraine
- Ask patients about all pain medication use!



1. Diener HC and Katsarava Z. *Curr Med Res Opin* 2001;17(suppl 3):S17-S21.
 2. Bigal ME, *Headache* 2004;43(5):843-847.

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MOH Diagnosis

- Patients typically overuse multiple medications simultaneously
 - Mean tablets/day = 5.2
 - Most commonly overused drugs are
 - Butalbital combinations (48%)
 - Acetaminophen (46%)
 - Opioids (33%)
 - ASA (32%)
 - Triptans (18%)

Wright, 2024 Bigal ME, et al. *Cephalalgia* 2004;24:483-490.

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MOH Diagnosis (cont'd)

- Both diagnosis and treatment require time
 - Diagnosis is confirmed in retrospect
 - Offending medications must be stopped and prophylactic medications started

Wright, 2024 Smith TR and Stoneman J. *Drugs* 2004;64:2503-2514.

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Treatment

- Consider prednisone taper
 - 21 day period
 - Protect stomach
 - Initiate prophylaxis
 - Withdraw abortive medications which are being overused/abused
 - Caution seizures

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Status Migrainosis

- Ketorolac 30 mg – 60 mg IM now
- OR
 - Prednisone
 - 60, 40, 20 mg/day
- IV fluids – 1 – 2 liters
- Antiemetic
 - promethazine 25 mg suppository
 - ondansetron 4 ODT one tab now and another in 4 hours

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Best of Treatments...

- Best prophylactic medication for cluster headaches:
 - Lithium
 - Galcanezumab

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AB

- 66 year old female who presents to NP complaining of:
 - Pressure in right ear x 4 hours
 - Concerned re: an ear infection as she is flying over next 48 hours
 - History of allergic rhinitis
 - Accompanied by vertigo
 - Notices that sound is "muffled in ear"

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AB (continued)

- Evaluation by NP
- Normal examination except pale, boggy turbinate's
- No evidence of AOM
- ? Slight fluid behind right TM
- Diagnosis: Serous OM
- Treatment: OTC treatment; i.e. afrin and pseudophedrine

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AB (continued)

- Call 12 hours later....
 - Worsening hearing loss, difficulty hearing right ear
 - No pain, feels blocked
 - Concerned as she is flying
 - Seen by MD
 - Diagnosis: OME
 - P: loratadine, increased fluids, afrin

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AB (continued)

- 6 months later, letter received from specialist
- Diagnosis:
 - Sudden Sensorineural Hearing Loss (SSNHL)

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SSNHL

- Most cases occur in the morning and progress rapidly over a 12 hour period
- First presentation is often tinnitus or sense of fullness
- Peak incidence: 6th decade of life
- Most cases idiopathic
 - May be infectious, result of an acoustic neuroma
 - Trauma or drug induced
 - Occlusion of cochlear artery
- 40% accompanied by vertigo
 - Poor prognosticator

http://otologytextbook.com/sudden_sensorineural_hearing_loss.htm accessed 03-08-2013

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SSNHL

- 30-65% will completely or partially recover without treatment
- Treatment:
 - Aimed at eliminating offending cause
 - Steroids
 - 10 day course of steroids
 - 40-60 mg of prednisone daily
 - 78% vs. 38% had partial/complete recovery compared with placebo
 - Vasodilator therapy

http://otologytextbook.com/sudden_sensorineural_hearing_loss.htm accessed 03-08-2013

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SSNHL

- Regard SSNHL is regarded as an otologic emergency
- Refer to audiology vs. ENT acutely
- Gadolinium-enhanced MRI of the internal auditory canals should be obtained (r/o acoustic neuroma)
- A 10-day course of prednisone, 1 mg/kg/d
 - If a partial recovery is noted at the end of the 10 days, the full dose is extended another 10 days, and the cycle is repeated until no further improvement is noted.
- Additionally, acyclovir, 800 mg 5 times daily for 10 days, is prescribed because it may be beneficial and since the risks are minimal. (if you think viral)
- A 2-g sodium diet is recommended with a hydrochlorothiazide-triamterene diuretic combination
- Hyperbaric oxygen: showing promise

http://otologytextbook.com/sudden_sensorineural_hearing_loss.htm accessed 02-01-2016

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It Should Be Noted

- Sudden sensorineural hearing loss increased the risk of subsequent stroke by 1.6 x in the 5 years following this event
- Thought that this may be due to an anterior inferior cerebellar artery infarction with possibility of wider progression into the posterior circulation

Lin HC, Chao PZ, Lee HC. Sudden sensorineural hearing loss increases the risk of stroke: A 5-year follow-up study. *Stroke* 2008;39:2744-2748.

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Genitourinary

- Nephrolithiasis
- Epididymo-orchitis
- Testicular Torsion

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Nephrolithiasis

- Many stones are made of uric acid
- Consider allopurinol or febuxostat in individuals with recurrent kidney stones, particularly if analysis shows uric acid

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Differential Diagnosis

- Testicular torsion must be considered
- Time is very important in the individual with torsion
 - Loss of cremasteric reflex
 - No fever
 - Doppler flow study/US of testicle
 - Stat urology consult

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Recurrent Anal Fissures

- Nitroglycerin paste/ointment to rectal area two times daily

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Musculoskeletal

- ACL injury: clues to diagnosis
- Meniscus injury: specialized maneuver
- Saturday night palsy
- Gout

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ACL Injury

- Patient often hears a pop
- Unable to continue activities
- Acute hemarthrosis: blood entering the knee occurs within a few hours of the injury

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Meniscus Injury: History

- Often a traumatic injury
- Complains of locking, popping and giving way
- Or...can have a sense that the knee is not moving normally
- Individual has a difficult time squatting
- Difficult time going up and down the stairs

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Thessaly Test

- Procedure
 - Weight-bearing
 - 20 degree flexion
 - Patient twists
 - Look for it to recreate the pain
 - 94% accuracy: meniscus tear

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Saturday Night Palsy

- Radial nerve compression of the arm
- Usually seen after drinking
- Fall asleep with arm up on back of sofa
- Present with palsy from elbow – hand
- Takes 6 – 8 weeks for resolution
- Immediate CT – r/o abnormality
- PT, splinting - immediately

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Gout

- Worst time to check serum uric acid level is during an acute gouty flare
- Lowered by up to 50% from baseline by inflammatory mediators
 - Interleukin-6
- Ideal time: 2 weeks after gouty flare or when asymptomatic
- Goal: 6 mg/dL

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Psychiatric

Depression: SIGE CAPS

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Mood Changes on OCP

- OCP's interfere with absorption of Vitamin B6
- B6 – essential for serotonin development

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How to Broach the Topic of Vaccines With Parents

<ul style="list-style-type: none"> • Use a presumptive format. (e.g., "Well, we have some shots to give today.") <ul style="list-style-type: none"> • Presupposes patient will be immunized, increasing the likelihood of vaccine acceptance. 	<ul style="list-style-type: none"> • Avoid a participatory format (e.g., "What do you want to do about shots?") <ul style="list-style-type: none"> • Implies that choosing not to vaccinate is medically acceptable 	<ul style="list-style-type: none"> • Be persistent in cases of initial resistance (e.g., "He really needs these shots." "You really need this vaccination.")
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Don't Be Afraid to Use a Presumptive Approach to Immunization Communication

- "It's time to start those vaccines. Today we'll do MMR and chickenpox..."
 - When providers approach parents with **presumptive** approach, 74% of parents accepted vaccines.
- "How do you feel about vaccines?"
 - When providers use **participatory** approach, only 4% accepted vaccine schedule with 13% providing own schedule and 83% resisting.

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Business / Professional Pearls

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What Type of Policy is Best?

- Occurrence vs. Claims Made
- Occurrence Policy:
 - This covers the NP for any incident that occurred while the nurse practitioner was insured
- Claims:
 - Only covers the NP while the policy is in effect
 - If you purchase a claims policy, consider a "tail"

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Be Advised...

- Institutional Plans
 - Coverage may be denied for private duty activities
 - You may have no coverage for off duty incidents
 - Your coverage may be canceled following a job change
 - Limits of coverage may be shared by others

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Benefits of an Individual Policy

- It will cover defense costs at you Board of Nursing not normally covered by an employer
- It will cover you as a volunteer
- If you have more than one job, it travels with you
- You will be appointed your own lawyer
- Pays up to \$500.00/day while unable to work
- Covers any amount exceeding employers plan

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Drawbacks of an Individual Policy

- Some experts propose that you may be more likely to be sued if you have your own policy
 - It is another policy with money to go after

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Too Many Nurse Practitioners....

- Expect to receive what the faculty tell them is to be expected
- Expect to be paid the national average
- It may be that in your area – the pay scale is lower or higher than the national average
- Please...do your research
 - Ask colleagues in the area
 - Go to www.salary.com and plug in your zip code

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Lubbock, Texas



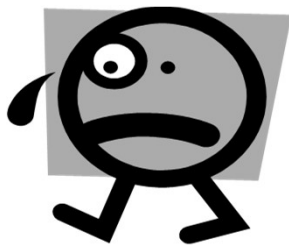
www.salary.com accessed 02-01-2024
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Be Wary....

- Of the job that seems to good to be true



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Christine Beckwith Stiles,
Author and Business Owner



- "Anything is possible. Statistics, odds, noise...none of it matters."
- "What matters is the will that you possess to make a difference in a world that needs people to make a difference."
- "Riches come in disguise; in peace and happiness. Our pockets are always full when we do things with integrity."

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"Experience is what we
call the accumulation of
our mistakes."
Yiddish folk saying

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Employees and Staff

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Start Low, Go Slow

- Employees
 - Largest overhead
- Don't strap yourself financially with overstaffing
- Add on as you go



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Create contracts

- All NP's should have a contract
- Spells out benefits
 - Don't forget to include:
 - DEA number: purchased back if leave
 - Non-compete

EMPLOYMENT AGREEMENT

This Agreement is effective this ____ day of _____, 20____, by and between Wright & Associates Family Healthcare, PLLC, a New Hampshire professional limited liability company ("WAFHC") of 212 Route 101, Unit 9/10, Amherst, New Hampshire and _____ with a mailing address of _____, New Hampshire ("Employee").

WHEREAS, WAFHC is a New Hampshire professional limited liability company organized pursuant to RSA 304-D and rendering professional medical services, through those employees who are duly licensed to practice medicine in the State of New Hampshire and other professionals and staff personnel who are licensed, as required; and

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Friends Are Not Good Employees

- No one is your friend in business
 - This may be very tough for you to hear or believe
- Make sure you protect yourself and your business

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Remove the Rotten Apple

- One bad apple can spoil the whole bunch
 - Take this very seriously
 - A bad attitude is contagious
- It is never pleasant but sometimes you have to cut your losses to save your business



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You Are As Strong As Your Weakest Employee

- A poor attitude is infectious and can harm an entire team



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Managing a Staff

- Is the hardest part of my job
 - My most frustrating part
 - My most rewarding part
- Work hard not to take things personally



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Hire Those With Better Skills

- And sit back and let them do their thing
- Micromanagement is toxic and interferes with forward progress
- However, you must still have your finger on the pulse of the business

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Know when to hold em' and
know when to fold em'
know when to walk away
know when to run

~Kenny Rogers~

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Don't Try to Please Everyone

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Don't put a round screw in a square hole

- As managers, we spend most of our time trying to help people improve on their weaknesses
- Instead, try to help them hone their strengths
- Companies flourish when employees are strong and feel good about the work they are doing

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Employees need a leader

- Employees look to you as their leader
- They need direction and guidance without micromanagement
- Employees need annual evaluations
 - Consider peer reviews
 - Set your expectations annually

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Core values and purpose hold a company together

<https://www.entrepreneur.com/article/270680>

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Policies and Procedures

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Policies matter

- Put policies in place early on when developing the business
 - Sets tone for business model
 - All to sign that it has been reviewed
- Don't recreate wheel
- Ask for copies from other companies
- Examples:
 - Facebook



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Employee handbook

- You should have an employee policy/procedure manual
- Every employee must review and sign that it has been reviewed and questions answered
- This enables you to hold them to policies and procedures

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Keep Copies

- Everything employee related
 - Create file for each employee
 - Put in writing any employee issues and have them sign it
 - Be careful what is in file
 - Employee has access to this file at any time
- Staff meetings
 - Sexual harassment
 - Back injury

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Review reports regularly

- Don't trust that your employees are doing what they say they are doing
- Review reports including AR, billables, collectables
 - Remember...they are often smarter than you at their job
 - Have learned to be able to work around issues
- You need to be a hands on business owner

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Know every aspect of your business

- Don't back yourself into a corner with only one person knowing how to bill or credential
- Multiple people need to be cross-trained for different aspects of the business

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Additional Business Pearls

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Don't Be Afraid To Negotiate

- Contracts with companies
 - Insurance companies
 - EHR
 - Lab companies
 - Landlord (construction costs)
 - Lease
 - Employee contracts

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Negotiate – Don't Be Afraid!!!



Construction had to be done. Discuss costs with landlord. NEGOTIATE!!!

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Don't Fly Solo

- Hire a great team
 - Accountant
 - Employment attorney
 - Paycheck company
 - Manager
 - Collections agency

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It Is the Unknown That Will Hurt You

- It is the unknown that will hurt you and get you into trouble
 - Workman's comp policy

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Expect the Unexpected

- This was the scene 36 hours prior to opening
- Water pipe froze 3 days before we opened
- Had to dig up entire front yard but....at least we had a working toilet on opening day



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Phone a Friend!!

- Joan Romboli ARNP
 - Landmark Family Healthcare
- Nancy Dirubbo, ARNP
 - Laconia Women's Health Center

Mentors are essential. Don't be afraid to seek help!!!!

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Regular Meetings Are Essential

- With staff
- Management team
- Accountant
- Attorney

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Don't Assume

- People will beat down your doors to come to you
- People will pay for your services
- Everyone has as big a heart as you
- All providers are competent to work in your clinic

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Reward Your Staff

- Your workers need to be rewarded
- Don't offer COL raises but performance based
- Peer reviews

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Reputations Take A Lifetime To Build

- And.... A moment to destroy
- Don't forget the power of social media

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Never Count on Forever

- Have your eyes on the horizon
- Your insurance contract, lease, employees, legislation can change tomorrow and everything you have worked for, gone overnight
 - Particularly difficult in states without FPA

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No One Else Is Working On Your Issues

- No one will work as hard as you to keep your business afloat
- You need to be involved and keep your eyes on the horizon
- Complacency is destructive

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There Is Nothing More Rewarding

- Fruits of your labor
- Your successes and victories
- Defying the odds and showing the doubters the door

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Thank You!

I Would Be Happy to Entertain Any
Questions or Concerns!

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