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Sepsis and Septic Shock – Basics of diagnosis, pathophysiology and clinical decision making 573
Michael D. Font, Braghadheeswar Thyagarajan, and Ashish K. Khanna

Sepsis and septic shock are major causes of mortality among hospitalized patients. The sepsis state is due to dysregulated host response to infection, leading to inflammatory damage to nearly every organ system. Early recognition of sepsis and appropriate treatment with antibiotics, fluids, and vasopressors is essential to reducing organ system injury and mortality. This review summarizes the current understanding of the epidemiology, pathophysiology, diagnosis, and treatment of sepsis and septic shock.

Management of Pneumonia Syndromes in the Hospital: Make Pneumonia Your Best Friend 587
Abraham Kanal, Bradley A. Sharpe, and Jesse Abelson

Pneumonia syndromes are defined as acute infections of the pulmonary parenchyma. Pneumonia syndromes continue to cause substantial morbidity and mortality in the hospital. Common syndromes faced by hospital-based providers include: community-acquired pneumonia, hospital-acquired pneumonia, ventilator-associated pneumonia, and aspiration pneumonitis/pneumonia. Substantial evidence and guidelines have provided evidence-based recommendations on the diagnosis and treatment of these syndromes. Future research will provide more insight into the microbiology, optimal diagnostic testing, and best therapeutic options for these syndromes. This article provides a comprehensive review of the common pneumonia syndromes with a particular focus on community-acquired pneumonia.

Advances in the Management of Acute Decompensated Heart Failure 601
Sumeet S. Mitter and Sean P. Pinney

Patients hospitalized for heart failure pose a considerable clinical and financial burden on the health care system. Early recognition and deep phenotyping of heart failure for reduced and preserved ejection fraction syndromes facilitate the introduction of appropriate guideline-directed therapy and decongestion strategies to help improve heart failure morbidity and mortality. Robust and safe transitions of care programs are needed to deliver adequate care and improve overall survival.
Recent Advances in the Management of Acute Exacerbations of Chronic Obstructive Pulmonary Disease

Stacey-Ann Whittaker Brown and Sidney Braman

Chronic obstructive pulmonary disease is a chronic, irreversible obstructive lung disease that results from exposure to noxious stimuli. Acute exacerbations of chronic obstructive pulmonary disease (AECOPD) usually result from viral or bacterial respiratory infections, but may also result from exposure to environmental pollution. AECOPD are associated with functional decline, increased risk of subsequent exacerbations, and death. Despite the poor prognosis of AECOPD, patients are empowered through self-management programs in their battle against this lethal disease. Morbidity and mortality can be reduced by implementing standardized treatment modalities outlined in this article throughout the hospitalization and beyond.

Treatment of Acute Venous Thromboembolism

Sashi Nair, Nina Garza, Matt George, and Scott Kaatz

Acute venous thromboembolism is a common disease seen by nearly all hospitalists. The advent of low molecular weight heparin (LMWH) several decades ago ushered in the era of early hospital discharge and home treatment. More recently, the direct oral anticoagulants (DOACs) have further simplified outpatient treatment and some offer treatment without parenteral therapy. Use of DOACs for cancer-associated venous thromboembolism is emerging and is a welcome evolution of care to spare oncologic patients the burden of daily LMWH injections.

Acute Liver Injury and Decompensated Cirrhosis

James F. Crismale and Scott L. Friedman

Hospitalists often care for patients with liver disease, including those with acute liver injury and failure and patients with complications of decompensated cirrhosis. Acute liver failure is a true emergency, requiring intensive care and oftentimes transfer of the patient to a liver transplant center. Patients with decompensated cirrhosis have complications of portal hypertension, including variceal hemorrhage, ascites, spontaneous bacterial peritonitis, and hepatic encephalopathy. These complications increase the risk of mortality among patients with decompensated cirrhosis. Comanagement by the hospitalist with gastroenterology/hepatology can optimize care, especially for patients being considered for liver transplant evaluation.

Catheter-Associated Urinary Tract Infection, Clostridioides difficile Colitis, Central Line–Associated Bloodstream Infection, and Methicillin-Resistant Staphylococcus aureus

Matthew Luzum, Jonathan Sebolt, and Vineet Chopra

Hospital-acquired infections increase cost, morbidity, and mortality for patients across the United States and the world. Principal among these infections are central line–associated bloodstream infection, catheter-
associated urinary tract infection, Clostridioides difficile, and methicillin-resistant Staphylococcus aureus colonization and infections. This article provides succinct summaries of the background, epidemiology, diagnosis, and treatment of these conditions. In addition, novel prevention strategies, including those related to recent national interventions, are reviewed.

Alcohol and the Hospitalized Patient

Svetlana Chernyavsky, Patricia Dharapak, Jennifer Hui, Violetta Laskova, Eve Merrill, Kamana Pillay, and Evan Siau, Dahlia Rizk

Alcohol use is a common social and recreational activity in our society. Misuse of alcohol can lead to significant medical comorbidities that can affect essentially every organ system and lead to high health care costs and utilization. Heavy alcohol use across the spectrum from binge drinking and intoxication to chronic alcohol use disorder can lead to high morbidity and mortality both in the long and short term. Recognizing and treating common neurologic, gastrointestinal, and hematological manifestations of excess alcohol intake are essential for those who care for hospitalized patients. Withdrawal is among the most common and dangerous sequela associated with alcohol use disorder.

Diagnosis and Management of Opioid Use Disorder in Hospitalized Patients

Michael Herscher, Matthew Fine, Reema Navalurkar, Leeza Hirt, and Linda Wang

The diagnosis of opioid use disorder (OUD) is often overlooked or inadequately managed during the inpatient admission. When recognized, a common strategy is opioid detoxification, an approach that is often ineffective and can be potentially dangerous because of loss of tolerance and subsequent risk for overdose. Medication for addiction treatment (MAT), including methadone and buprenorphine, is effective and can be dispensed in the hospital for both opioid withdrawal and initiation of maintenance treatment. Hospitalists should be knowledgeable about diagnosing and managing patients with OUD, including how to manage acute pain or MAT during the perioperative setting.

Periprocedural Management of Oral Anticoagulation

Joseph R. Shaw, Eric Kaplovitch, and James Douketis

Decisions surrounding periprocedural anticoagulation management must balance thromboembolic and procedural bleed risk. The interruption of both warfarin and DOACs requires consideration of anticoagulant pharmacokinetics, procedural bleed risk and patient characteristics. There is a diminishing role for periprocedural bridging LMWH overall and no role for bridging LMWH for the procedural interruption of DOACs. A clinical approach to perioperative DOAC management based on operative bleeding risk and renal function is safe and effective, and at present, is preferred over preprocedural DOAC levels testing. Clear communication of the anticoagulation interruption plan to both the patient and the patient’s care team is essential.
Teamwork Essentials for Hospitalists

Kevin J. O’Leary, Krystal Hanrahan, and Rachel M. Cyrus

Teamwork is essential to providing high-quality patient care. Hospital settings pose important challenges to teamwork. Measurement is key to understanding baseline performance and assessing whether teamwork is improving. The authors recommend a multifaceted approach, using a combination of complementary interventions with an ultimate goal that improved teamwork translates into improved patient outcomes.

Using Bedside Rounds to Change Culture

Abigail Byrne and Jeff Wiese

Although not suitable for every patient encounter, rounding at the bedside provides an opportunity to teach and augment the attitudes essential for optimal medical care. It also provides an opportunity to establish and grow the team’s culture as well as the culture for each patient encounter. Finally, it provides the attending physician with an opportunity to assess learners’ position on the supervision-to-autonomy spectrum, thereby ensuring appropriate supervision while enabling the autonomy necessary for optimal learner growth.