Guidelines for 5 Minute Interview Presentations

Include slide numbers Maximum of 6 slides**

Do not use less than size 24 font on any slide

PREPARATION NOTES – Please follow this order and general content of your slides.

- Slide 1: Case number and information copied from one of the below cases – Include your name, date and interview time – *briefly* summarize at the beginning of your presentation
- Slide 2: Background information of the disease state assigned
- Slide 3: **Literature and/or guideline recommended treatment**, including alternatives to first line therapy and when to use alternatives
- Slide 4: Patient specific application of the recommended treatment
- Slide 5: Your final recommendation/answer to the assignment
- Slide 6: References

Twenty four hours before your interview, email final presentation slides in PDF form to pharmacy@valleychildrens.org

**Following your presentation, there will be a 5-minute Q&A session. Be prepared to discuss therapy-related considerations that may not be covered in your presentation.

Pharmacy Resident Candidate Presentation Case 1

HPI	Four-year-old patient, weighing 10 kg, presents with bed-wetting, weight loss, and fatigue, and is transferred to Valley Children's PICU for **Diabetic Ketoacidosis** (DKA).
Pertinent Labs	Glucose = 620 mg/dL Na = 130 mEq/L, K = 5.8 mEq/L BUN/SCr = 28/0.8 mg/dL Venous pH = 7.08 HCO_3 = 7 mEq/L β-Hydroxybutyrate = elevated
Assignment	Define and describe pediatric DKA, including pathophysiology, diagnostic criteria, severity classification, and common complications. Compare and contrast current guideline-recommended fluid, insulin, electrolyte, and dextrose management strategies using primary literature and pediatric guidelines. The intensivist would like a patient-specific recommendation for management of this patient's DKA. Justify your final recommendation, including fluid selection and rate, insulin dose, electrolyte replacement strategy, goals of therapy, and monitoring parameters.

Presenter Name:
Date:
AM/PM:

Pharmacy Resident Candidate Presentation Case 2

HPI	Five year old female, weighing 15 kg, presents with fever, weight loss, fatigue, and progressive neck and back pain. Nine months prior, she was treated with fluconazole for Coccidioidal pneumonia, but was lost to follow up. She is now being admitted for concerns of disseminated **Coccidioidomycosis** and potential meningitis.
Pertinent Labs	NKDA, BUN/SCr 22/0.25 mg/dL, Sodium 137 mmol/L, Potassium 4.3 mmol/L, AST/ALT 21/15, Serum Coccidioidal complement fixation titers 1:32
Assignment	Discuss the “What”, “Where” and “How” of cocci. Using primary literature, case reports, and guidelines, assess therapy options (azole vs. amphotericin B) and then develop a treatment plan for therapy and maintenance along with monitoring parameters and goals. Treatment plan to include drug(s), dose(s), route(s), duration(s), and any combination therapies.

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Pharmacy Resident Candidate Presentation Case 3

HPI	Nine year old male who presents to the emergency department in **Status Epilepticus**. He has an IV (placed by EMS) and was already given two appropriate doses of lorazepam. The medical attending is asking for your recommendation on the next treatment option.
Pertinent Labs	Wt.: 25 kg, NKDA No labs available Patient on lacosamide at appropriate dose for his known seizure disorder
Assignment	Define and describe pediatric status epilepticus, including prevalence, pathophysiology and clinical presentation. Discuss and compare these 3 antiepileptic treatment options: fosphenytoin vs. levetiracetam vs. valproic acid. Comparison to include dosing, MOA of medications and literature support – literature must include ESETT trial and additional guidelines/evidence. The intensivist would like a patient specific recommendation on medical management for this patient's status epilepticus. Justify your final recommendation of drug, dose, route, duration, goals and monitoring parameters.

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Pharmacy Resident Candidate Presentation Case 4

HPI	Premature 2-week-old boy born at 28 weeks GA with a **Patent Ductus Arteriosus** (PDA) requiring DOPamine for hemodynamic support.
Pertinent Labs	Normal physical exam, NKDA, current weight is 1.04 kg ECHO on 10th day of life: large PDA measuring 2.6 mm in diameter with left to right shunt. Mean arterial pressure: 31 Scr = 1.7 mg/dL. Urine output = 2.4 mL/kg/hr. AST/ALT/AlkPhos = 43/12/332
Assignment	Describe PDA – what is it? In utero? After birth, including physiologic repercussions? Compare and contrast treatment with ibuprofen versus acetaminophen using literature and guidelines. The neonatologist would like a recommendation on medical management for PDA closure. Justify your final recommendation (drug(s), dose(s), route(s), and duration(s)). Consider adverse reactions, goals and monitoring parameters, plus any pertinent patient specific factors.

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Pharmacy Resident Candidate Presentation Case 5

HPI	Acute Lymphoblastic Leukemia patient who is 12 years old and transferred to Valley Children's PICU from an outside hospital for **Tumor Lysis Syndrome** (TLS). The uric acid was 8 mg/dL at the outside hospital.
Pertinent Labs	Wt: 47 kg, NKDA K=6.5 mEq/L, SCr/BUN=2.2/20 mg/dL, PO_4 6.7 mg/dL WBC =115,000 per microL Repeat uric acid in the PICU was 11 mg/dL
Assignment	Define and describe TLS (laboratory vs. clinical), including risk stratification groups and treatment based on group. Discuss purine metabolism and compare the mechanism of action of current treatment options (allopurinol vs. rasburicase). The oncologist would like a recommendation on medical management for this patient's hyperuricemia. Justify your final recommendation of drug(s), dose (single vs. multiple dose, weight-directed vs fixed dosing), route(s), duration(s), goals and monitoring parameters. Include medication safety warnings for allopurinol vs. rasburicase that need to be considered.

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Pharmacy Resident Candidate Presentation Case 6

HPI	Ten month old female admitted to the acute care floor due to fevers >38.4°C for 7 days, bilateral conjunctivitis, cervical lymphadenopathy, maculopapular rash, crack lips, and a "strawberry" tongue. She was appropriately treated with one dose of IVIG and high dose aspirin for Kawasaki's Disease. Her fever persists 36 hours after IVIG treatment.
Pertinent Labs	Wt: 8 kg, NKDA T 39°C Echo: 4 mm coronary artery dilation
Assignment	Describe refractory Kawasaki's Disease, its associated risks, and prevalence. Assess potential treatment plans for this patient's **Refractory Kawasaki Disease** (compare/contrast corticosteroids, infliximab, etanercept, IVIG) using primary literature/guidelines (KIDCARE and RAISE trials). Also discuss other extremely refractory KD treatment options (cyclosporin, anakinra, etc.) The hospitalist would like a recommendation on medical management for refractory Kawasaki disease. Justify your final recommendation of which drug, dose, route, duration, goals and monitoring parameters including key risks and reassessment timeline.

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