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FROM THE EDITOR

Test ordering: Balancing the good for the many with the good for the one **672**

Three articles this month address how we order clinical tests, one on the question of treating the patient with asymptomatic bacteriuria, the others on the advantages and disadvantages of standing orders for “daily labs” for inpatients.

Brian F. Mandell, MD, PhD

THE CLINICAL PICTURE

Asymptomatic granules on the buccal mucosa **676**

A healthy 35-year-old man presented with multiple small, white-yellow papules.

Keiichi Ohta, DDS; Hitoshi Yoshimura, DDS, PhD

COMMENTARY

Ignore e-cigarettes at your patient’s peril **679**

As patients are already using these products, rather than dismiss the use of e-cigarettes, clinicians should provide accurate information to help patients make the best choices for their health.

Vania Modesto-Lowe, MD, MPH; Lakshit Jain, MD; Roberto León-Barriera, MD

COMMENTARY

Should ‘daily labs’ be a quality priority in hospital medicine? **685**

Evidence shows that unnecessary daily testing is only a minor contributor to anemia and healthcare costs for most inpatients. The effect on patient experience has not been definitively established.

Caleb J. Murphy, MD, MBA; Andrew W. Schram, MD, MBA

EDITORIAL

Laboratory stewardship should be a priority in every hospital **691**

Considerations include indirect costs, downstream testing or other workup based on minor abnormalities uncovered during daily testing, and shortages in staff and supplies.

Anita J. Reddy, MD, MBA; Walter H. Henricks, MD

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Upcoming Features

- **Statins: Diabetes risk and effects on glycemic control**
- **Defining and evaluating resistant hypertension**



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1-MINUTE CONSULT

Does my patient need to be screened or treated for a urinary tract infection? 695

When patients present with symptoms that suggest but are not clearly diagnostic of urinary tract infection, urine studies should be obtained.

Ellen K. Kendall; Yael Mauer, MD, MPH

GUIDELINES TO PRACTICE

Evaluation and management of gastroesophageal reflux disease: A brief look at the updated guidelines 700

Updated guidelines from the American College of Gastroenterology address the evaluation and management of reflux disease, consequences of long-term PPI therapy, and emerging therapies.

Priya Sasankan, MD; Prashanthi N. Thota, MD, FACP

SYMPTOMS TO DIAGNOSIS

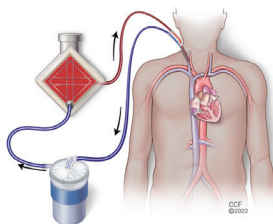
CME MOC

A 60-year-old man with prostate cancer and embolic strokes 705

Step-by-step evaluation of a patient with stage IV prostate cancer and embolic stroke, but no history of heart valve disease, arrhythmia, or coagulopathy.

Neha K. Reddy, MD, MA; Christian Scherer, DO; Samuel Kessel, MD, MBA; Alejandro Moreno, MBBS, MPH, JD, MACP

REVIEW

**On the horizon: Extracorporeal carbon dioxide removal 712**

Extracorporeal carbon dioxide removal to treat hypercapnic respiratory failure has been studied in acute respiratory distress syndrome, chronic obstructive pulmonary disease, asthma, and other conditions.

Justin Hanks, DO; Steven Fox, MD; Omar Mehkri, MD; Laura W. Lund, PhD; Tracey Dill, RRT; Abhijit Duggal, MD, MPH, MSc; Sudhir Krishnan, MD

REVIEW

Is your patient at risk for NAFLD? 719

The authors review identifying individuals at risk, treatment options founded on lifestyle modification, and when to consider referring patients to a hepatologist.

Patress Ann Persons, MD, FACP; Sophie Bersoux, MD, MPH, FACP; Mary Helen Whited, MD, FACP

DEPARTMENTS

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