

Anesthesiology
62:845, 1985

In reply:—Dr. Cramolini's comments are well taken and appreciated. It should be noted that a direct tubular effect of dopamine, which would account for the observed diuresis and natriuresis, has been documented.¹

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62:845, 1985

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(Accepted for publication January 16, 1985.)

On Preventing Transmission of Viral Infections

To the Editor:—Anesthetists constantly deal with blood, blood products, and bodily secretions. A recent review¹ has dealt with the large number of infectious diseases to which we are regularly exposed and has made recommendations regarding personal protective measures. In view of the morbidity and possible mortality associated with these diseases, it behooves us to take all reasonable precautions to avoid contact with potentially infective materials.

We believe most anesthesia personnel take the appropriate precautions when dealing with blood products and patients known to be infective. We have noticed, however, many anesthesiologists and CRNAs frequently place themselves at risk by repeated contact with patients' oral secretions. This type of direct contact not only places the anesthetist at risk but may also endanger patients' health.^{2,3} In addition, those anesthesia practitioners who do wear gloves during intubation often contaminate their working area by replacing their soiled laryngoscope on an otherwise clean surface. It has been shown that the hepatitis B virus remains stable on environmental surfaces and that through contact with these surfaces, the disease may be acquired.⁴ This is also true of other infectious agents.¹

We propose that gloves be worn during all nasal and oral endotracheal intubations. Immediately following intubation, the blade of the laryngoscope should be grasped with the right hand and the right glove pulled off (everted) over the laryngoscope blade. The soiled outer portion of the glove and the blade are now in contact. Since the blade is wrapped in a glove with only the clean inner surface exposed, it cannot contaminate the work table or personnel. In addition, the inverted glove/blade serves as a reminder that the contaminated

blade contained within is soiled and needs cleaning. This simple procedure takes only a few seconds to accomplish, and the health of the patient and the anesthetist will be further safeguarded.

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(Accepted for publication January 16, 1985.)