

*In Reply:*—Dunn indicates in his letter that he would prefer a different design for the plastic tray in which propofol ampules are packaged because the plastic tray configuration leads the clinician to touch the neck of the ampule and thus requires alcohol swabbing of the neck of the ampule prior to opening.

However, we are convinced that aseptic technique should *always* be utilized when handling ampules, because the exterior of an ampule is not sterile and is not expected to be sterile, unless it is part of a sterilized package such as a spinal tray.

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\* Recommendations for infection control for the practice of anesthesiology. Park Ridge, IL, American Society of Anesthesiologists publication, 1992, p. 5.

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### Mechanisms for Effective Dissemination of Critical Information

*To the Editor:*—Kleinman<sup>1</sup> recommended recently that patients in whom difficulty in airway management has been experienced be provided detailed information and a possible medical alert bracelet describing the airway problem encountered. I am pleased to make you aware of the following mechanisms for effective dissemination of critical information we have developed to address this issue.

The *Hopkins Anesthesiology Consultant Report (ACR)*\*† is a one- or two-page document generated by the anesthesiologist to summarize perioperative management and techniques. Patient safety issues are highlighted with recommendations made for future anesthetics or long-term medical management. The *ACR* accompanies the operative anesthesia record and is entered into the patient's permanent medical record to be distributed to medical and surgical colleagues. In a case of a difficult airway/intubation (and in all cases in which the patient would benefit from immediate access to critical information), the patient is given a copy of their *ACR*.

It is important to the patient to make information such as that included in the *ACR* readily available beyond the confines of any single medical institution. To date in the United States, anesthesiologists do not have a readily accessible, computerized, standardized, national medical information system. We decided to use an existing nonprofit, tax-exempt foundation, computerized medical information system—Medic Alert Foundation International—to maximally protect selected patients.†

Medic Alert Foundation International is a three-part life-protecting system that consists of a 24-hour-a-day emergency response center that provides detailed data to emergency personnel via a collect telephone call from anywhere in the world, a metal identification emblem worn as a bracelet or necklace with highlighted medical information, and a

A handling procedure that includes swabbing the neck of the ampule with alcohol is consistent with both the new American Society of Anesthesiologists recommendations for infection control and the Diprivan product information brochure.\* We believe that the packaging of ampules can not obviate the need for subsequent safe handling procedures.

We agree with Dunn that the expense of one alcohol wipe and the ten seconds of time taken to wipe the ampule is a necessary measure that helps ensure patient safety.

DAVID B. GOODALE, D.D.S., PH.D.  
Associate Director of Anesthesia  
Clinical and Medical Affairs  
ICI Pharmaceuticals Group  
Wilmington, Delaware 19897-2200

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wallet card with personal and medical information. Patient informed consent is required, and there is a one-time lifetime membership fee (\$35.00). If the patient is unable to pay, Medic Alert will absorb the cost.

The newly developed "Alert" is now readily available.<sup>2</sup> We have prepared a special brochure to explain to medical personnel and patients the concept of difficult airway/intubation. This brochure is the mechanism for patient entry into the Medic Alert Foundation. Enrollment is encouraged for any patient with anticipated or unanticipated airway/intubation difficulties that, with conventionally employed techniques, "challenged you." It must be anticipated that in urgent/emergency situations, medical personnel with less daily airway experience than you may be the first person to manage this patient's airway. Give your patient the benefit of an "Alert." For additional information and specialty brochures, contact me or Joyce Drake at Medic Alert Foundation International, 840 North Lakeshore Drive, 6 East, Chicago, Illinois 60611; or telephone 312-280-6366.

We encourage interested individuals to visit our Scientific Exhibits at the October 1992 meeting of the American Society of Anesthesiologists in New Orleans. We will be pleased to address questions or concerns and hope to facilitate the incorporation of these new mechanisms for effective dissemination of critical information into practice.

LYNETTE MARK, M.D.  
Anesthesia Advisory Council  
Medic Alert Foundation International  
Department of Anesthesiology and Critical Care Medicine  
Johns Hopkins University  
600 North Wolfe Street, Tower 711  
Baltimore, Maryland 21287-8711

### REFERENCES

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2. Mark LJ, Beattie C, Ferrell CL, Trempey G, Dorman T, Schauble JF: The difficult airway: Mechanisms for effective dissemination of critical information. *J Clin Anesth* 4:247-251, 1992

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\* Mark L, Beattie C, Fisher Q: The Consultant Anesthesiologist: A New Profile for the Profession of Anesthesiology. Baltimore, Foundation for Anesthesia Education and Research, Educational Research Grant, 1991-92.

† Mark L, Beattie C, Fisher Q, Hoehner P, Schauble J, Christopherson R, Pedroni AT, Rogers, MC: Hopkins Anesthesiology Consultant Report: A Prototype Document for Effective Dissemination of Critical Information. (In press)

‡ Medic Alert Foundation International: Difficult Airway/Intubation Alert. Turlock, 1992.