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### A Potential Choking Hazard

*To the Editor:*—As an anesthesiologist who specializes in the care of children, I am acutely aware of the choking potential inherent in common foods and toys. A recent modification to face masks manufactured by Vital Signs (Totowa, NJ) caused me great concern. A small plastic cap was added to the mask to cover the nipple used to inflate or deflate the cuff (Fig. 1). This cap is easily removed, and is of a size (approximately 7 mm × 5 mm) and shape to be aspirated readily; if aspirated, the cap could completely block the airway and would be difficult to extract. We sometimes give these masks to children before surgery for medical play, or send the masks home as souvenirs after surgery. I am concerned that these caps pose a choking hazard to our pediatric patients.

We contacted Vital Signs, and it is our understanding they plan to eliminate the cap from pediatric face masks. In the meantime, I urge anesthesiologists who care for children to remove the cap from Vital Signs masks before giving the masks to children as toys or souvenirs.

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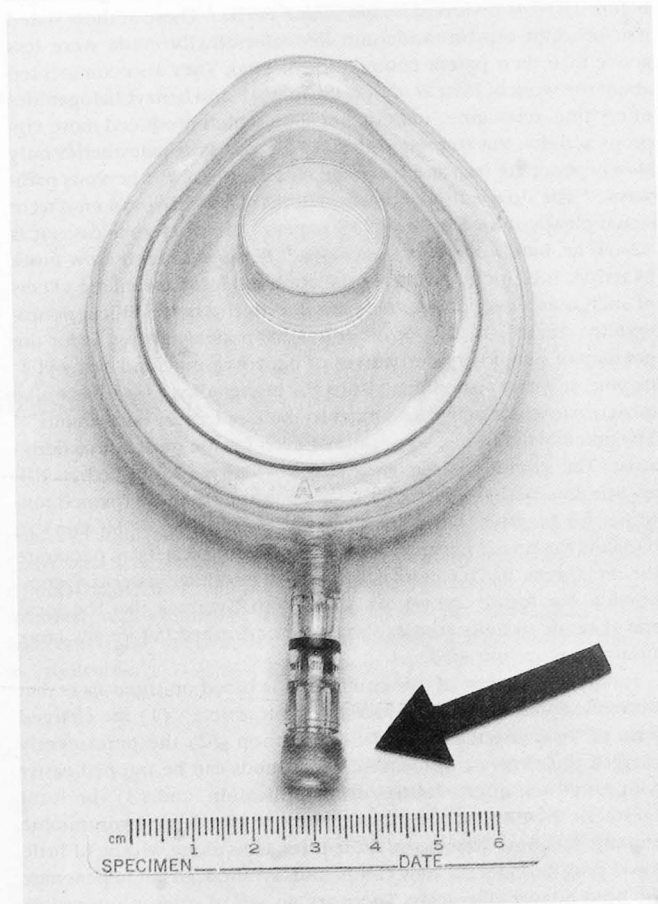


Fig. 1. Vital Signs toddler mask. Arrow points to cap.

## ANNOUNCEMENT

### ABA RECERTIFICATION EXAMINATION DATES

The American Board of Anesthesiology recertification program is voluntary for ABA diplomates whose certification is not time-limited. ABA diplomates may take the examination by computer at more than 40 test centers during a 2-week period, May 3–17, 1997. The ABA will inform applicants of the test sites when the list is available. To request an application, interested diplomates should write to the ABA at 4101 Lake Boone Trail, Suite 510, Raleigh, North Carolina 27607-6507. The ABA must receive completed recertification applications by November 15, 1996.

### Intramuscular Children—Is T

In this issue of the Journal, the results of an interesting and valuable study of intramuscular rocuronium. The goal of this study was to develop a safe and effective method of tracheal intubation for children. Intravenous access is not immediately available in many children, and the question of the need for an alternative method for controlling the airway in these children is a controversial one. The authors justify the study by pointing out that succinylcholine, a commonly used muscle relaxant, is contraindicated in children with certain conditions, such as hyperkalemia, and that the use of succinylcholine for intubation in these children is not recommended. The authors state that the use of succinylcholine for intubation in these children is not recommended because of the risk of hyperkalemia, which can be fatal. However, the authors also state that the use of succinylcholine for intubation in these children is not recommended because of the risk of succinylcholine apnea, which can also be fatal. The authors conclude that the use of rocuronium for intubation in these children is a safe and effective alternative to succinylcholine. The authors also state that the use of rocuronium for intubation in these children is not recommended because of the risk of rocuronium apnea, which can also be fatal. The authors conclude that the use of rocuronium for intubation in these children is a safe and effective alternative to succinylcholine.