common, but it has not been reported until recently because it is usually not recognized, and seldom results in harm. Individuals who perform this procedure should be aware of the possibility of its occurrence.

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**Serratia Bacteremia from Mean Arterial Pressure Monitors**

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Mean arterial pressure (MAP) data in the critically ill patient has become a readily available diagnostic tool since indwelling arterial cannulas have come into widespread use. 1, 2 Although many electronic pressure transducers are currently available, a simple, semidisposable manometer provides similar results at only a fraction of the cost of the electronic apparatus. 3, 4

For the past three years we have routinely utilized such a disposable device, incorporating an aneroid manometer attached to a syringe filled with heparinized saline solu-

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**REFERENCES**

have been ethylene-oxide sterilized and aerated for 48 hours in a high-flow, heated chamber. These units are assembled under sterile conditions and utilize sterile ampules of saline solution and sodium heparin. Since the abolition of the stock solution, there has been no reported incidence of *Serratia* bacteremia associated with the several hundred MAP manometers set up in our Intensive Care Area.

Although the heparinized solution contained in the syringe compartment of the MAP manometer theoretically never contacts the patient’s circulatory system, there is strong evidence of the migration of organisms against a pressure gradient from the MAP unit to the arterial cannula. It is therefore recommended that all solutions associated with pressure transducers attached to indwelling cannulas be made fresh from sterile ampules.

REFERENCES