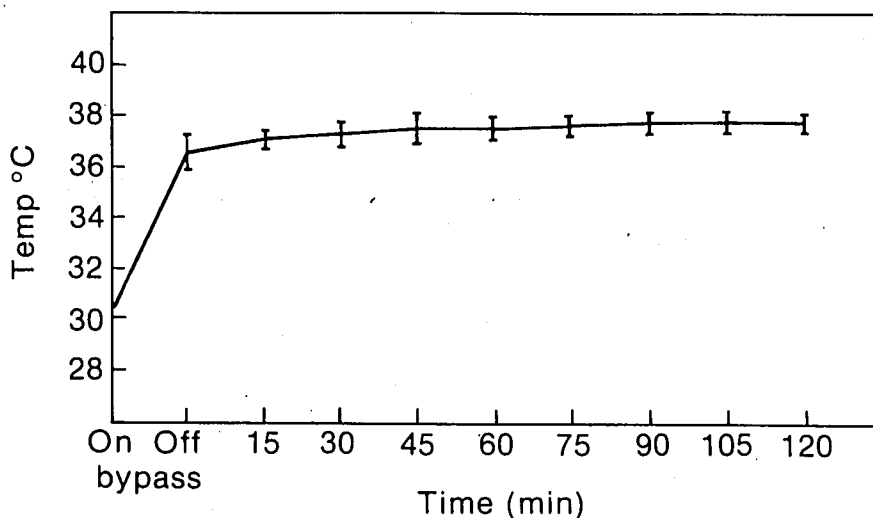


FIG. 1. Nasopharyngeal temperature vs. time after cardiopulmonary bypass.



the thermostat on the humidifier and monitored with a thermometer at the Y-piece. The temperature of the inspired gas is typically maintained at 46–47° C. We followed the nasopharyngeal temperatures of five typical patients in the post-bypass period who underwent coronary artery bypass grafting. A plot of nasopharyngeal temperature vs. time after bypass is presented in figure 1. In contrast to Noback and Tinker's patients, the nasopharyngeal temperature in our patients remained stable in the post-bypass period and showed a small (1° C) increase over the two-hour period studied. Postoperatively, the patients remained warm in the ICU with good capillary refill and normal temperatures.

We believe that the use of heated humidification of the inspired gas is superior to the use of nitroprusside-induced vasodilation in the prevention of post-bypass hypothermia for the following reasons: 1) the technique is simple and doesn't require the prepa-

ration or administration of drugs with potential toxic effects; 2) the patient is not exposed to the effects of increased pump flows for extended periods during the rewarming period; and 3) the technique is a safe and effective way to prevent hypothermia in the post-bypass period.

C. CALDWELL, M.D.
R. CRAWFORD, M.D.
I. SINCLAIR, M.D.

*Department of Anesthesia
Virginia Mason Hospital
Seattle, Washington 98101*

REFERENCES

1. Noback C, Tinker J: Hypothermia after cardiopulmonary bypass in man. *ANESTHESIOLOGY* 53:277–280, 1980

(Accepted for publication January 13, 1981.)

Drug Packaging Invites Confusion

To the Editor:— We would like to bring to the attention of the anesthesia community a potential drug packaging problem.

Abbott Laboratories' 0.5 per cent bupivacaine and 7.5 per cent sodium bicarbonate (figs. 1 and 2) are now available in identical cartons and similar and almost

identical syringes (except for labels). The main distinguishing feature is the color of the package which may not be recognized by those with certain types of color blindness.

As there have already been two incidences of therapeutic misadventure in our area, because of the con-



fusion of almost identical drug packaging, we hope this communication will alert other physicians to this potential problem so that further confusion can be avoided.

PETER R. FREUND, M.D.

Assistant Professor

RICHARD J. WARD, M.D., M.Ed.

Professor, Chief

*Anesthesiology Service
Veterans Administration Medical Center
Department of Anesthesiology
University of Washington
Seattle, Washington 98195*

(Accepted for publication December 30, 1980.)

FIG. 1. Similar cartons used for the packaging of 0.5 per cent bupivacaine and 7.5 per cent sodium bicarbonate.

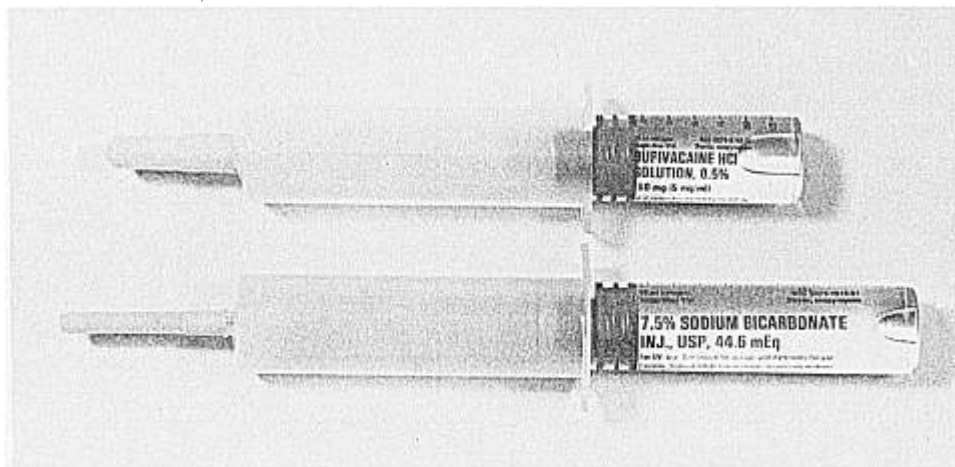


FIG. 2. Syringes used for 0.5 per cent bupivacaine and 7.5 per cent sodium bicarbonate which appear almost identical except for the labels.