Mechanisms for Effective Dissemination of Critical Information

To the Editor—Kleinman¹ 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 anesthesiology 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 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.² 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 at 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.

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

