

## CORRESPONDENCE

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## Secondary Sharps Container

*To the Editor:*—In their recent thorough review of needlestick injuries, Berry and Greene<sup>1</sup> reported that “placing puncture-resistant disposal containers near the work site has reduced some types of needlestick injuries.” Moreover, the success of this strategy can be enhanced “by having one container on each portable medication/anesthesia equipment cart, [so that] the sharps container can be moved closer to the work area as needed.”

In that we provide anesthesia at a free-standing children’s hospital, the overwhelming majority of our patients have their peripheral intravenous catheters placed in the operating room at the time of induction. We found it awkward to leave the patient’s side to dispose of the remaining needle into the sharps container on the anesthesia cart and likewise hazardous to either pass the needle to someone else or lay it temporarily on the operating room table.

The intravenous pump pole appeared to us to be a more easily reachable and hence logical alternate location for a secondary sharps container. With this in mind, we developed an attached, horizontal plexiglass platform with a mounted cup that holds a small, disposable Sage<sup>®</sup> sharps container (fig. 1). So as to increase its utility, we encourage our colleagues to place only needles and not bulky medication ampules in this dedicated container. When combined with the introduction of a needleless intravenous medication administration system (Baxter InterLink<sup>®</sup>), these efforts have dramatically reduced our incidence of inadvertent needlesticks.

**Thomas R. Vetter, M.D.**  
Attending Anesthesiologist  
Assistant Professor of Anesthesiology

**Bruce Kuzma, C.R.N.A.**  
Chief Certified Registered Nurse Anesthetist

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**Fig. 1.** Intravenous pump pole with attached sharps container.

Department of Anesthesiology  
Children’s Hospital Medical Center of Akron  
281 Locust Street  
Akron, Ohio 44308

### Reference

1. Berry AJ, Greene ES: The risk of needlestick injuries and needlestick-transmitted diseases in the practice of anesthesiology. *ANESTHESIOLOGY* 77:1002–1021, 1992

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## Do Barbiturates Really Protect the Brain?

*To the Editor:*—It is a well entrenched part of the catechism of neuroanesthesia that barbiturates protect the brain in the setting of focal ischemia. However, the catechism may require reexamination. I am concerned that the efficacy of barbiturates as protectants in the setting of focal cerebral ischemia may have been substantially overestimated. In particular, there is reason to suspect that many of the investigations on which our beliefs are based<sup>1–7</sup> may have been “contaminated” by unrecognized cerebral hypothermia.

The efficacy of two to four degrees of hypothermia as a protectant in the setting of various cerebral ischemic insults is well established.<sup>8–10</sup> Furthermore, there is quite clear evidence that unrecognized hypothermia may have resulted in the erroneous confirmation of protective effects of at least one other putative protective agent (MK-801) in some investigations.<sup>11,12</sup> It is now recognized that temperatures recorded in other parts of the body (rectum, esophagus, muscle) may be a poor reflection of cerebral temperature, with a