during the study period. The nursing staff was given free reign to pursue whatever course of therapy they would normally pursue when a patient develops increased ICP. During our study, three patients received manual hyperventilation when their ICP exceeded 30 mmHg. As is stated in the manuscript, we felt that this attenuated the ICP increase that we reported.

The last issue raised by Weinstabl and Sperry is one of a proposed mechanism of our findings. While I agree that an increase in cerebral blood flow as a cause of increased ICP is unlikely because of the many reports that sufentanil does not increase cerebral blood flow, we did not examine any particular mechanism. It is indeed curious that this issue cannot be put to rest given the tremendous amount of effort that it has received (in fact a recent published abstract) confirms our data.

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References
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Reducing Syringe Swap Errors

To the Editor—In 1983, anesthesiologists, nurse anesthetists, pharmacists, and manufacturers label experts on the American Society for Testing and Materials subcommittee D10.34 evolved standard D4774 on User Applied Drug Labels in Anesthesiology. This standard uses color to identify the group to which a drug belongs. Thus, induction agents are yellow, opioids are blue, neuromuscular relaxants are red, tranquilizers are orange, and anticholinergics are green. Bold type on the label is used to identify the drug itself. To distinguish succinylcholine from other relaxants that may be used following its administration, its name is printed in red within a black “reverse plate” surrounding panel. Apart from this, normally not more than one drug from each group is drawn up ready for use with any case—an induction agent with a yellow label, succinylcholine (red letters with black background), a nondepolarizing relaxant (black name on red label), an opioid (blue label), a tranquilizer (orange label), etc.

The color of the label quickly separates one drug from the others, but the printed name must be relied upon for final identification of the drug in the syringe.

The recent introduction of seven nondepolarizing neuromuscular relaxants has led some users to request that use of the color red to identify all relaxants be abandoned, requesting that the manufacturer supply labels using the same color used on the drug’s vial, thus indicating an intent to rely on the color to identify the drug rather than reading the boldly printed name on the label. Unfortunately, of the vial label colors, purple is already used for vasopressors, orange is used for tranquilizers, and green is used for atropine. One can imagine a future accident where the anesthesiologist might not notice that the patient has become apneic after what was assumed to be a sedative dose of diazepam.

As all of these newer neuromuscular relaxants have names ending in “curium” or “curonium,” it is proposed that the dissimilar initial syllable of their names be printed in bold capital letters of a larger size than would be used for the rest of the name printed in lower case letters. The differing outlines of these initial syllables should catch the user’s eye so that even two names commencing with a P such as PAnEuonium and PIPeEuonium have dissimilar outlines (Table 1).

The same arrangement could be used by the manufacturers for the printing of their proprietary drug names on their syringe labels. The fluorescent red label background color would still be used to identify all of these drugs as neuromuscular relaxants.

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Table 1. Syringe Labels: Type Sizes

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Proprietary Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATRAcium</td>
<td>TRAcrium</td>
</tr>
<tr>
<td>DOXAcium</td>
<td>NUROrmax</td>
</tr>
<tr>
<td>MIVAcium</td>
<td>MIVAcron</td>
</tr>
<tr>
<td>VECEuonium</td>
<td>NORcurom</td>
</tr>
<tr>
<td>PIPeEuonium</td>
<td>ARDuan</td>
</tr>
<tr>
<td>PAnEuonium</td>
<td>PAVulon</td>
</tr>
</tbody>
</table>

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