Hassle-free Prevention of Blood Spillage during Intravenous Catheter Placement

To the Editor—Here is an imminently useful, effortless, and almost totally effective technique for preventing blood spillage during peripheral intravenous catheter placement.

1. Insert the iv needle–catheter unit. Leave the needle in place.
2. Remove the tourniquet and raise the patient’s arm as high as possible.
3. Wait about 2 s to allow the vein to collapse.
4. Remove the needle. No blood spillage will occur. If blood is present in the catheter hub, wait momentarily until it drains into the catheter shaft.
5. Attach the tubing. (Even though significant air embolism is unlikely to occur via a collapsible peripheral vein, further insurance that it does not can be provided by accomplishing this step without delay.)

After using the above technique hundreds of times, I have never seen more than a small speck of blood spilled. This technique is certainly more effective than wishful attempts to prevent backflow by occluding the vein with the finger tip. It is also less awkward because both hands are free to attach the tubing to the catheter. It costs no money and actually saves time and material by eliminating clean-up. The major advantage, of course, is improved infection control.

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(Accepted for publication October 16, 1990.)

Postoperative Analgesia in Animals

To the Editor—The methodology used in the otherwise excellent article “Comparison of End-systolic Pressure–Length Relations and Preload Recruitable Stroke Work as Indices of Myocardial Contractility in the Conscious and Anesthetized, Chronically Instrumented Dog.” by Pagel et al., requires comment.

For purposes of instrumentation, a left lateral thoracotomy was performed with an appropriate anesthetic technique. Although the authors describe the administration of postoperative antibiotics, there is no mention of postoperative analgesics or attempts to minimize postoperative pain. Thoracotomies are commonly painful procedures in man and animals.

We contend that the authors were not acting in accordance with National Institute of Health guidelines. The Guide for the Care and Use of Laboratory Animals clearly states that analgesics should be administered as required, as part of postoperative care. In addition, the Guide further states, “Unless the contrary is established, investigators should consider that procedures that cause pain or distress in human beings may cause pain or distress in other animals.” The Public Health Service Policy on Humane Care and Use of Laboratory Animals states, “Procedures that may cause more than momentary or slight pain or distress to the animals will be performed with appropriate sedation, analgesia, or anesthesia, unless the procedure is justified for scientific reasons in writing by the investigator.”

Since the thoracotomies described by Pagel et al. were for the purposes of chronic instrumentation, we see no justifiable reason to neglect the treatment of postoperative pain. We cannot deny that animals experience pain and distress. We believe that each investigator using animals in biomedical research has a moral and ethical obligation to treat those animals humanely and to alleviate pain and distress that may occur as a result of an experimental procedure.

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(Accepted for publication October 23, 1990.)