



SUMMIT MEDICAL

Equipment Company

Premiere inhalant anesthesia systems for research and private practice veterinarians

WASTE ANESTHETIC GAS ISSUES: AREAS OF HIGHER RISK OF EXPOSURE TO INHALANT ANESTHETICS -- RESEARCH

1. FILLING THE VAPORIZER

- A. FUNNEL FILL VS. PIN INDEXED (KEY FILL)
- B. Both can be problematic

2. OPENING INDUCTION CHAMBER

- A. Exposure is positional
- B. Hinged vs. Sliding Top
- C. Efficacy of Flush – poor
- D. Residual anesthetic in subject's hair (O₂ and Iso)

3. IMPROPERLY FITTED FACE MASKS

- A. Deteriorated Diaphragm
- B. NO Diaphragm
- C. Improperly Cut Diaphragm
- C. Not using Coaxial System
 - 1. Syringe case or other device

4. NO WAG MANAGEMENT SYSTEM

- A. Activated Charcoal not weighed nor changed.

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1. Charcoal canister placed on flat surface (F/Air and others)
2. Charcoal canister placed on side

- B. EVAC Tubing not connected
- C. EVAC System not turned on.

5. STEREOTAXIC DEVICE

A. SLOT AT BOTTOM OF NOSE CONE

1. Using activated charcoal usually will not work
 - a. Gases fall into workplace through slot
 - b. Nose cone fitted too tightly can present problems with respiration
2. Scoop works with in-house vacuum (attenuated)
 - a. Applying vacuum to nose cone is tricky – needs to be balanced and that is difficult to accomplish

6. BELL JAR (Please say that you are not using this technique!!)

A. VERY HIGH RISK OF OVERDOSE and/or ANESTHETIC ACCIDENT USING ISOFLURANE (HIGH VAPOR PRESSURE ANESTHETIC)

- B. VERY HIGH RISK OF EXPOSURE IN WORKPLACE (UNLESS USED IN FUME HOOD)
1. 30% CONCENTRATION = 300,000 ppm (OSHA TOLERANCE 2 ppm IN 1 HOUR)

7. RECOVERY AREA

- A. Subjects / Patients breathing off ISO (or other inhalant anesthetic) while recovering from anesthesia



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8. LEAKING ANESTHESIA DELIVERY DEVICE
 - A. Hole in bag
 - B. Hole in RB sets
 - C. Hole in conductive tubing
 - D. Leaking vaporizer and/or vaporizer connections