

#### **EDITORIAL**

Focus on Vial Sterility Mark Eggleston, PharmD

#### **ORIGINAL ARTICLES**

Multidose Medication Vial Sterility:

An In-Use Study and a Review of the Literature

Robert Longfield, CDR MC USN; Jenice Longfield, MD, MPH; L. Patrick Smith, MA;

K. Craig Hyams, LT MC USNR; M. Elena Strohmer, RN

A Potential Infection Hazard with the Use of Disposable Saline Vials William A. Rutala, PhD; Marsha M. Stiegel, BS, MT (ASCP); Felix A. Sarubbi, Jr., MD

Urinary Tract Infections with Antibiotic Resistant
Organisms in Catheterized Nursing Home Patients
David T. Bjork, MD; Lawrence L. Pelletier, MD; Robert R. Tight, MD

A Prevalence Survey of Infections in a Combined

Acute and Long-Term Care Hospital

Susan J. Standfast, MD, MPH; Phyllis B. Michelsen, ScD; Aldona L. Baltch, MD;
Raymond P. Smith, MD; Ethel K. Latham, RN; Ann B. Speliacy, RN, BS;
Richard A. Venezia, PhD; Mary H. Andritz, PharmD

Readers' Forum: AIDS—Safety Practices for Clinical and Research Laboratories John V. Federico, MD; Robyn R.M. Gershon, MT (ASCP), MHS

Clinical Pharmacology of Antibiotics: The Pharmacology of Aminoglycosides—I. Considered as a Group Sandra M. Norris, PharmD; Jonathan I. Ravdin, MD

Infection Control and Employee Health: Comments on the CDC Guideline for Employee Health William M. Valenti, MD



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Available in 5 fl oz plastic squeeze bottles, 1 pint plastic squeeze bottles,

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## pHisoHex\* hexachlorophene detergent cleanser

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pHisoHex may be used to control an outbreak of gram-positive infection where other infection control procedures have been unsuccessful. Use only as long as necessary for infection control. Infants, especially premature infants or those with dermatoses, are particularly susceptible to hexachlorophene absorption.

\*See following page for important product prescribing information including warnings, precautions, adverse reactions, and patient selection.



## pHisoHex<sup>®</sup> hexachlorophene detergent cleanser

Before prescribing, please consult the following product information:

CLINICAL PHARMACOLOGY: pHisoHex is a bacteriostatic cleansing agent. It cleanses the skin thoroughly and has bacteriostatic action against staphylococci and other grampositive bacteria. Cumulative antibacterial action develops with repeated use. This antibacterial residue is resistant to removal by many solvents, soaps, and detergents for

pHisoHex has the same slight acidity as normal skin (pH

INDICATIONS AND USAGE: pHisoHex is indicated for use as a surgical scrub and bacteriostatic skin cleanser. It may also be used to control an outbreak of gram-positive infection where other infection control procedures have been unsuccessful. Use only as long as necessary for infection control CONTRAINDICATIONS: pHisoHex should not be used on burned or denuded skin.

It should not be used as an occlusive dressing, wet pack, or

It should not be used routinely for prophylactic total body

bathing.
It should not be used as a vaginal pack or tampon, or on any

It should not be used as a vaginal pack of tampor, or on any mucous membranes.

pHisoHex should not be used on persons with sensitivity to any of its components. It should not be used on persons who have demonstrated primary light sensitivity to halogenated phenol derivatives because of the possibility of cross-sensitivity to hexachlorophene.

WARNINGS: RINSE THOROUGHLY AFTER USE, especially

from sensitive areas such as the scrotum and perineum.

Rapid absorption of hexachlorophene may occur with resul-

handia dissolption of reaction of the image occur with resultant toxic blood levels when preparations containing hexachlorophene are applied to skin lesions such as ichtysois congenita, the dermatilis of Letterer-Siwe's syndrome, or other generalized dermatological conditions. Application to burns has also produced neurotoxicity and death.

PHISOHEX SHOULD BE DISCONTINUED PROMPTLY IF SIGNS OR SYMPTOMS OF CEREBRAL IRRITABILITY OCCUB.

Infants, especially premature infants or those with der-matoses, are particularly susceptible to hexachlorophene absorption. Systemic toxicity may be manifested by signs of stimulation (irritation) of the central nervous system, some-times with convulsions.

times with convulsions.

Infants have developed dermatitis, irritability, generalized clonic muscular contractions and decerebrate rigidity following application of a 6 percent hexachlorophene powder.

Examination of brainstems of those infants revealed vacuo-Examination of oralinsterns or those limitatis revealed vacuo-lization like that which can be produced in newborn exper-imental animals following repeated topical application of 3 percent hexachlorophene. Moreover, a study of histologic sections of premature infants who died of unrelated causes has shown a positive correlation between hexachlorophene baths and lesions in white matter of brains.

baths and lesions in white matter of brains.

pHisoHex is intended for external use only. If swallowed,
pHisoHex is harmful, especially to infants and children.

pHisoHex should not be poured into measuring cups,
medicine bottles, or similar containers since it may be
mistaken for baby formula or other medications.

PRECAUTION: pHisoHex suds that get into the eyes

PHECAU ILON: PHISOHER Suds that get into the eyes accidentally during washing should be rinsed out promptly and thoroughly with water.

ADVERSE REACTIONS: Adverse reactions to pHisoHex may include dermatitis and photosensitivity. Sensitivity to hexachiorophene is rare; however, persons who have developed photoallergy to similar compounds also may become sensitive to hexachiorophene.

to nexactioropiene.

In persons with highly sensitive skin, the use of pHisoHex may at times produce a reaction characterized by redness and/or mild scaling or dryness, especially when it is combined with such mechanical factors as excessive rubbing or ex-

TREATMENT OF ACCIDENTAL INGESTION: The accidental

TREATMENT OF ACCIDENTAL INGESTION: The accidental ingestion of philsoflex in amounts from 1 to 4 oz has caused anorexia, vomiting, abdominal cramps, diarrhea, dehydration, convulsions, hypotension and shock, and in several reported instances, fatalities.

If patients are seen early, the stomach should be evacuated by emesis or gastric lavage. Olive oil or vegetable oil (60 mL or 21 to 2) may then be given to delay absorption of hexachlorophene, followed by a saline cathartic to hasten removal. Treatment is symptomatic and supportive: intravenous fluids (5 percent dextrose in physiologic saline solution) may be given for dehydration. Any other electrolyte derangement should be corrected. If marked hypotension occurs, vasopressor therapy is indicated. Use of opiates may be considered if gastrointestinal symptoms (cramping, diarrhea) are severe. Scheduled medical or surgical procedures should be postponed until the patient's condition has been evaluated and stabilized.

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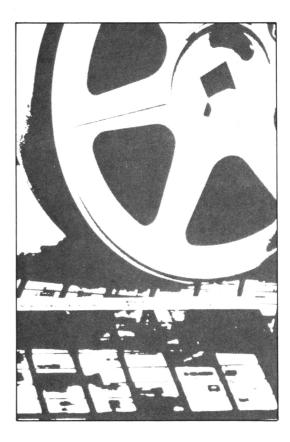
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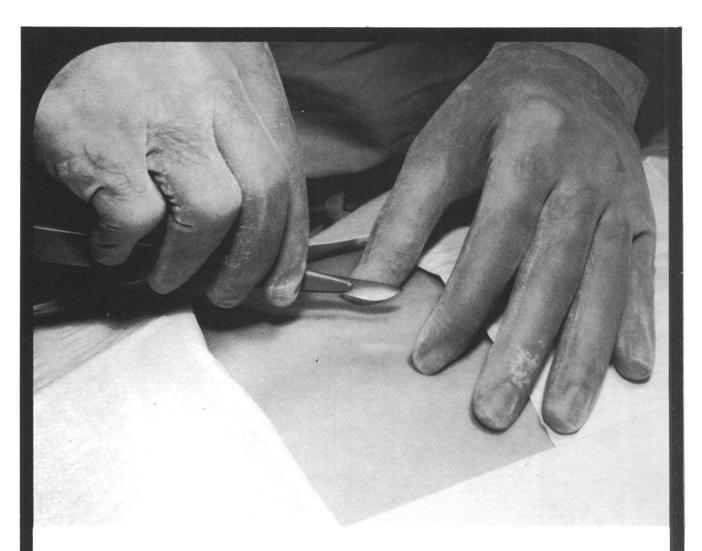
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