Brief Summary (Please consult full package insert, enclosed in every package, before using Pavulon)

**ACTIONS:** Pavulon is a non-depolarizing neuromuscular blocking agent possessing all of the characteristic pharmacological actions of this class of drugs (curariform) on the myoneural junction. Pavulon (pancuronium bromide) is antagonized by acetylcholine, anticholinesterases, and potassium ion. Its action is increased by inhalational anesthetics such as halothane, diethyl ether, enflurane and methoxyflurane, as well as quinine, magnesium salts, hypokalemia, some carcinomas, and certain antibiotics such as neomycin, streptomycin, clindamycin, kanamycin, gentamicin and bacitracin. The action of Pavulon may be altered by dehydration, electrolyte imbalance, acid-base imbalance, renal disease, and concomitant administration of other neuromuscular agents.

**CONTRAINDICATIONS:** Pavulon is contraindicated in patients known to be hypersensitive to the drug or to the bromide ion. Warnings: Pavulon should be administered in carefully adjusted dosage by or under the supervision of experienced clinicians. Dosage and administration of Pavulon should be delayed until the succinylcholine shows duration of action. If succinylcholine is used before Pavulon, the administration of Pavulon may be altered by dehydration, electrolyte imbalance, acid-base imbalance, renal disease, and concomitant administration of other neuromuscular agents.

**USAGE IN PREGNANCY:** The safe use of pancuronium bromide has not been established with respect to the possible adverse effects upon fetal development. Therefore, it should not be used in women of childbearing potential and particularly during early pregnancy unless in the judgment of the physician the potential benefits outweigh the unknown hazards. Pavulon may be used in operative obstetrics (Cesarean section), but reversal of pancuronium may be unsatisfactory in patients receiving magnesium sulfate for toxemia of pregnancy, because magnesium salts enhance neuromuscular blockade. Dosage should usually be reduced, as indicated, in such cases.

**PRECAUTIONS:** Although Pavulon has been used successfully in many patients with pre-existing pulmonary hepatic, or renal disease, caution should be exercised in these situations. This is particularly true of renal disease since a major portion of administered Pavulon is excreted unchanged in the urine.

**ADVERSE REACTIONS:** Neuromuscular: The most frequently noted adverse reactions consist primarily of an extension of the drug's pharmacological actions beyond the time period needed for surgery and anesthesia. This may vary from skeletal muscle weakness to profound and complete skeletal muscle relaxation resulting in respiratory insufficiency or apnea. Inadequate reversal of the neuromuscular blockade by anticholinesterase agents has also been observed with Pavulon (pancuronium bromide) as with all curariform drugs. These adverse reactions are managed by manual or mechanical ventilation until recovery is judged adequate.

**Cardiovascular:** A slight increase in pulse rate is frequently noted.

**Gastrointestinal:** Salivation is sometimes noted during very light anesthesia, especially if no anticholinergic premedication is used.

**Skin:** An occasional transient rash is noted accompanying the use of Pavulon.

**Respiratory:** One case of wheezing, responding to deepening of the dressing in the anesthetic, has been reported.

**DRUG INTERACTION:** The intensity of blockade and duration of action of Pavulon is increased in patients receiving potent volatile inhalational anesthetics such as halothane, diethyl ether, enflurane and methoxyflurane. Prior administration of succinylcholine, such as that used for endotracheal intubation, enhances the relaxant effect of Pavulon and the duration of action. If succinylcholine is used before Pavulon, the administration of Pavulon should be delayed until the succinylcholine shows signs of wearing off.

**DOSAGE AND ADMINISTRATION:** Pavulon should be administered only by or under the supervision of experienced clinicians. DOSAGE MUST BE INDIVIDUALIZED IN EACH CASE. See package insert for suggested dosages.

**CAUTION:** Federal law prohibits dispensing without prescription.


**News and Views**

**Standard for continuous-flow anesthesia machine design issued**

A standard for use in designing continuous-flow anesthesia machines has been issued by the American National Standards Institute (ANSI). Based on actual user experience, the standard also specifies test equipment and methods for measuring compliance with regulations.

Included in the basic performance and safety requirements are: hanger yokes, pressure gauges and quantitative contents indicators, pressure regulators, gas machine piping, flow-control and oxygen flush valves, flowmeters, flowmeter-controlled and concentration-calibrated vaporizers, common gas outlet, pipeline inlet connections, and oxygen-supply-failure precautions.

The document was approved and submitted to ANSI by the Committee on Standards for Anesthetic Equipment which has also produced a series of standards to ensure that anesthesia apparatus is safe and functions properly. These include standards for breathing and anesthesia machines, anesthetic reservoir bags, tracheal tubes and their connectors and adaptors, oropharyngeal airways, and humidifiers and nebulizers.


**USPC develops drug use information system**

The United States Pharmacopeial Convention, Inc. (USPC) has developed a system of dispensing updated drug use information to all individuals involved in the prescribing and use of drugs. Keith Johnson, director of research and development for the Drug Information Division of the USPC states that, "More and better information is continuously being developed about existing and new drugs; the need to put what could be an information overload into some kind of usable order is more important now than ever before."

Information contained in the USP Dispensing Information system answers questions that both professionals and patients need to know (When is (continued on page 116))
the best time to take a particular medication? How should it be stored? What side effects, if any, will occur?). One unique feature of the system provides patient consultation guidelines for the practitioner as well as an advice section written for the patient.

Current trends in the use of medications have emphasized the importance of reliable, up-to-date information. According to Dr. William Heller, Executive Director of USPC, “American physicians write almost a billion and a half prescriptions every year. Very rarely is the individual prescribing and using the drug—the doctor, pharmacist, nurse or patient—in any position to determine the quality and reliability of the products being used.”

The information system will consist primarily of an annually updated book, USP DI. The first edition, published in 1960, is kept current by bi-monthly updates. A reference book containing patient information for use by pharmacists, physicians’ offices, and hospital wards will also be made available.

The USPC is a nonprofit organization of professional representatives from all fields of health care and pharmacy, including nurse anesthesia.

AORN certifies first group of operating room nurses

The Association of Operating Room Nurses (AORN) certified its first group of operating room nurses in February. A total of 686 nurses passed the November examination, the last step in the certification process, and are entitled to use the initials CNOR after their names.

AORN began developing its certification program in 1978. The program recognizes RNs who are proficient in OR nursing practice. To be eligible for certification, a registered nurse must have worked in professional operating room nursing for at least two years, and must have worked another two years prior to that.

His or her practice is then measured against standards of OR nursing practice through self-assessment and by evaluations of two fellow nurses. Finally, the nurse must pass a four-hour examination of patient care before, during, and after surgery.

The AORN is the professional organization for operating room nurses with more than 28,000 members nationwide.
Announcing
a new pharmaceutical company
that has already created
over forty original drugs

Janssen
Pharmaceutica
Introducing a new company with 50 years of experience

Janssen Pharmaceutica, a new pharmaceutical company, draws on almost 50 years of experience in drug development and manufacturing. Part of the Johnson & Johnson family, Janssen is located in New Brunswick, New Jersey. Its parent company, headquartered in Beerse, Belgium, has long been recognized as one of the world's most innovative pharmaceutical firms.

The Janssen Research Centre, the key to Janssen's success, was established in 1953 by Dr. Paul Janssen. In just over 25 years, the Janssen Research Centre has made available to the medical profession over 40 original drugs. Most are available worldwide; many are now in wide use by physicians in the United States.

Research at Janssen: a record of achievement, a promise of breakthroughs to come

Janssen research has already produced a number of valuable drugs in areas important to modern medical practice. Included are compounds used in the treatment of mental disorders, infectious and cardiovascular diseases, immunologic dysfunctions, gastrointestinal and parasitological problems as well as several agents used in anesthesiology.

Janssen has opened new frontiers in the clinical application of a novel class of therapeutic agents: synthetic immunosupportive agents. Compounds exhibiting this type of activity have already proved valuable in treating a variety of disorders where a specific immunologic defect is involved and have helped add substantially to knowledge of the mechanism of the disease process.

Through the use of advanced techniques such as X-ray crystallography, nuclear magnetic resonance, the application of quantum mechanical principles and large digital computers, Janssen research is learning more each day about drug/receptor mapping and rational drug design. This knowledge has been—and will be—used to design new and better compounds: drugs which are more potent and more specific, drugs with greater therapeutic ratios, drugs which are simpler for the physician to use and easier for the patient to take.

Some products of Janssen's research efforts, already available in certain geographical areas, include: an analgesic molecule with a therapeutic ratio (lethal dose: effective dose) of 15,000:1, as compared to 250:1 for morphine, and a neuroleptic effective for a week or more after just one oral administration. Other areas where investigations have yielded promising compounds include cardiovascular, gastrointestinal and allergic diseases.
To better serve the medical and allied professions

Janssen Pharmaceutica was founded in the United States to facilitate the introduction of original developments of Janssen research to the medical profession. Until now, Janssen products were available here only through other pharmaceutical companies. Some of these firms will continue to provide you with drugs they are now supplying, but we will make all new products available to you. Thus, there will be more direct communication between Janssen, the source, and you, the eventual user of Janssen products.

Contact with the health profession will be in the hands of a highly skilled corps of Janssen Pharmaceutica representatives who will be calling on teaching centers and hospitals as well as physicians' offices. Janssen representatives undergo thorough training, instruction which emphasizes not only product knowledge, but an understanding of the clinical situations where Janssen drugs are used. Representatives' skills are updated through educational programs which keep them apprised of the latest medical information as it pertains to the use of Janssen products. Thus, our representatives will be especially well equipped to provide you with the information you require.

Moreover, since their background and training will enable them to discuss your needs with you, our research and development can be guided by a knowledge of the direction of your practice. Another gain: our location in the United States will enable us to expedite the introduction of new products through the use of clinical research and development facilities available to us here.

The Janssen commitment

Every company has a guiding principle which forms the basis of its activities and directs its major efforts. With Janssen, this principle is a commitment to research. The nature and depth of our dedication have best been expressed by Dr. Paul Janssen, President and Director of Research of the parent company.

"There are still many severe problems for which there is no cure at all and for which effective drugs have to be found quickly in the interest of all who are suffering. This is the way we see our duty here and we would like to think that we have contributed to the solution of some of these problems. And we will continue...because so much more remains to be done."
Janssen Pharmaceutica today...
and tomorrow

At this time, Janssen Pharmaceutica is making five proven drugs available to the medical profession. Produced in facilities which make use of the most modern and sophisticated manufacturing and packaging equipment, these are:

- SUBLIMAZE® (fentanyl) injection
- INAPSINE® (droperidol) injection
- INNOVAR® (droperidol/fentanyl) injection
- MONISTAT i.v.™ (miconazole for intravenous infusion)
- VERMOX® (mebendazole) Tablets

While other Johnson and Johnson firms have previously made these products available in the United States, they will now be supplied exclusively by Janssen Pharmaceutica. In the sense that they represent important therapeutic advances in their specific areas of usefulness, they are typical of the Janssen research achievement.

We expect to introduce one important new therapeutic agent to the medical profession sometime in the course of 1980, and more will follow as current projects come to fruition. With the present drugs and with those that we hope to make available in time, we confidently expect that Janssen Pharmaceutica will make itself felt as an important force in the American pharmaceutical industry in the years to come.

Committed to research...
because so much remains to be done.

JANSSEN PHARMACEUTICA INC.
501 George Street, New Brunswick, N.J. 08903
Now from Janssen Pharmaceutica:

anesthetic adjuncts proven by over a decade of worldwide experience

Charting the course of balanced anesthesia

JANSSEN PHARMACEUTICA INC.
501 George Street, New Brunswick, N.J. 08903
As an aid to induction, Innovar INJECTION®
(droperidol/fentanyl) can help

Committed to research... because so much remains to be done.

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Please see Prescribing Information on last two pages of this advertisement.
1. Establish a foundation of tranquility and analgesia
   - Smooth intubation
   - Minimize the need for thiopental

2. Foster a smooth and uneventful intraoperative course
   - Provide an anesthetic baseline
   - Promote cardiovascular stability

3. Maintain a quiet and less troublesome postoperative period
   - Reduce the incidence of nausea and vomiting
   - Minimize the need for postoperative analgesics
   - Provide tranquilization and tolerance of discomfort

Innovar® (droperidol/fentanyl) injection is proven by a decade of worldwide experience.
Adequate analgesia with Sublimaze INJECTION® (fentanyl) can help suppress surgical stress

(A simulated case)
Administered following induction, 3-5 ml of SUBLIMAZE® (fentanyl) injection will:
- provide profound analgesia
- minimize catecholamine release
- lay a foundation for a smooth intraoperative course

Used as needed during surgery, SUBLIMAZE® offers controllable analgesia:
- rapid onset
- short duration of action*
- rapid reversibility by narcotic antagonists*
- analgesic action carries over into postoperative period*

*The respiratory depressant effect of Sublimaze® (fentanyl) injection may last longer than the analgesic effect.

1.0 ml SUBLIMAZE®

Please see Prescribing Information on following pages

JANSSEN PHARMACEUTICA INC.
301 George Street, New Brunswick, N.J. 08903
FOR INTRAVENOUS OR INTRAMUSCULAR USE ONLY

The two components of INNOVAR injection, fentanyl and droperidol, have different pharmacological properties. This combination allows for the dual actions of analgesia and sedation.

DESCRIPTION:
Each ml of INNOVAR injection contains:
- Fentanyl (fentanyl citrate) 0.05 mg
- Droperidol (droperidol citrate) 2.5 mg

INDICATIONS:
INNOVAR injection is supplied in 2 ml. and 5 ml. ampuls, in packages of 10.

PRECAUTIONS:
- Antagonists should be readily available to manage any respiratory depression or cardiovascular collapse that may occur.
- For intravenous or intramuscular use only.
- Fentanyl may cause muscle rigidity, particularly involving the muscles of respiration. It may also produce other agonist and antagonist characteristics of narcotic analgesics including euphoria, miosis, bradycardia, and bronchoconstriction.

The onset of action of fentanyl is immediate when the drug is given intravenously, however, maximal analgesic and respiratory depression may not be noted for several minutes. The usual duration of the analgesic effect is 30 to 60 minutes following administration. In intramuscular administration, the onset of action is from seven to eight minutes, and the duration of action is one to two hours.

As with longer-acting narcotic analgesics, the duration of the respiratory depressant effect of INNOVAR injection may be longer than that of the narcotic antagonist action. Consult individual prescribing information (levallo- plus adrenal and naloxone have been observed to reverse the effects of INNOVAR injection).

Should respiratory depression be considered, muscle rigidity, assisted or controlled respiration and possibly a narcotic antagonist should be readily available to man-

PRECAUTIONS:
A. Intravenous Administer - If an adequate respiratory depression is not achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly. If the dose of INNOVAR injection required will be less than 1 mg, the patient may be breathing spontaneously with adequate ventilation.

B. Intramuscular Administer - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

C. Intranasal Administer - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

D. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

E. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

F. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

G. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

H. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

I. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

J. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

K. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

L. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

M. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

N. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

O. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

P. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

Q. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

R. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

S. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

T. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

U. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

V. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

W. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

X. Intranasal Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

Y. Intravenous Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

Z. Intramuscular Administration - If no significant respiratory depression is achieved with the calculated dose, a specific number of milliliters of any basic anaesthetic or resuscitative fluid should be administered slowly.

How Supplied:
INNOVAR injection is supplied in 2 ml. and 5 ml. ampuls, in packages of 10.

U. S. Patent No. 3,141,823 Rev. 1/81
DESCRIPTION: Each ml. contains:
Fentanyl ................... ................... ... plus other
countermeasures do not correct hypotension, the administration of pressor agents other than epinephrine

SUBLIMAZE (fentanyl) injection 6 R

INDICATIONS: SUBLIMAZE (fentanyl) injection 6 R

1. Premedication (to be appropriately modified in the elderly, debilitated, and those who have received other depressant drugs) — 0.05 to 0.1 mg. (1 to 2 ml.) may be administered intramuscularly 30 to 60 minutes prior to surgery.

2. Indications in General Anaesthesia — Induction — 0.05 to 0.1 mg. (1 to 2 ml.) may be administered intravenously slowly and intramuscularly 10 minutes prior to surgery.

3. Premedication, for the induction of anesthesia and as an adjunct in the maintenance of general and operative monitoring, and in the immediate post-operative period (recovery room) as the need arises.

4. Premedication (to be appropriately modified in the elderly, debilitated, and those who have received other depressant drugs) — 0.05 to 0.1 mg. (1 to 2 ml.) may be administered intramuscularly 30 to 60 minutes prior to surgery.

PRECAUTIONS: The initial dose of SUBLIMAZE (fentanyl) should be appropriately reduced in elderly or debilitated patients. The initial dose should be reduced in patients with liver and kidney dysfunction.

VITAL SIGNS should be monitored routinely.

OVERDOSAGE: Manifestations: The manifestations of SUBLIMAZE (fentanyl) overdosage are an extension of the pharmacologic actions.

 Treatments: In the presence of hypoxemia or apnea, oxygen should be administered and respiration should be assisted or controlled as indicated. A patent airway must be maintained, an endotracheal airway or endotracheal tube might be indicated. If depressed respiration is associated with muscular relaxation, assisted or controlled respiration using high frequencies of minute ventilation may be required. If airway obstruction persists, the patient should be managed as for other types of anesthesia. If the patient is in respiratory failure, the patient should be managed as for other types of anesthesia. If the patient is in respiratory failure, the patient should be managed as for other types of anesthesia.
Versatile Ohio Monitors give you a number of ways to view your patient.

In the O.R. where the types of surgery are so complex and varied, you need a monitoring system with the diverse capabilities of the Ohio® ECG/BP Monitor. Because it's versatile enough to give you a continuous reading on as many as five of your patient's vital signs.

Bright, sharp numeric readouts and dual-traces indicate your patient's ECG, body temperature, heart rate, blood pressure or peripheral pulse. Accurately and continually. What's more, the Ohio Monitor gives you the added flexibility of a waveform freeze and expand function for further, in-depth study.

Add an optional annotating recorder to your Ohio ECG/BP Monitor, and record both alphanumeric and waveform data permanently for more detailed analysis or inclusion in the patient's file.

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There are times when other monitors might distort or blackout altogether. But with the dual-trace Ohio ECG/BP Monitor, you keep your patient's status in view constantly. A special electrosurgical interference suppression system and other electronic safeguards ensure monitoring continuity.

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SODASORB® PRE-PAK®
a convenient time and money saving
cartridge of CO₂ Absorbent / Soda Lime U.S.P.
that is shrink wrapped, zip opened, and disposable. This new smaller, easier to handle
package requires less storage space and
provides maximum product stability and safety.
Packed 12 per carton. Sodasorb® is available in
two other convenient packages to fit all
your requirements.

PLASTIC PAIL — Equipped with handy, plastic pull-out, tamper-proof spout for easy pouring. Our most economical package.
Net weight 37 lbs.

CANISTER-PAK® — One bag contains enough Sodasorb® to fill a
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THE WORLD’S MOST EFFECTIVE FILTER IS NOW EVEN BETTER!

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✓ Encapsulated filter media for maximum filter integrity and improved performance.
✓ Non-pleated filter media.
✓ Protection against biological and inorganic contamination or migration.
✓ Actual Biological Filtration Efficiency (B.F.E.) documentation measures effectiveness & reliability.

✓ Hydrophobic treatment permits use under high relative humidity.
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Don’t settle for the outdated window screen technology of porosity type filters.
Demand state-of-the-art effectiveness and reliability. Evaluation samples and documentation available upon request. For private label or international sales information call Ray Sheppard, (305) 652-2365.
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Innovative features of the new Mon-a-therm® Model 6000 System:

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