

TABLE 1. Sample Program

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10: "D" print "dopamine: 200 mg/500 ml D5W"  
20: Print "Dose=2-25 µg/kg/min": GOSUB 400  
30: X=Q/400:GOSUB 500  
40: End  
400: Input "Lbs=";L;"Dose=";D  
405: Q=(L/2.2)*D:Return  
500: Y=X*60  
505: Print using "###.##"; X; "ML OR"; Using "#####"; Y;  
    "MGT/MIN": Return
```

recommended dilution and dose range, and prompts for the patient's weight in pounds and the desired rate of

administration. In a few microseconds, the rate is given in both milliliters and microdrops. While not as elegant as some of the programs available on larger computers, it is eminently useful, and economical as to both price and space.

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Ketamine Treatment of Status Epilepticus

To the Editor:—Recent publications regarding ketamine fail to deal with an old controversy regarding its use; namely, its convulsant/anticonvulsant properties.^{1,2}

We recently were asked to consult regarding three patients in status epilepticus. Conventional therapy had failed in these patients and the use of a general anesthetic³ presented too great a risk due to both severe hypotension and dysrhythmias. We noted an apparent temporal relationship between the cessation of both physical and electroencephalographic evidence of seizure activity and the intravenous administration of ketamine.⁴

Whether this truly represents seizure suppression by ketamine HCl is difficult to say. It is at least a consideration when faced with severely hemodynamically compromised patients in whom status epilepticus has proven refractory to conventional therapy.

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Inseparable Disposables

To the Editor:—I would like to share with you a recent experience of equipment malfunction and alert your readers to the potentially serious complications which might ensue.

During a recent hospital personnel strike, the black rubber face masks (Trimar-Ohio), normally used in this

department, were replaced by single-use plastic face masks (Vital Signs—Product #5250). After induction of anesthesia, a patient was preoxygenated, paralyzed, and intubated.

When I planned to connect the patient to the anesthesia circuit, it quickly became evident that the mask