

Another recheck visit occurred 1 month after the original anesthetic episode; at that time, there was only a small area of granulation tissue (approx 0.5 cm in diameter) that had not fully epithelialized. A recheck visit 9 weeks after the original anesthetic episode showed the area was apparently completely healed with minimal visible scarring.

Although there are many case reports of trauma related to pulse oximeters in human patients, the number of cases relative to pulse oximeters' abundant use suggests that these devices are overall associated with few adverse events. We suggest that a few guidelines can help to prevent even these rare complications. Probes should only be used with the same manufacturer's monitor regardless of whether connectors appear to be compatible. Monitors, cables, and probes should be carefully inspected for damage or wear prior to use. Only clips specifically designed for the intended area and appropriately sized for the patient should be used. Many manufacturers provide multiple sizes of lingual clips as well as rectal, finger, and reflectance probes. Lastly, probes should be cleaned and rinsed thoroughly with appropriately designated solutions that are intended for contact with patient tissues. Pulse oximeters are noninvasive, accurate, and valuable monitors for human and veterinary patients, but, as with all medical devices, should be regularly inspected, maintained, and used appropriately.

Footnotes

- a. VetTrend V Vital Signs Monitor, SystemVET, Tampa, Fla.
- b. Nellcor N-65 OxiMax portable pulse oximeter, Covidien, Mansfield, Mass.
- c. Nellcor D-YS lingual probe, Covidien, Mansfield, Mass.
- d. Maalox, Novartis Consumer Health Inc, Deerfield, Ill.

References

1. Baker GL, Mani MM. Infant monitoring results in burn-tissue damage: literature review and case report. *J Burn Care Rehabil* 1993;14:113-119.
2. Greenhalgh DG, Lawless MB, Chew BB, et al. Temperature threshold for burn injury: an oximeter safety study. *J Burn Care Rehabil* 2004;25:411-415.
3. Ceran C, Taner O, Tekin F, et al. Management of pulse oximeter probe-induced finger injuries in children: report of two consecutive cases and review of the literature. *J Pediatr Surg* 2012;47:e27-e29.
4. Jung SN, Hwang DY, Kim J, et al. Pulse oximeter probe-induced electrical burn. *Burns* 2009;35:751-753.
5. Sobel D. Burning of a neonate due to a pulse oximeter: arterial saturation monitoring. *Pediatrics* 1992;89:154-155.
6. Miyasaka K, Ohata J. Burn, erosion, and "sun" tan with the use of pulse oximetry in infants. *Anesthesiology* 1987;67:1008-1009.
7. Murphy KG, Secunda JA, Rockoff MA. Severe burns from a pulse oximeter. *Anesthesiology* 1990;73:350-352.
8. Sloan TB. Finger injury by an oxygen saturation monitor probe. *Anesthesiology* 1988;68:936-938.
9. Dempsey MF, Condon B. Thermal injuries associated with MRI. *Clin Radiol* 2001;56:457-465.
10. Wille J, Braams R, vanHaren WH, et al. Pulse oximeter-induced digital injury: frequency rate and possible causative factors. *Crit Care Med* 2000;28:3555-3557.
11. Chiang YC, Lin TS, Yeh MC. Povidone-iodine-related burn under the tourniquet of a child—a case report and literature review. *J Plast Reconstr Aesthet Surg* 2011;64:412-415.
12. Punj J, Jaryal A, Mahalingam S. Toe gangrene in an infant subsequent to application of adult-type pulse oximeter probe for 10 min. *J Anesth* 2010;24:630-632.
13. Ali MA, Subbaramaiah MT, O'Donoghue B. Reflectance pulse oximeter-associated burn in critically ill patient. *Anesthesia* 2005;60:1249-1250.
14. Krautheim A, Jermann T, Bircher A. Chlorhexidine anaphylaxis: case report and review of the literature. *Contact Dermat* 2004;50:113-116.
15. Napolitano LM, Koruda MJ, Baker CC, et al. Pentoxifylline alters class specific immunoglobulin synthesis in resuscitated burn injury. *J Burn Care Rehabil* 1997;18:389-394.
16. Dodd MJ, Dibble SL, Miskowski C, et al. Randomized clinical trial of the effectiveness of 3 commonly used mouthwashes to treat chemotherapy-induced mucositis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2000;90:39-47.



Correction: Compendium of Animal Rabies Prevention and Control, 2016

In the "Compendium of Animal Rabies Prevention and Control, 2016" (*J Am Vet Med Assoc* 2016;248:505-517), Dr. Nick Striegel, who was one of the consultants to the committee, should have been listed as representing the AVMA.