

## IV Therapy Using Filter Needles

### To the Editor:

I would like to inquire about your recommendations regarding the use of filter needles for drawing up of medications contained in ampules that are to be given IV push or IM.

There has been much controversy regarding this issue in regards to cost versus quality and need of use. Our nursing staff has been experimenting with these and has found that they do filter foreign particles of glass and such, but the infection control committee questions their reliability in effective use in comparison to cost. I have been unable to find any literature that discusses the issue as to pros and cons. In conversations with other hospitals, it seems that the use of filter needles is not being practiced, but since I have approached the various IV teams and infection control committee, they now wish to know more about the subject.

I would appreciate your recommendations on the use of filter needles and perhaps some reference material that our hospital can study.

**Sherry Warren, R.N.**  
Infection Control Nurse  
Doctors Memorial Hospital  
Tyler, Texas

*The preceding letter was referred to Sue Crow, R.N., M.S.N., Associate Editor of Infection Control, for a reply.*

At present there are no published studies that show a comparison be-

tween rates of infection related to IV therapy using filter needles to infection rates where filter needles are not used. Therefore, the Centers for Disease Control (CDC) does not recommend filter needles from an infection control perspective.

The National Intravenous Therapy Association (NITA), however, recommends that filter needles (1 $\mu$  in size) be used anytime that glass ampules are involved. Their recommendation is based on studies on the efficacy of the needle filtering out particulate matter. They recommend that the filter needle be used even if there is an in-line filter in the IV system.

Since there are different views from two different organizations and because these issues are not the same, it becomes the responsibility of the individual hospital to decide the quality of patient care they will provide and to make their own decision as to whether they will or will not use such devices.

**Sue Crow, R.N., M.S.N.**  
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## Peer Review in Nursing and Medical Journals

### To the Editor:

I read with interest Dr. Harry Nottebart's views on "peer review" journals

(Readers' Forum, *Infection Control* November/December 1982). Since he does not specifically refer to medical journals, and since the article appears in a quasi-multidisciplinary journal, I will assume his statements were meant to include nursing journals.

Since Dr. Nottebart knows of no listings of journals designating which are peer review, or refereed, and which are not, it seems that perhaps the nursing profession is a step ahead of the medical profession in attempting to provide this distinction for its members.

Two rather recent articles which address this issue have appeared in nursing journals, *Nursing Outlook* (September 1981) and *Image*, the official publication of Sigma Theta Tau, National Honor Society of Nursing. The authors of these articles share some of Dr. Nottebart's views on the definition and importance of a "refereed" journal, but have at least raised some questions and provided some information for the members of the nursing profession.

For what it's worth, *Nursing Outlook* and *Image* are both refereed journals.

**Sandy Pirwitz, R.N.**  
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*Dr. Harry C. Nottebart, author of the article in question, was invited to respond.*

I was delighted to get a copy of Sandy Pirwitz's letter to *Infection Control*. I do see a few nursing journals but was not familiar with either of the articles to which she alluded.<sup>1,2</sup>

Many of the statements made in those articles, and in articles referenced therein, reflect my opinions as well. One of the cited works was an editorial that I liked very much and would refer anyone to it who is interested in this topic.<sup>3</sup> Among other things, this editor said: "What I find most disturbing is the uncritical acceptance of the 'refereed is best' philosophy in a profession that places such a premium on validation of all its processes. Validation, within this context, would call for data proving that the refereed journal does indeed serve its readers better than the non-refereed one. Is there objective evidence, for instance, that the content of the refereed journal is more informative, more useful, more responsive to readers' needs and interests (the ultimate test) than the nonrefereed one? To the best of my knowledge, there is no such evidence; more appalling, no one seems even to have looked for any. The refereed journal, for many, is taken as an article of faith, in the interests of academic respectability."

In the two articles mentioned in Ms. Pirwitz's letter the discussion is about "refereed" journals.

I have some disagreement with the use of the word "refereed." To me this implies two antagonists (Author versus who? Editor?) and that the referee is assuring that the rules of the combat are observed.

In the editorial I quoted above,<sup>3</sup> Editor Lewis discusses the fact that the concept was "initially characterized as peer review." Subsequently this concept has changed so that the reviewers are thought to be "authorities." Certainly many of those people who are reviewers are considered experts. It is interesting to speculate on why they are considered experts. Could it be because they are widely published in "peer review" journals?

In examining this issue Drs. Clayton and Boyle sent letters to 30 journals.<sup>1</sup> The editors of these journals themselves were to respond as to whether the journal was refereed or not. Of the 25 which responded, 23 said they were refereed journals. It was said that, "the editors reported by a two-to-one ratio that exceptions are not made to the stated review procedure." However, this means that about one-third of the so-called refereed journals sometimes published articles that were not refereed.

**FIGURE**

**VANDERBILT UNIVERSITY**

**OCCUPATIONAL HEALTH**

**INFORMED CONSENT FOR RUBELLA IMMUNIZATION**

Rubella (German Measles) is usually a mild illness, but when a pregnant woman gets the disease serious malformations can occur in the baby. To prevent this, Rubella virus vaccine has been developed. Because it is a live virus it should not in any circumstances be given to a pregnant woman. The woman should also absolutely not become pregnant within 3 months following the injection. If she did become pregnant during this time, the baby could get the disease and the resulting birth defects. The vaccine should also not be given to anyone with an altered immune state (ie, leukemia treatment with steroids), a severe febrile illness (fever), or hypersensitivity (allergy) to vaccine components.

Side effects which the person receiving the immunization should be aware of include joint pain and inflammation which may begin 2 to 10 weeks following the injection. This generally may last for long periods of time. No permanent joint problems have occurred.

I certify that I have read the above and understand the potential dangers to the fetus if I am pregnant and have taken appropriate measures to prevent pregnancy.

Date \_\_\_\_\_ Results of HI antibody titer \_\_\_\_\_

Date of Immunization \_\_\_\_\_

Date of last menstrual period \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

On the other hand, the two journals who said they were not "refereed" would probably have been called "refereed" by others. "These two editors excluded their journals because of the decision-making practice that follows the review by experts."

In the article by Professors Swanson and McCloskey, they mailed 135 questionnaires to journals. There were 100 usable responses but only 49 were nursing journals. Of these, 46 responded as to whether the journals were refereed or non-refereed. Thirty-four (74%) replied that they were refereed.

Although these articles do provide some information as to whether certain journals are refereed, from my viewpoint this designation is still not very useful. The editors of the journals determined and provided the information on whether their journals were refereed or not. If one is going to look at the journals, I would have preferred to see some objective standards that were applied by an outside, impartial observer to the process by which a journal selects articles. Then those journals which met those objective standards applied by an outside, impartial observer might then be said to be a "refereed" or peer review journal.

An interesting Letter to the Editor which has just appeared touches on this subject in passing.<sup>4</sup>

I think it is a mistake to focus on the journal. I still think that one cannot, and should not, evaluate the quality of an article based on the journal in which

it appears. This is illogical. I think the emphasis and analysis should be on individual articles. Each article should be evaluated on its own merits.

#### ACKNOWLEDGMENTS

I would like to acknowledge the help provided me by Mrs. Lynne Turman and Mrs. Carol W. Boyd in locating the references and articles mentioned above.<sup>1-3</sup>

#### REFERENCES

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2. Swanson E, McCloskey JC: The manuscript review process of nursing journals. *Image* 1982; 14:72-76.
3. Lewis EP: Editorial: A Peerless Publication. *Nurs Outlook* 1980; 28:225-226.
4. Ginsberg I: Can the editorial boards of ASM journals afford to be infallible? *ASM News* 1982; 48:555.

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## Rubella Vaccination Program for Employees

### To the Editor:

We at Saint Joseph Hospital are considering the adoption of an obligatory rubella vaccination program among our employees. Some of the issues that have