Hyperbaric oxygen for carbon monoxide poisoning

To the Editors: Silver and colleagues'[1] Journal Club article addressed the question: "Should hyperbaric oxygen be used for carbon monoxide poisoning?" Except for consideration of Weaver and cohorts' landmark article in the *New England Journal of Medicine*,[2] their negative response was based on a review of literature published before the 2002 *NEJM* study.

I agree that earlier studies have weaknesses and that it was difficult to confirm improved outcomes with hyperbaric oxygen (HBO). However, Weaver and cohorts' 2002 study set a new benchmark, and Silver and colleagues' criticisms of that study were unjustified. The *NEJM* study was a double-blind randomized clinical trial that followed 167 patients at 6 weeks, 6 months and 12 months. HBO therapy was given within 24 hours of exposure, which is not a substandard time window, as the authors suggest. Study exclusions were appropriate, including patients <16 years of age, those who were pregnant, or those unwilling or unable to consent, and 4 subjects with severe poisoning who were deemed moribund.

We shall continue to accept referrals of significantly poisoned patients within 24 hours of CO exposure from Saskatchewan and Manitoba emergency departments, and we believe that the application of Weaver and cohorts' protocol will provide better patient outcomes with minimal adverse effects.

D.R. Amies, MD
Director, Cardiopulmonary Services
Five Hills Health Region
Moose Jaw, Sask.

References

1. Silver S, Smith C, Worster A; for the BEEM (Best Evidence in Emergency Medicine) Team. Should hyperbaric oxygen be used for carbon monoxide poisoning? Can J Emerg Med 2006;8(1):43-6.
2. Weaver LK, Hopkins RO, Chan KJ, et al. Hyperbaric oxygen for carbon monoxide poisoning. N Engl J Med 2002;347:1057-67.

Corrections

In the Original Research/Advances article by Campbell and colleagues[1] in the March issue of *CJEM*, the caption for Appendix 2 (p. 93) was inadvertently omitted. The caption is as follows:

Appendix 2. Dedicated PSA patient care record to document the process of each PSA conducted in the emergency department.

We apologize for the error. — Editors.

Reference

1. Campbell SG, Magee KD, Kovacs GJ, et al. Procedural sedation and analgesia in a Canadian adult tertiary care emergency department: a case series. Can J Emerg Med 2006;8(2):85-93.

In the Original Research/Advances article by Mensour and colleagues[1] in the March issue of *CJEM*, the authors' affiliations should have read as follows:

Mark Mensour, MD: Assistant Professor, Department of Emergency Medicine, Northern Ontario School of Medicine, East Campus, Sudbury, Ont.; Resident Evaluation Coordinator, Northeastern Ontario Family Medicine Program; Emergency Medicine and Anesthesia, Huntsville District Memorial Hospital, Huntsville, Ont.

Robert Pineau, MSc, MD: Resident in Family Medicine, Emergency Medicine Program, Northeastern Ontario Family Medicine Program.

Vic Sahai, MSc: Northern Health Information Partnership, Northeastern Ontario Medical Education Corporation; Assistant Professor of Health Informatics, Northern Ontario School of Medicine, East Campus, Sudbury, Ont.

Jennifer Michaud, BScN, RN: Northeastern Ontario Medical Education Corporation.

We apologize for this error. — Editors.

Reference

1. Mensour M, Pineau R, Sahai V, Michaud J. Emergency department procedural sedation and analgesia: A Canadian Community Effectiveness and Safety Study (ACCESS). Can J Emerg Med 2006;8(2):94-9.

Letters will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters responding to a previously published *CJEM* article should reach *CJEM* head office in Vancouver (see masthead for details) within 6 weeks of the article's publication. Letters should be limited to 400 words and 5 references. For reasons of space, letters may be edited for brevity and clarity.

Les lettres seront considérées pour publication si elles sont pertinentes à la médecine d'urgence en milieu urbain, rural, communautaire ou universitaire. Les lettres en réponse à des articles du *JCMU* publiés antérieurement devraient parvenir au siège social du *JCMU* à Vancouver (voir titre pour plus de détails) moins de six semaines après la parution de l'article en question. Les lettres ne devraient pas avoir plus de 400 mots et cinq références. Pour des raisons d'espace et par souci de concision et de clarté, certaines lettres pourraient être modifiées.

https://doi.org/10.1017/S1481803500013646 Published online by Cambridge University Press