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Portable CO₂ detectors

Sir

We read with interest the equipment review of the MiniCAP III CO₂ Detector (*Archives of Emergency Medicine*, 1992, 9, 373–376). We have had considerable experience in the use of this and similar portable CO₂ detectors in the pre-hospital care of patients and can confirm its value. Road traffic accidents, particularly those where the patient requires extrication from wreckage are frequently extremely noisy. It is not always possible to assess accurately correct positioning of an endotracheal tube using auscultation alone. It is our practice to use a portable CO₂ monitor in concert with a pulse oximeter in these difficult field conditions.

We also agree that an alarm, which may indicate that an endotracheal tube has become misplaced or disconnected, is invaluable in the often fast and bumpy ride between the accident scene and hospital. The audible alarm on such devices enables the practitioner to concentrate on other life threatening injuries to the same, or perhaps other patients, secure in the knowledge that should the endotracheal tube become dislodged, or the patient deteriorate, then he will be warned immediately.

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The effect of the Cornwall and Isles of Scilly helicopter ambulance unit on the ambulance services ability to deliver acutely traumatized patients to hospital

Sir

There can be no doubt that in order to give helicopter ambulances a proper clinical audit there is a need for a prospective study. The paper by Rouse (1992) has no new messages, particularly as 14 out of the 17 cases involving the deployment of a