

## Hyperbaric oxygen for carbon monoxide poisoning

*To the Editors:* Silver and colleagues<sup>1</sup> 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*,<sup>2</sup> 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.

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### 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<sup>1</sup> 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<sup>1</sup> in the March issue of *CJEM*, the authors’ affiliations should have read as follows:

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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.

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