

**Non-invasive Pulse CO-Oximetry Screening in the Emergency Department Identifies Occult Carbon Monoxide Toxicity.** Suner S., Partridge R., Sucov A., Valente J., Chee K., Hughes A., Jay G. *J Emerg Med.* 2008 May; 34(4):441-50.

**Introduction**

As carbon monoxide (CO) toxicity may present with non-specific signs and symptoms and without history of exposure, screening for CO toxicity may identify occult cases. The objective of this study was to determine whether non-invasive screening for CO exposure could be performed in all patients presenting to a high-volume urban emergency department (ED) and would identify patients with unsuspected CO toxicity.

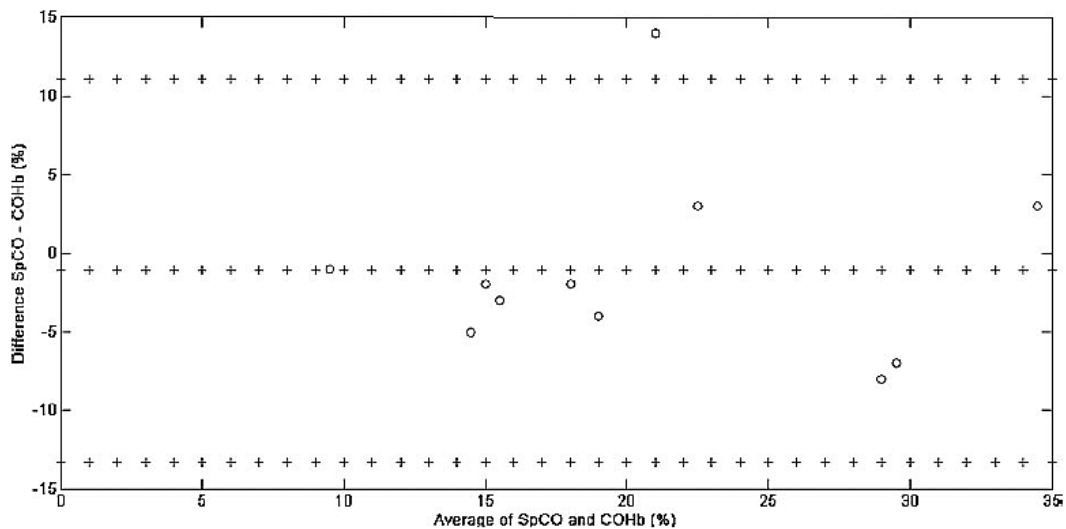
**Methods**

A study of adult patients, who presented to the ED for any complaint, prospectively screened for carboxyhemoglobin concentration by a pulse CO-Oximeter (SpCO). ED triage staff recorded SpCO on the patient's chart at triage. Data, including SpCO and vital signs, were recorded in a database by two trained research assistants. When available, carboxyhemoglobin concentration obtained by venous blood was also included in the data set.

**Results**

There were 14,438 patients who presented to the ED and were entered in the study. Data from 10,856 (75%) patients receiving screening for SpCO were analyzed. Patients were 44 +/- 19 years old and 51% female; 32% of the patients smoked. The mean SpCO was 5.17% +/- 3.78% among smokers and 2.90% +/- 2.76% among non-smokers. During the study period, 11 patients with presenting signs and symptoms not consistent with CO toxicity were identified through SpCO screening.

**Bland-Altman plot showing mean SpCO and COHb for 11 patients with occult CO toxicity.**



The middle line, denoted with +, is the mean difference, and the upper and lower lines are mean  $\pm$ 2 SD representing the limits of agreement. The mean difference is -1.1% with a 95% confidence interval of -4.7-2.5%.

**Conclusion**

Screening for CO toxicity using a non-invasive pulse CO-Oximeter can be conducted even in a busy tertiary center ED and identify patients with occult CO toxicity.