LETTERS

Deadly Levels

Michael Olsen's article "Toxic Fire Gases" (June 1983) provided an interesting discussion of combustion byproducts. However, Table 1, Symptoms of Carbon Monoxide, appears to have a glaring error.

The National Fire Protection Association's "Fire Protection Handbook" states that an exposure to a 1 percent concentration of carbon monoxide will be fatal in 1 minute. This contrasts markedly with Mr. Olsen's figure of an 80-90 percent concentration being fatal in one hour.

Perhaps Mr. Olsen could clarify this point in a future article. I for one would appreciate the opportunity to read more of his work.

D. R. Ledbetter
Mine Safety Engineer

***Michael Olsen** replies: Mr. Ledbetter is correct in noting that a one percent (10,000 ppm) concentration of carbon monoxide in the atmosphere is quickly fatal. However, Table 1 in the article refers to carbon monoxide levels in the blood (carboxyhemoglobin). Because emergency medical providers are generally not able to measure the CO levels in a fire environment, we have provided them with a reference that is measurable in the hospital. While the text refers to the table for carboxyhemoglobin levels, we were perhaps remiss in not showing the table as "Level of CO in blood" or "COHb." I'm sorry for any confusion that this may have caused.*

Biological Needs Unmet

Jack Stout's article "System Status Management" in the May 1983 issue of *jems* is to be applauded for presenting a rational approach to tactical placement of ambulance units so as to maximize an EMS system's benefit to a community. Mr. Stout's method does, however, include one very major flaw: it totally disregards an EMT's biological need for adequate nutrition and rest in the course of an already grueling 24-hour shift.

After having read about two-thirds of the article I remarked to a fellow paramedic that it had considerable merit, and his first question was whether or not the additional demands that the "effective unit hour utilization" espoused by Stout were addressed and resolved in the article. After finishing the article I had to admit that they are not.

I submit to Mr. Stout that it is one thing to sit in an air-conditioned office for eight hours and make elegant plans for effective ambulance placement, but it is quite another thing to live and work his strategy for an exhausting 24-hour tour of duty nonstop. I suspect the author's perspective might change considerably were he to come ride with me on a busy Saturday night.

Robert Schultz
Ann Arbor, Michigan

***Jack Stout replies:** Schultz is right. My "System Status Management" article was seriously flawed by my failure to address the really difficult question of possible exhaustion.*

Frankly I'm deeply concerned about this issue, and especially about the apparent lack of effective cooperation between labor and management in some cities. Perhaps I unconsciously avoided the issue in my recent article because I don't have any easy technical answers, or even difficult technical answers.

The solution isn't technical — it's more difficult than that. It requires individual human beings, management and labor, to accept the realities of the problem and to work out compromise solutions: a tall order for many companies and their labor forces. I will, however, describe several strategies for dealing with this problem in an upcoming "Interface" column.

Confidentiality Debated

"The Ambulance Report as a Legal Document" by Peter King (June 1983) described all the reasons why everybody's least favorite task is still a necessary part of patient care. I would like to comment on two areas of the article.

Mr. King recommends that ambulance services keep the original rather than a carbon copy of patient records in case they are supoenaed. In systems where the ambulance record becomes part of the patient's permanent hospital record, it may be necessary to leave the original at the receiving hospital. Some hospital policies forbid any copies in the record.

The use of patient names on the radio is always a controversial subject and the article recommends against it. The Sonoma County Emergency Medical Services Agency recently surveyed all of our ambulance services and hospitals on this subject in considering a new policy. The results were overwhelmingly in favor of continuing the use of patient names. The reasons listed include pulling old patient records, contacting