Carbon Dioxide Detection to Verify Intratracheal Placement of a Breathing Tube

To the Editor:—In a recent letter, Berman and coworkers\(^1\) reported on a device to aid in detecting esophageal intubation by bubbling expired gas through an indicator solution in a De Lee trap to confirm the presence (or absence) of carbon dioxide. We share the authors' concern about esophageal intubation, but we found their technique to be awkward, messy, and dependent on prior preparation. We much prefer the inexpensive, electronic carbon dioxide detector advertised in the very same issue of the journal. The instrument (Tri Med\textsuperscript{®} model 510, $1,575) is small, lightweight, and can be powered by its own battery or alternating current. It aspirates gas through a fine plastic capillary that can be attached, in advance, to the elbow connector of the anesthesia breathing circuit, allowing it to sense carbon dioxide in the first exhalation after intubation without requiring further maneuvers by the operator. The cost of the disposable capillary tube ($2.05) is comparable to the cost of a disposable De Lee mucus trap ($1.03) plus the necessary reagents, and the elec-