Disuse of Stethoscope Earmolds

To the Editor: This letter concerns the June 2009 article by Smith et al that surveyed the use of auscultatory earpieces by student nurse anesthetists.

In my opinion, the decreasing use of an esophageal/precordial stethoscope earpiece is understandable when one considers that breath sounds are competing with the pulse oximeter tone, audible alarms, peoples’ voices, and other operating room noises. For want of clearly heard breath sounds, I use an FM-amplified stethoscope (Figure) because it provides static-free, continuous breath sounds. It also allows me to be untethered for such activities such as hand washing, which, in my case, is 12 feet away.

Monitoring respirations in darkened endoscopy rooms or unusual patient positioning can be challenging. Additionally, the latency of the pulse oximeter is well known, rendering its value as a monitor of ventilation virtually useless. I have found that broadcasted breath sounds permit much quicker detection of ventilatory depression. The FM-amplified stethoscope has also been very effective for detecting a variety of air flow disturbances. Occasionally, I share the amplified breath sounds with the operating room team using a transistor radio interface from the anesthesia workstation.

In conclusion, I have relinquished my esophageal/precordial stethoscope earpiece for a tool that is, in my opinion, more effective.

REFERENCE

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