

Response Letter to Published Article IR Med J; Vol 116, No. 3; P.752

“Audit of Paediatric Entonox use”.

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Dear Editor,

We thank Drs Nordrum and O’Croinin for their interest in our report and acknowledge that the climate crisis is one of the biggest global health threats of the 21st century.

However, it is facetious to suggest that compromising on treatment of paediatric anxiety and pain should be a consideration in helping Ireland meet its emission targets. Entonox is reported as accounting for 2% of the NHS carbon footprint, one-third of which is used by women in labour¹. Comparing the 5-10 minutes children utilise Entonox for the procedures described in our report against a median duration of active labour of 7-9 hours², one would imagine that there would be little gain in the broader sense in focusing on paediatric Entonox usage when use of more damaging anaesthetic gases such as desflurane continues to rise³.

Undertreatment of paediatric pain is common and paediatric analgesic options are less than those of adults^{4,5}. It may be more productive to focus on sustainable usage, such as innovative technologies like Mobile Gas Destruction Units. Whilst climate change consequences are a concern for us all, it is unacceptable socially and medically to ignore the suffering of children.

Declaration of Conflict of Interest:

None declared.

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