"This is the first published communication in the UK advocating the use of CO2 to help prevent airway/lung misplacements – I really think this could help the Team by referring to this article in their DoubleCHEK presentations.

Here's the Abstract:

National guidance advises post-procedure pH or X-ray checks to prevent use of tubes misplaced in the respiratory tract;
This occurs in 0.017% of placements. However, post-procedure checks cannot prevent the in-procedure pneumothorax in 0.43% or pneumonia from contamination in 0.20%. ***Extrapolated for annual Europe + USA tube placements, there would be 71,500 complications.***

Mid-procedure CO_2 checks or guided tube placement can prevent 96–100% of these complications, whilst pre-emptive bridle securement reduces risk by 40% by obviating the need for most tube replacements. Together, these methods would radically reduce holistic risk and cost.

National guidance is obsolete and disincentivises improvements in patient safety. In-procedure tube position checks, preemptive
Bridling and evidence-based training should be recommended."