time that the quality of hospital care should include HAM factors such as environmental adverse conditions. Our recent preliminary studies also show that high noise pollution level in coronary step down units result in a fair correlation of increased cardiac arrhythmias and frequency and occurrence of angina attacks in patients. Increased peak level of noises have hyperadrenergic, chronotrophic effects on some patients with underlying coronary artery disease. Changes or modifications of high-noise industrial vacuuming, hospital paging systems, other high-decibel sources, and the education of cult of the midnight nursing staff are important factors in decreasing hospital-acquired morbidity.

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Venous Thromboembolism Prophylaxis, Or Lack of . . .

To the Editor:

We read with interest the article by Keane et al,1 which appeared in the July 1994 issue of Chest, concerning the under-use of venous thromboembolism prophylaxis in the critical care setting. These results were strikingly similar to those previously reported by Anderson et al2 in which there was a 32% overall utilization of prophylaxis in the academic hospitals studied. As dark a situation as these two articles present, there are steps one can take to ensure that those patients who are at risk of thromboembolic events are appropriately screened and prophylaxed.

We recently performed a retrospective chart review of patients hospitalized at our institution using known risk factors of thromboembolism3 as guidelines and comparing medical and surgical patients. This audit revealed that only 16% of the medical admissions to our “open” staff hospital received some form of prophylaxis in contrast to 85% in the surgical group. Most patients were prophylaxed with pneumatic antiembolism stockings and thromboembolic hose. We believe this difference is, in large part, due to the utilization of preoperative check lists. One form initially must be completed by the nursing staff on the ward and the second, by the operating room personnel in the surgical waiting area. These forms emphasize the need for deep venous thrombosis (DVT) prophylaxis and require documentation that the prophylactic measures have been provided. The screening process underscores the importance of assuring prophylaxis for those patients undergoing major surgical procedures and should be considered no less important for nonsurgical patients at risk for thromboembolic events. We are in the process of designing a similar format to use for medical admissions in the interest of achieving a more optimal rate of DVT prophylaxis.

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REFERENCES
3 Prevention of Venous Thrombosis and Pulmonary Embolism Consensus Conference. JAMA 1996; 276:744-49

An Unusual Complication of Central Venous Catheterization

To the Editor:

In the Roentgenogram of the Month that appeared in the March 1994 issue of Chest (Chest 1994; 105:905-07), the authors stated that the patient who had sustained dislodgment of an inferior vena caval filter during an attempt at central venous catheterization was taken to the radiology department for retrieval of the device. We wish to clarify that this procedure was performed by interventional radiologists from our department of radiology. Other members of this department had reported a similar circumstance last year.1

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REFERENCE

Erratum

In the article “Effect of Whole-Body Exposure to Cold and Wind on Lung Function in Asthmatic Patients,” which appeared in the June 1994 issue of Chest (Chest 1994; 105:1728-31), the illustrations for Figures 1 and 2 should be interchanged.