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## ACCRI: "Anesthesia and Critical Care Resources on the Internet"

*To the Editor:*—We would like to thank Jeffrey M. Cusick, M.D., for his recent review of our World Wide Web (WWW) site.<sup>1</sup> In this response we want to bring readers up to date regarding the status of the site and also provide some background regarding the development of ACCRI, "Anesthesia and Critical Care Resources on the Internet."

In August 1994, one of us (A.J.W.) sent electronic postings to the two anesthesia electronic discussion lists then functioning on the Internet and noted that he was putting together a list of anesthesia resources on the Internet and invited anyone who wished to have a copy to respond. Within 48 h more than 100 requests for the listing had been received. By the end of that month the ACCRI-L @uabdp.dpo.uab.edu list was established to distribute the updated listing once a week to subscribers. By the end of 1994 the list had grown so large that monthly distribution began.

By March 1995, one of us (F.O.) offered to establish a WWW site under the auspices of Professor Wilhelm Erdmann of the Faculty of Anesthesiology, Erasmus University in Rotterdam and based on the monthly listings being distributed on ACCRI-L. The early WWW version of ACCRI began as a collection of related hypertext mark-up language (HTML) files. The rapid growth of ACCRI eventually rendered this method unworkable. By the summer of 1997, the HTML files were replaced by the current version using a database and the PERL scripting language. The Uniform Resource Locator (URL) for this current version is <http://www.eur.nl/cgi-bin/accr.pl>. Monthly updates are still distributed on ACCRI-L, as well as announcements of specific resources that might be of interest to anesthesiologists.

With the ACCRI WWW site we are attempting to track and organize all anesthesiology, pain, and critical care resources available *via* the

Internet and the WWW. A section of the database is also devoted to relevant electronic products, such as CD-ROMs, that are not available *via* the Internet. We make no attempt to evaluate or rate these materials but view our work as an effort to make access to them available from a single source with one or more WWW mirror sites that are now in the planning stage.

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## The Modified Bitegard: A Method for Administering Supplemental Oxygen and Measuring Carbon Dioxide

*To the Editor:*—The nasal cannula is one of the most commonly used methods of administering supplemental oxygen and sampling end-tidal carbon dioxide (ET<sub>CO<sub>2</sub></sub>) for the monitoring of respiratory rate and rhythm in patients undergoing sedation for surgical procedures. Although it is a convenient method of delivering oxygen, patients sometimes complain about nasal irritation from placement of the nasal cannula and drying of the nasal passages from oxygen administration. The Bitegard (Gensia Automedics, Inc., San Diego, CA) is a recently

produced bite block used in patients undergoing general anesthesia to prevent endotracheal tube occlusion. This bite block may also be used in the awake patient with minimal discomfort. We present a modification of the Bitegard that may be used for the administration of supplemental oxygen and sampling of ET<sub>CO<sub>2</sub></sub> in patients undergoing intravenous conscious sedation.

Taking a standard nasal cannula with oxygen and ET<sub>CO<sub>2</sub></sub> sampling ports, the nasal prongs are cut off and the oxygen and ET<sub>CO<sub>2</sub></sub> sampling