

TABLE 3. Resistances of Tubes as Percentages of Reported Total Airway Resistance^{10,11,13}

2.5 mm. I.D.	100%
3.0 mm. I.D.	60%
3.5 mm. I.D.	41%

CONCLUSION

The resistances to air flow in three sizes of endotracheal tubes and connectors were measured and compared with the reported upper airway resistance of the infant. 3.0 and 3.5 mm. I.D. tubes of the usual length appeared to impose little chance of increasing the work of breathing in the spontaneously-breathing newborn infant. 2.5 mm. I.D. tubes had a high resistance, compared with the infant's airway resistance, and should be used only in association with artificial ventilation.

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Surgery

DELIRIUM IN THE CCU Eleven patients experienced varying degrees of delirium during the treatment of myocardial infarction in a coronary care unit. Sensory monotony and sleep deprivation seem to be of importance in the etiology of this state. Early signs of impaired thinking, confusion, or inappropriate behavior should alert the physician to impending delirium. The patient should be moved promptly to an environment of more nearly normal surroundings where family members may stay with him for long periods. Use of oxygen tents and monitoring equipment usually must be discontinued temporarily. Restraints should be avoided whenever possible. Sedation is almost always necessary, and one of the phenothiazines should be used in preference to barbiturates, which frequently accentuate the delirium. (Parker, D. L., and Hodge, J. R.: *Delirium in a Coronary Care Unit, J.A.M.A.* 201: 702 (Aug.) 1967.)