



Reply to: Inaccuracy of pulse oximetry in darker-skinned patients is unchanged across 32 years

Reply to M.J. Tobin and A. Jubran:

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We thank M.J. Tobin and A. Jubran for their interest in our data [1]. As they state, it is an extension of a body of work that they helped establish over 30 years ago.

We do not have reliable data on whether these patients were ventilated or not, as the electronic data that we had access to excluded the period of time when patients were admitted to intensive care. For those patients with a paired pulse oximeter and arterial blood gas reading, with a reading of <85% arterial saturation (unique patients n=644), 287 (45%) were labelled as eligible for escalation to the intensive care unit (ICU), and of these 143 (50%) were admitted to ICU within 24 h of the blood gas measurement, and 172 (60%) were admitted to ICU at any point during the whole admission period.

Shareable abstract (@ERSpublications)

[Inaccuracy of pulse oximetry measurements of oxygen saturation in darker-skinned individuals](https://bit.ly/3rVzRpN)
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Conflict of interest: All authors declare no financial relationships with any organisations that may have an interest in the submitted work in the past 3 years; and no other relationships or activities that could appear to have influenced the submitted work.

Reference

- 1 Crooks CJ, West J, Morling JR, *et al.* Pulse oximeter measurements vary across ethnic groups: an observational study in patients with COVID-19. *Eur Respir J* 2022; 59: 2103246.