

Impact of Pulse Oximetry Surveillance on Rescue Events and Intensive Care Unit Transfers: A Before-and-After Concurrence Study: Erratum

In the February 2010 issue, the article “Impact of pulse oximetry surveillance on rescue events and intensive care unit transfers: A before-and-after concurrence study” (Taenzer AH, Pyke JB, McGrath SP, Blike GT: *ANESTHESIOLOGY* 2010; 112:282–7. doi: 10.1097/ALN.0b013e3181ca7a9b) contains an error in the denominator label for rates of rescue events presented. The correct denominator label is patient days, not discharges. This error does not alter the findings of the study. Clarification of the terminology, however, will allow other organizations implementing the same or similar technology to improve understanding of their comparative performance.

The authors regret the error.

DOI: 10.1097/ALN.0000000000003091

Reference

Taenzer AH, Pyke JB, McGrath SP, Blike GT. Impact of pulse oximetry surveillance on rescue events and intensive care unit transfers: A before-and-after concurrence study. *ANESTHESIOLOGY* 2010; 112:282–7. doi: 10.1097/ALN.0b013e3181ca7a9b

Upper Airway Collapsibility during Dexmedetomidine and Propofol Sedation in Healthy Volunteers: A Nonblinded Randomized Crossover Study: Erratum

In the November 2019 issue, the article “Upper Airway Collapsibility during Dexmedetomidine and Propofol Sedation in Healthy Volunteers” (Lodenius Å, Maddison KJ, Lawther BK, Scheinin M, Eriksson LI, Eastwood PR, Hillman DR, Fagerlund MJ, Walsh JH: *ANESTHESIOLOGY* 2019; 131:962–73. doi: 10.1097/ALN.0000000000002883) contains an error. In the Results section of the Abstract, median (interquartile range) pharyngeal critical pressure “0.3 (–9.2 to 1.4)” should be “–0.3 (–9.2 to 1.4).” The corrected sentence reads: “Median (interquartile range) pharyngeal critical pressure was –2.0 (less than –15 to 2.3) and 0.9 (less than –15 to 1.5) cm H₂O (mean difference, 0.9; 95% CI, –4.7 to 3.1) during low infusion rates ($P = 0.595$) versus –0.3 (–9.2 to 1.4) and –0.6 (–7.7 to 1.3) cm H₂O (mean difference, 0.0; 95% CI, –2.1 to 2.1; $P = 0.980$) during moderate infusion of dexmedetomidine and propofol, respectively.” The same error was repeated in the Primary Outcome: Upper Airway Collapsibility, Pharyngeal Critical Pressure, during Sedation with Dexmedetomidine or Propofol section on page 968.

The authors regret the error. The online version and PDF of the article have been corrected.

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Reference

Lodenius Å, Maddison KJ, Lawther BK, Scheinin M, Eriksson LI, Eastwood PR, Hillman DR, Fagerlund MJ, Walsh JH: Upper airway collapsibility during dexmedetomidine and propofol sedation in healthy volunteers: A nonblinded randomized crossover study. *ANESTHESIOLOGY* 2019; 131:962–73. doi: 10.1097/ALN.0000000000002883.

Controversies in Perioperative Antimicrobial Prophylaxis: Erratum

In the Online First article published on December 4, 2019, “Controversies in Perioperative Antimicrobial Prophylaxis” (Decker BK, Nagrebetsky A, Lipsett PA, Wiener-Kronish JP, O’Grady NP: *Controversies in Perioperative Antimicrobial Prophylaxis*, *ANESTHESIOLOGY* 2019; doi: 10.1097/ALN.0000000000003075. [Epub ahead of print]) there are two errors. On page 2, the sentence “Although vancomycin provides appropriate antimicrobial coverage for Gram-positive flora (the predominant cause of surgical site infections in clean procedures) from a microbiologic standpoint, the increased administration time of 1 to 2 h and time before incision (within 120 min) has lead centers to try to time incision for 60 to 120 min after start of infection” should read: “Although vancomycin provides appropriate antimicrobial coverage for Gram-positive flora (the predominant cause of surgical site infections in clean procedures) from a microbiologic standpoint, the increased administration time of 1 to 2 h and time before incision (within 120 min) has led centers to try to time incision for 60 to 120 min after start of infusion.” On page 4, the first sentence in the Controversies in Selected Cardiac Procedures section, “The use of implantable cardiac electronic device infections continues to rise,” should read: “Implantable cardiac electronic device infections continue to rise.”

The authors regret these errors. The online version and PDF of the article have been corrected.

DOI: 10.1097/ALN.0000000000003104

Reference

Decker BK, Nagrebetsky A, Lipsett PA, Wiener-Kronish JP, O’Grady NP: Controversies in perioperative antimicrobial prophylaxis. *ANESTHESIOLOGY* 2020; 132:586–97. doi: 10.1097/ALN.0000000000003075.