Missing Funding Information in: Antibiotic Use in the Management of Pulmonary Nodules

In "Antibiotic Use in the Management of Pulmonary Nodules," published in the February 2010 issue of CHEST (2010;137[2]: 369-375), grant funding from the National Institutes of Health (NIH) was missing from the financial disclosures. The financial disclosures should read: Dr. Seshan received salary support from NIH Grant Number P30 CA008748. The article has been corrected.

Correction to Text: Genetic and Immunologic Aspects of Sleep and Sleep Disorders

The article "Genetic and Immunologic Aspects of Sleep and Sleep Disorders," published in the May 2013 issue of CHEST (2013;143[5]:1489-1499), contained an error in the text.

In the first paragraph on page 1495, "< 45 mm Hg" should be "> 45 mm Hg."

The sentence now reads: Hypoventilation, confirmed by a PA co2 level > 45 mm Hg during wakefulness, is due to abnormal central respiratory drive.

The article has been corrected.

Author Credential Error in: Bleeding and Stroke Risk in a Real-world Prospective Primary Prevention Cohort of Patients With Atrial Fibrillation

In "Bleeding and Stroke Risk in a Real-world Prospective Primary Prevention Cohort of Patients With Atrial Fibrillation," published in the October 2011 issue of CHEST(2011;140[4]:918-924), Emilia Antonucci was misidentified as an MD. The article has been corrected.

Error in text in: When Should Specific Occupational Challenge Tests Be Performed?

The editorial, "When Should Specific Occupational Challenge Tests Be Performed?" published in the May 2013 issue of CHEST (2013;143[5]:1196-1198) contained an error in the text. The last paragraph in the right-hand column on page 1197 included the wrong concentration. It should have read 5 parts per billion rather than 5 parts per million.

The corrected text reads: Particularly concerning in this series was that one subject had a life-threatening response after exposure to only 30 s of methylene diphenyl diisocyanate at a low concentration of 5 parts per billion.

The article has been corrected.

Correction to Dosage in: Parenteral Anticoagulants: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

The article "Parenteral Anticoagulants: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines" (February 2012;141[2][Suppl]:e24S-e43S) contained an error in a dose in the last paragraph of section 1.1.3 on page e27S. The text should read maximum of 1,000 units/h rather than 1,000 units/kg/hr.

The corrected paragraph now reads:

"The doses of heparin recommended for treatment of acute coronary syndromes are lower than those used to treat VTE. The American College of Cardiology recommends a heparin bolus of 60 to 70 units/kg (maximum 5,000 units) followed by an infusion of 12 to 15 units/kg/h (maximum 1,000 units/h) for unstable angina and non-ST-segment elevation myocardial infarction.[53] Even lower doses of heparin are recommended when heparin is given in conjunction with fibrinolytic agents for treatment of ST-segment elevation myocardial infarction. Here, the bolus is about 60 units/kg (maximum 4,000 units) and the infusion is 12 units/kg/h (maximum of 1,000 units/h).[54]"

The article has been corrected.

Correction to Text: Relevance of Lung Ultrasound in the Diagnosis of Acute Respiratory Failure*: The Blue Protocol

The article "Relevance of Lung Ultrasound in the Diagnosis of Acute Respiratory Failure*: The Blue Protocol" published in the July 2008 issue of CHEST (2008;134[1]:117-125) contained an error in the text on page 120. The error was in the paragraph that starts with Pulmonary Embolism in the right column under the Results subtitle.

The correct paragraph reads: Pulmonary Embolism: Pulmonary embolism was observed in 21 patients. Twenty patients had anterior predominant A lines with lung sliding. One had anterior consolidation with absent lung sliding. PLAPS was found in 11 patients. Seventeen patients had venous thrombosis.

The article has been corrected.