

conservatively (median pneumothorax size 10% [interquartile range 5% to 22%]).⁶ Seventy-seven of these patients traveled by air within 4 days after final chest radiograph, of whom 19% traveled within 24 hours. Minor complications (mild dyspnea or pain) were reported by 3 of these patients.

Considering the published reports and the physiology of gas expansion at altitude, we suggest that the waiting period before flying after complete resolution of traumatic pneumothorax might be safely reduced from 14 days to 72 hours. An observation period of 72 hours also appears to be safe for patients with a small pneumothorax who do not require a chest drain, or those with a small residual pneumothorax after chest drain removal. This interval would serve primarily to ensure that patients are clinically stable and, depending on the clinical situation, could potentially be reduced further. Insertion of a chest drain solely because a patient is traveling by air may be unnecessary in most cases, although all patients with pneumothorax still need to be individually assessed before flying.

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CORRECTION NOTICE



Correction to 'Aromatherapy Versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial'

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The authors regret that there is an error in Table 3. In the column labelled "Pairwise Differences (95% CI)," "1 vs 2" should be corrected to "1 vs 3."

The authors would like to apologize for any inconvenience caused.