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Corrigendum

Corrigendum to “Outcomes associated with amiodarone and lidocaine in the treatment of in-hospital pediatric cardiac arrest with pulseless ventricular tachycardia or ventricular fibrillation” [Resuscitation (2014) 85 381–386]



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The authors regret there is an error in the reported study enrollment period and an inclusion criterion in the above paper. The reported study period is between January 2000 and February 2008. A recent reabstraction of the data demonstrated that the end date of the enrollment period was actually September 2009. Additionally, the Results section reports that the analysis was conducted on 9280 index cardiac arrest events; the set of 9280 events includes non-index events as well prior to their exclusion.

The amended text is as follows:

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2.2. Inclusion and exclusion criteria

Data were analyzed from 242 hospitals during the study period from January 2000 to September 2009. All patients who were younger than 18 years and sustained a clinical event that required chest compressions for at least 2 min at a participating hospital were eligible for inclusion. According to GWTG-R operational definitions, a CPR event includes any event characterized by either pulselessness or critically compromised perfusion treated with chest compressions and/or defibrillation, when a unit-wide or hospital-wide emergency response was activated. Events that commence out-of-hospital are excluded. For our study, all patients meeting database operational definitions who had documented pVT/VF at some point during their event were included. Patients were excluded if they had no pVT/VF, if they were receiving lidocaine and/or amiodarone therapy prior to their event, or if their initial arrest rhythm was unknown.

For the purpose of this study, the prospectively determined primary outcome variable was return of spontaneous circulation (ROSC). Secondary outcomes included 24-h survival and survival to hospital discharge.

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Page 383, first column**3. Results**

There were 9280 cardiac arrests events in children during the study period with pVT/VF documented in 1099 (12%) at some point during their resuscitation event. After excluding patients with lidocaine or amiodarone therapy in place prior to the event and patients with missing data, 889 patients were included in the final data set.

The authors would like to apologize for any inconvenience caused.

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