References

- Iserson KV: Law versus life: The ethical imperative to practice and teach using the newly dead emergency department patient. Ann Emerg Med 1995;25:91–94.
- Brattebo G, Wisbor T, Oyen N: Correspondence, Using newly decreased patients in teaching procedures. N Engl J Med 1995; 332:1445.
- Iserson KV: Correspondence, Using newly deceased patients in teaching procedures. N Engl J Med 1995;332:1445–1446.
- Burns JP, Reardon FE, Truog RD: Using newly deceased patients to teach resuscitation procedures. N Engl J Med 1994;331:1652–1655.
- 5. Goldblatt AD: Don't ask, don't tell: Practicing minimally invasive
- resuscitation techniques on the newly dead. Ann Emerg Med 1995; 25:86–90.
- Morhaim DK, Heller MB: The practice of teaching endotracheal intubation on recently deceased patients. J Emerg Med 1991; 9:515-518.
- Olsen J, Spilger S, Windisch T: Feasibility of obtaining family consent for teaching cricothyrotomy on the newly dead in the emergency department. Ann Emerg Med 1995;25:660–665.
- McNamara RM, Monti S, Kelly JJ: Requesting consent for an invasive procedure in newly deceased adults. JAMA 1995;273:310–312.

Correction

A misprint occurred in "Early Predictors of Sepsis in the Motor-Vehicle Crash Trauma Victim" by Jeanette K. Previdi, RN, BSN, MPH, CEN, C. Gene Cayten, MD, MPH, Daniel W. Bryne, MS, published in Vol. 11, No.1. The corrected abstract is as follows:

Abstract

Introduction: Sepsis is a major cause of late morbidity and mortality in the victim of trauma. Currently, there is no method that is clinically practical and accurate for predicting the occurrence of sepsis in trauma victims.

Methods: Data were collected on 3,759 motor-vehicle crash victims from 16 hospitals during a 4 1/2 year period. Retrospective analysis was done to examine the relationship of patient and injury factors known within the first 24 hours of admission on the development of sepsis.

Results: Sepsis developed in 154 patients (4.1%) who had a mortality rate of 17.5%. Significant early predictors of sepsis included: 1) certain pre-existing conditions; 2) blood transfusion required; 3) seven or more injuries; 4) Glasgow Coma Scale score <10 and hypotension; 5) major blood vessel injury; 6) head trauma; 7) internal injury of the chest or abdomen; 8) spinal-cord injury; and 9) certain fracture types.

Conclusions: These predictors might help target high-risk patients and, thus, promote earlier and more effective treatment for those patients. Prehospital and Disaster Medicine;11(1):27-36.

Prehospital and Disaster Medicine regrets the error.