In the article by Vanden Hoek et al, “Part 12: Cardiac Arrest in Special Situations: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care,” which published online October 18, 2010, and appeared with the November 2, 2010, issue of the journal (Circulation. 2010;122[suppl 3]:S829-S861), several corrections were needed:

1. On page S847, in the left column, under “BLS Modifications,” the 2 sentences starting on line 7 read, “However, the guidelines recommend individualization in sequence based upon the presumed etiology of the arrest. CPR for drowning victims should use the traditional A-B-C approach in view of the hypoxic nature of the arrest.” The 2 sentences have been changed to read, “However, the guidelines recommend that healthcare providers tailor the sequence based upon the presumed etiology of the arrest. Healthcare provider CPR for drowning victims should use the traditional A-B-C approach in view of the hypoxic nature of the arrest.”

2. On page S847, in the right column, under “Chest Compressions,” the sentence starting on line 4 read, “After delivery of 2 effective breaths, the lay rescuer should immediately begin chest compressions and provide cycles of compressions and ventilations according to the BLS guidelines.” It has been changed to read, “After delivery of 2 effective breaths, if a pulse is not definitely felt, the healthcare provider should begin chest compressions and provide cycles of compressions and ventilations according to the BLS guidelines.”

3. On page S847, in the right column, under “Chest Compressions,” the sentence starting on line 7 read, “Once the victim is out of the water, if he or she is unresponsive and not breathing after delivery of 2 rescue breaths, rescuers should attach an AED and attempt defibrillation if a shockable rhythm is identified.” It has been changed to read, “Once the victim is out of the water, if he or she is unresponsive and not breathing after delivery of 2 rescue breaths and is pulseless, rescuers should attach an AED and attempt defibrillation if a shockable rhythm is identified.”

These corrections have been made to the current online version of the article, which is available at http://circ.ahajournals.org/content/122/18_suppl_3/S829.
Correction

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