

ERRATUM

The article, “Can the identification of an idle line facilitate its removal?” published in the *Journal of Hospital Medicine* (*J Hosp Med.* 2016;11[7]: 489–493; doi: 10.1002/jhm.2573) included a typographical error in Table 1. The SIRS criteria are described as WBC <1000/mm³ but the description should read <4000/mm³. The data was collected and analyzed at the correct <4000/mm³ threshold. The corrected table reads:

TABLE 1. Criteria to Justify the Presence of a Central Line

IV access needs

- Expected duration of IV antibiotics >6 days
- Administration of TPN
- Anticipated requirement of home IV medications
- Requirement of IV medications with documented difficult access
- Hemorrhage requiring blood transfusions
- Requiring more than 3 infusions
- Requiring more than 2 infusions and blood transfusions

Abnormal vitals

- Diastolic blood pressure >120 mm Hg
- Systolic blood pressure <90 mm Hg
- Systolic blood pressure >200 mm Hg
- Heart rate >120 beats per minute
- Heart rate <50 beats per minute
- Respiratory rate >30 breaths per minute
- Respiratory rate <10 breaths per minute
- Oxygen saturation <90% as measured by pulse oximetry

Meeting SIRS criteria (2 or more of the following present)

- Temp >38°C, Temp <36°C, heart rate >90 beats per minute, respiratory rate >20 breaths per minute, WBC >12,000/mm³, WBC <4,000/mm³, bandemia >10%
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NOTE: If none of these criteria were met, the line was considered idle for that day. Abbreviations: IV, intravenous; TPN, total parenteral nutrition; SIRS, systemic inflammatory response syndrome; WBC, white blood count.
