

Available online at [ScienceDirect](https://www.sciencedirect.com)

# Resuscitation

journal homepage: [www.elsevier.com/locate/resuscitation](http://www.elsevier.com/locate/resuscitation)

## Corrigendum

### Corrigendum to “A pragmatic parallel group implementation study of a prehospital-activated ECPR protocol for refractory out-of-hospital cardiac arrest”. [Resuscitation 167 (2021) 22–28]



**Brian Grunau<sup>a,b,c,d,e,\*</sup>, Jamil Bashir<sup>a,f</sup>, Anson Cheung<sup>a,f</sup>, Robert Boone<sup>a,g</sup>, Ken McDonald<sup>a,h</sup>, Frank Scheuermeyer<sup>a,b,c,e</sup>, Joel Singer<sup>c</sup>, Sandra Jenneson<sup>b,d,e,i</sup>, Ron Straight<sup>d,e</sup>, Brian Twaites<sup>d,e</sup>, Luke Harris<sup>a,f</sup>, Scott Haig<sup>d,e</sup>, Devin Harris<sup>b,j</sup>, Richard Vandegriend<sup>i,k</sup>, Hussein Kanji<sup>i,k,l</sup>, Jim Christenson<sup>a,b,c,e</sup>**

<sup>a</sup> St. Paul's Hospital, Vancouver, BC, Canada

<sup>b</sup> Department of Emergency Medicine, University of British Columbia, Canada

<sup>c</sup> Centre for Health Evaluation and Outcomes Sciences, Vancouver, BC, Canada

<sup>d</sup> British Columbia Emergency Health Services, British Columbia, Canada

<sup>e</sup> BC Resuscitation Research Collaborative, British Columbia, Canada

<sup>f</sup> Division of Cardiovascular Surgery, University of British Columbia, Canada

<sup>g</sup> Division of Cardiology, University of British Columbia, Canada

<sup>h</sup> Department of Anesthesiology, Pharmacology and Therapeutics, University of British Columbia, Canada

<sup>i</sup> Royal Columbian Hospital, New Westminster, B.C., Canada

<sup>j</sup> Kelowna General Hospital, Kelowna, B.C., Canada

<sup>k</sup> Division of Critical Care, University of British Columbia, Canada

<sup>l</sup> Vancouver General Hospital, Vancouver, B.C., Canada

The authors regret that there is an error in Table 2 of the above article. The error is in the footnote of the table where the word “hours” was mistakenly used rather than “days”.

The correct version of [Table 2](#) is below.

DOI of original article: <https://doi.org/10.1016/j.resuscitation.2021.08.004>

\* Corresponding author at: 1081 Burrard St. Vancouver, B.C., Canada.

E-mail address: [Brian.Grunau@ubc.ca](mailto:Brian.Grunau@ubc.ca) (B. Grunau).

<https://doi.org/10.1016/j.resuscitation.2021.10.016>

0300-9572/© 2021 Elsevier B.V. All rights reserved.

**Table 2 – Characteristics and outcomes of 13 ECPR-treated cases.**

	N or median (% or IQR)
<b>Demographics</b>	
Age	54 (48, 60)
Female sex	2 (15.4%)
<b>Cardiac Arrest Characteristics</b>	
Initial Shockable Rhythm	10 (76.9%)
Bystander Resuscitation	10 (83.3%)
EMS Witnessed	1 (7.7%)
Public Location	9 (69.2%)
Time to EMS Arrival	6.22 (4.72, 8.80)
Time to ALS Arrival	11.38 (9.16, 16.31)
ROSC and rearrest	4 (30.8%)
<b>Hospital Care</b>	
9-1-1 to ECMO Flows, min	63 (57, 71)
Door-to-ECMO, min	22 (18, 28)
Initial Lactate	12.10 (8.85, 16.50)
Initial pH	7.01 (6.86, 7.17)
Days on ECMO <sup>1</sup>	1.03 (0.23, 2.03)
Days in Hospital	1.11 (0.26, 15.32)
<b>Etiology<sup>2</sup></b>	
Coronary Artery Disease	5 (38.5%)
Electrolyte Abnormality	1 (7.7%)
Non-Ischemic Cardiomyopathy	2 (15.4%)
Aortic Stenosis	1 (7.7%)
Aortic Dissection	1 (7.7%)
Malignancy/Pneumonia	1 (7.7%)
Presumed illicit substance overdose	1 (7.7%)
Unclear	1 (7.7%)
<b>Hospital Discharge Outcomes</b>	
Survival	2 (15.4%)
Favourable Neurological Status	2 (15.4%)
Organ Donor	1 (7.7%)

EMS, emergency medical services; ALS, advanced life support; ROSC, return of spontaneous circulation; ECMO, extracorporeal membrane oxygenation.

<sup>1</sup> Sum of ECMO treatment for all cases combined was 15.9 days.

<sup>2</sup> Etiology determination based on clinical care and autopsy results.

The authors would like to apologise for any inconvenience caused.