

Corrections

doi:10.1136/thx.2008.102947corr1

O'Driscoll B R, Howard L S, Davison A G on behalf of the British Thoracic Society. BTS guideline for emergency oxygen use in adult patients. *Thorax* 2008; **63(Suppl 6)**:vi1–vi68.

The Guideline Development Group regret that no advice was offered for the management of status epilepticus. As this is a life-threatening condition where a patient may suffer from cerebral hypoxia (and oximetry may not be possible), patients with status epilepticus should be treated in accordance with table 1 (reservoir mask until clinically stabilised). This advice also applies to other rare conditions that may cause life-threatening hypoxaemia that are not listed specifically in table 1.

Roberts JA. Benchmarking chronic obstructive pulmonary disease across an inner city primary care trust: one year on. *Thorax* 2008;**63(Suppl vii)**:A8 (abstract S12).

The correct authors for this abstract are as follows: Roberts JA, Bakerly ND.

Roberts JA. Should chronic obstructive pulmonary disease service delivery in an inner city primary care trust be targeted at general practice or practice-based commissioning cluster level? *Thorax* 2008;**63(Suppl vii)**:A8 (abstract S13).

The correct authors for this abstract are as follows: Roberts JA, Bakerly ND.

Tsartsali L, Fleming L, Regamey N, *et al.* Relationship between non-invasive inflammatory markers and the current level of clinical control in childhood asthma. *Thorax* 2008;**63(Suppl vii)**:A33 (abstract S70).

This abstract has been withdrawn.

Baird S, Ashish A, O'Connor J, *et al.* Respiratory assessment centre: does it increase the number of patients taken home with the early supported discharge team? *Thorax* 2008;**63(Suppl vii)**:A67 (abstract S154).

It has come to the attention of the Scientific Committee that this abstract was not seen by all the authors prior to submission and is therefore withdrawn.

doi:10.1136/thx.2007.088831corr1

Creagh-Brown B C, Nicholson A G, Showkathali R, *et al.* Pulmonary veno-occlusive disease presenting with recurrent pulmonary oedema and the use of nitric oxide to predict response to sildenafil *Thorax* 2008;**63**:933–4.

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