p4 Second paragraph from bottom: change second sentence from “removing pieces from either side” to “removing species from either side”

p6 Pro Tip should read: EtCO₂ monitoring in metabolic acidosis or alkalosis also can provide valuable insight into a patient’s status. The patient with Kussmaul respirations in metabolic acidosis will have a low EtCO₂ that continues to decrease slowly across time. Metabolic alkalosis will have a higher than expected EtCO₂. More information on EtCO₂ is in chapter 3.

p10 bottom: paragraph that starts with “Blood pressure is dependent…” should read: Blood pressure is dependent on peripheral vascular resistance and cardiac output.

Peripheral vascular resistance is the resistance of blood flow through all the vessels of the body, excluding those in the lungs. Cardiac output is the amount of blood pumped out of the heart in 1 minute; it is the product of stroke volume and heart rate.

- Stroke volume is the amount of blood ejected from the left ventricle of the heart with each beat or contraction.
- Heart rate is the number of beats in 1 minute.

p15 to the bulleted list at top, add the following item: MAP >60 mmHg

p37, replace question 1, line 1 with: 1. The paramedic withholds NTG from a patient whose SBP is <100 mmHg. In the context of NTG administration, SBP <100 mmHg is an example of a (an):

p96 Table 4-9. Atrial Flutter, section on Rate should read: Rate dependent upon conduction ratio; rate for 2:1 conduction is 150; rate for 3:1 conduction is 100; rate for 4:1 conduction is 75

p102 Table 4-15. First-Degree AV Block, section on Treatment Options should start: “First degree AV block is rarely….

p113 Figure 4-16, Figure name should read: Unifocal PVCs in a Trigeminy Pattern

p116 Q Waves, line 2 should read: “1 small box or 0.04 second.”

p123 Nitroglycerine, line 1 should read: “The initial dose is 0.4 mg given sublingually as a spray or a tablet. Second and subsequent sublingually administered doses depend on the SBP.”

p140 Q10 choice D should read: “Epinephrine 1:10,000, 1 mg IVP every 3–5 minutes”

p167 Treatment for headaches, line 1 should read: Typical headaches are rarely treated in the field. If the patient is in severe pain from a migraine or a cluster headache, consider giving 30 mg ketorolac intramuscularly, 2–4 mg morphine sulfate IVP, or 0.1 mg/kg fentanyl slow IVP for analgesia.

p172 under Graves Disease, last paragraph on thyroid storm, line 7 should read: “…however, 0.5–1 mg propranolol slow IVP over 10 minutes is the preferred choice.”

p189 top, item 5: first large paragraph, line 4: replace “as an intravenous piggyback” with “IVP.”
p189 top paragraph starting “In addition to the above...,” line 4 should read:... consider administering 1–2 mg glucagon IVP every 5 minutes.”

p201 second paragraph from top, second-to-last line should read: “If available, administer 100 mg thiamine slow IVP.”

p232 Kidney Stones, second paragraph, second-to-last line should read: “Treatment with 0.1 mcg/kg fentanyl slow IVP would bring welcome relief to the patient with a kidney stone.”

p236 bottom paragraph starting “It is important for these patients...,” last line: replace “1 mcg/kg fentanyl” with “0.1 mcg/kg fentanyl”

p291 Bradycardia line 3: replace “0.01–0.03 mg/kg intravenous piggyback” with “0.01–0.03 mg/kg epinephrine IVP”

p323 middle of page item 5: replace “and 1 mg/kg fentanyl” with “and 0.1 mcg/kg fentanyl”

p325 Pain management, second-to-last line: replace “1 mg/kg fentanyl or 10 mg...” with “0.1 mcg/kg fentanyl or up to 10 mg...”

p370 Septic shock bullet 1: replace “60 mg/kg” with “60 mL/kg”

p393 Norepinephrine dosage: delete the word “bolus”

p396 Propofol dosage: delete the word “bolus”