remarkable. We now face the challenge of getting NEWS implemented. The effectiveness of any EWS is dependent on accuracy of measurement of the physiological parameters themselves and the subsequent recording and score calculation. Electronic solutions should be forthcoming to help with the latter. Support from many organisations and individual clinicians has been demonstrated but we have to ensure that clinical staff moving from post to post in the NHS don’t have to learn a new EWS with each new hospital and that patients will indeed benefit from a system that is used reliably and completely. It is to be hoped that the ease of training, and of use, will make it attractive for wide adoption, and then we can really see a step change towards better management of the acutely ill patient.

References
3 Hawkes N. Royal College recommends national system to recognise deteriorating patients. BMJ 2012;345:e5041.
7 Kmietowicz Z. Doctors urge hospitals to adopt national system for scoring acutely ill patients. BMJ 2012;345:e513.

Address for correspondence: Dr M Jones, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ. Email: m.jones@rcpe.ac.uk

Erratum

Recognising acute kidney injury

Mike Jones


Two errors were introduced into Table 2 in this article during typesetting. The $U_{O_{2}}$ value for prerenal acute kidney injury (AKI) should read $>500$, not $<500$, and the $U_{Na}$ value for renal AKI should read $>20$, not $<20$. The corrected table is printed here.

| AKI type | $U_{O_{2}}$ | $U_{Na}$ | $F_{Na}$ (%) | Urea/Cr Providing urea $>10$
|---|---|---|---|---|
| Prerenal | $>500$ | $<10$ | $<1$ | $>100$
| Renal | $<350$ | $>20$ | $>2$ | $<40$
| Postrenal | $<350$ | $>40$ | $>4$ | $40-100$

$U =$ urinary; $C_r = $ creatinine; $U_{Na} =$ urinary sodium; $F_{Na} =$ fractional excretion of sodium.