remarkable.[7] 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.

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Erratum

Recognising acute kidney injury

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Two errors were introduced into Table 2 in this article during typesetting. The U_{Osm} 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.

Table 2. Classic laboratory findings in acute kidney injury (AKI).

AKI type	U_{Osm}	U_{Na}	Fe_{Na}(%)	Urea/Cr Providing urea >10
Prerenal	>500	<10	<1	>100
Renal	<350	>20	>2	<40
Postrenal	<350	>40	>4	40–100

U = urinary; Cr = creatinine; U_{Na} = urinary sodium; Fe_{Na} = fractional excretion of sodium.