
ERRATA

Flick et al. Cognitive and Behavioral Outcomes After Early Exposure to Anesthesia and Surgery. *Pediatrics*. 2011;128(5):e1053–e1061

An error occurred in this article by Flick et al, titled: “Cognitive and Behavioral Outcomes After Early Exposure to Anesthesia and Surgery” published in the November 2011 issue of *Pediatrics* (2011;128[5]: e1053–e1061; originally published online October 3, 2011; doi:10.1542/peds.2011-0351). On page e1054, in the Introduction, paragraph 1, line 5, this reads: “drugs include *N*-methyl-D-aspartate glutamate receptor agonists and γ -aminobutyric acid antagonists.” This should have read: “drugs include *N*-methyl-D-aspartate glutamate receptor antagonists and γ -aminobutyric acid agonists.”

doi:10.1542/peds.2011-3305

American Academy of Pediatrics. Prevention and Management of Positional Skull Deformities in Infants. *Pediatrics*. 2011;128(6):1236–1241

An error occurred in the American Academy of Pediatrics clinical report “Prevention and Management of Positional Skull Deformities in Infants” published in the December 2011 issue of *Pediatrics* (2011;128[6]:1236–1241; originally published online November 28, 2011; doi: 10.1542/peds.2011-2220). On page 1237, third column under Prevention, the fourth sentence should read: “Prolonged placement indoors in car safety seats and swings should be discouraged.” We regret the error.

doi:10.1542/peds.2011-3592

American Academy of Pediatrics. Health Care for Youth in the Juvenile Justice System. *Pediatrics*. 2011;128(6):1219–1235

An error occurred in the American Academy of Pediatrics policy statement “Health Care for Youth in the Juvenile Justice System” published in the December 2011 issue of *Pediatrics* (2011;128[6]:1219–1235; originally published online November 28, 2011; doi: 10.1542/peds.2011-1757). On page 1219, the number of arrests cited in the first sentence under the heading “Epidemiology of Juvenile Arrests” was inadvertently printed incorrectly. It should read: “In 2008, approximately 2.11 million juveniles younger than age 18 were arrested.⁷” We regret the error.

doi:10.1542/peds.2011-3723

Chippis B et al. Longitudinal Validation of the Test for Respiratory and Asthma Control in Kids in Pediatric Practices. *Pediatrics*. 2011;127(3):e717–e747

An error occurred in this article by Chippis B et al, titled “Longitudinal Validation of the Test for Respiratory and Asthma Control in Kids in Pediatric Practices” published in the March 2011 issue of *Pediatrics* (2011;127[3]: e737–e747; originally published online February 21, 2011; doi: 10.1542/peds.2010-1465) on page e738, Fig 1, Questions 3 and 5. This figure shows the Test for Respiratory and Asthma Control in Kids (TRACK) tool. Question 3 states, “During the past 4 weeks, to what extent did your child’s breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age.” The correct answer choices are “Not at all,” “Slightly,” “Moderately,” “Quite a lot,” and “Extremely.” Question 5 states, “During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?” The

correct answer choices are “Never,” “Once,” “Twice,” “3 times,” and “4 or more times.” The corrected Fig 1 follows.

In the Acknowledgments, the correct spelling for the writer who provided editorial assistance is Hema Gowda, PharmD.

doi:10.1542/peds.2011-3725

	Score
<p>1. During the <u>past 4 weeks</u>, how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?</p> <p>Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week</p> <p><input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0</p>	<input type="text"/>
<p>2. During the <u>past 4 weeks</u>, how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?</p> <p>Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week</p> <p><input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0</p>	<input type="text"/>
<p>3. During the <u>past 4 weeks</u>, to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?</p> <p>Not at all Slightly Moderately Quite a lot Extremely</p> <p><input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0</p>	<input type="text"/>
<p>4. During the <u>past 3 months</u>, how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?</p> <p>Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week</p> <p><input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0</p>	<input type="text"/>
<p>5. During the <u>past 12 months</u>, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?</p> <p>Never Once Twice 3 times 4 or more times</p> <p><input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0</p>	<input type="text"/>
<p>Other brands mentioned herein are trademarks of their respective owners and are not trademarks of the AstraZeneca group of companies. The makers of these brands are not affiliated with and do not endorse AstraZeneca or its products.</p>	Total <input type="text"/>

FIGURE 1

Test for Respiratory and Asthma Control in Kids (TRACK). TRACK is a trademark of the AstraZeneca group of companies. (c)2009 AstraZeneca LP. All rights reserved 278650 5/09.

American Academy of Pediatrics. Recommended Childhood and Adolescent Immunization Schedules—United States, 2012. *Pediatrics*. 2012;129(2):385–386

A minor clarification has been made in the American Academy of Pediatrics policy statement “Recommended Childhood and Adolescent Immunization Schedules—United States, 2012” published in the February 2012 issue of *Pediatrics* (2012;129 [2]:385–386; doi:10.1542/peds.2011-3630). In Fig 3: Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind—United States, 2012, the bullet in footnote 9 that previously read:

Inadvertent doses of DTaP vaccine are counted as part of the Td/Tdap vaccine series.

now reads:

An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.

and appears as the first bullet rather than the second (ie, the 2 bullets have switched positions).

The corrected schedule is now posted online at <http://pediatrics.aappublications.org/> and *Red Book* Online. Please note that it will differ from the version that appeared in the print journal.

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The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/129/3/595.1>

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