Errata and Printing

As errors or other issues with a book's content are noticed or discovered, it is standard practice in the publishing industry to list them as errata and then make corrections when the book is printed again. This is not to be confused with a new edition of the book. Printings (or reprints as they are also called) occur throughout the life of an edition.

The standard practice is to document errata by each printing. The first reprint is called the second printing, and subsequent reprints are called third printing, fourth printing, etc. Errata are typically listed by printing so that you can see what corrections were made and in which printing.

Determining the Printing

You can determine the printing you have by looking at your book’s copyright page (see figure). It is usually the first page following the book’s title page. Look for the last two lines on the page.

The two lines will look similar to the following:

Printed in the Unites States of America
22 21 20 19 18 10 9 8 7 6 5 4 3 2
The number on the far right is the printing number. In this case it indicates the second printing. The first printing would have had a 1 to the right of the 2. As subsequent printings are done the number for the previous printing is removed.

For Those Interested in Other Aspects of the Copyright Page
If you are wondering about that other collection of numbers on the left, those indicate the year in which the printing was done. The number on the far right of that first grouping is the reprint year. In our example, the second printing was done in 2018. Similar to the printing numbers, the number for the year is removed if the printing is done in a subsequent year.

Note that the printing year has no direct relationship to the copyright year claimed on the copyright page. That year simply represents when the publisher wants the clock to start on their 95 years of copyright duration.

Errata by Printing

1. Page ii, ENA logo and address updated
2. Page ii, in cover image credit, second slash moved up to first line
5. Page 123, Questions 112 in Category, “Maxiofacial” corrected to “Maxillofacial”
6. Page 182, Question 5, in Category, “Aortic dissection” corrected to Aneurysm/dissection”
7. Page 192, Question 21, in Category, added “syndrome” to “Respiratory distress”
8. Page 319, Question 16, in Category, “Disease” corrected to “disease”
9. Page 320, Question 17, in Category, “/Trauma/Pericardial Tamponade” corrected to “/Pericardial tamponade”
10. Page 368, Question 89, in Category, “Medical Emergencies/Disseminated Intravascular Coagulation” corrected to “Psychosocial and Medical Emergencies/Medical/Disseminated intravascular coagulation (DIC)”
12. Page 447, Question 12, Category, “Failure” corrected to “failure”
14. Page 488, Question 73, Category, “Previa” corrected to “previa”
15. Page 489, Question 74, Category, “Abuse/neglect” corrected to “Abuse and neglect”

16. Page 494, Question 81, Category, “Allergic/Anaphylaxis” corrected to “Allergic reactions and anaphylaxis”

17. Page 501, Question 92, Category, “Medical/Sickle Cell Crisis” corrected to “Medical/Blood dyscrasias/Sickle cell crisis”

18. Page 507, Question 101, Category, “Dislocation” corrected to “dislocations”

19. Page 516, Question 115, Category, “Maxiofacial” corrected to “Maxillofacial”

20. Page 524, Question 127, Category, “Childhood Disease” corrected to “Childhood diseases”


22. Page 632, Question 94, Category, “Coagulopathies” corrected to “coagulopathies”


Exam 1

1. One of the answers for the following exam item contained incorrect information. The corrected answer is shown immediately following the exam item. The pH value in the answer was not realistic. The value has been changed from 9.20 to 7.20.

   A patient with a history of chronic obstructive pulmonary disease arrives via emergency medical services in severe respiratory distress and with a decreased level of consciousness. The emergency nurse suspects that the patient is suffering from carbon dioxide narcosis. An arterial blood gas test is ordered for this patient. The emergency nurse anticipates the values to indicate which of the following?

   pH 7.20; pCO2 108 mm Hg; HCO3 65 mEq/L; pO2 52 mm Hg

Exam 2

1. For the exam item that reads “Each of the following patients presents to the emergency department with a chief complaint of headache. Which patient would most likely require intracranial imaging?” the correct answer was changed to the one that reads “A patient diagnosed with small cell lung cancer who complains of a new-onset headache” rather than “A patient with a history of migraines who presents with their typical symptom complex.”

2. For the exam item that reads “…patient a series of alcohol screening questions, the nurse has determined that the patient drinks 6–8 alcoholic drinks every day. How long after the last drink of alcohol would the nurse expect the patient to begin demonstrating early signs and symptoms of acute alcohol withdrawal?” the answer “68 hours” was changed to “6–8 hours.”

1. Page 77, Question 47, answer/rationale, in answer option C rationale, “hypertension” changed to “hyperextension”

2. Page 28/84, Question 57, in the question, choice A, the rationale/answer, "every hour" changed to “every 5 minutes”

3. Page 31/94, Question 70, answer D is not the correct answer. The answer that requires "the need for further education" is C. C changed to the correct answer and rationale for C changed to bold.

4. Page 160/214, Question 56, option B Sulfasalazine and Sucralfate are not the same medications. Option B changed to Sulfasalazine (Azulfidine) on both pages and in the rationale on page 214.

5. Page 163/224, Question 71, option C states "the placenta has separated from the vaginal wall," which is incorrect. Changed “vaginal wall” to “uterine wall” in option C on both pages.

6. Page 168/243, Question 98, stated that the initial respiratory rate is 32. Then it stated, “the respiratory rate increases to 30 breaths/minute.” Changed the first reference to respiratory rate from RR 32 breaths/minute to RR 22 breaths/minute.

7. Page 175/267, Question 135, answer B on both pages and the rationale changed from “within 24 hours” to “within 24–72 hours”

8. Page 176/273, Question 143, changed question wording to the following: “Which of the following is most likely to be related to inadequate communication?”

9. Page 282/312, Question 6, answer C, changed “...to the emergency department...” to “...at the emergency department...”

10. Page 282/312, Question 6, changed B to “A responsive patient...” from “An unresponsive patient...” and changed rationale for B to “The ideal candidate for targeted temperature management or induced hypothermia is the patient with ROSC following cardiopulmonary arrest who remains unresponsive.”

11. Page 282/314, Question 9, changed rationale B to “Chronic obstructive pulmonary disease is not commonly associated with an accelerated junctional rhythm.”

12. Page 284/320, Question 18, deleted second sentence of rationale for C.

13. Pages 284/321-322, Question 19, rationale C: Changed “compensated” to “decompensated.” Deleted last sentence.

14. Page 285/324, Question 24, rationale D changed to “The CDC recommends that everyone 6 months and older receive an annual influenza vaccine, with the only exceptions being for those with life-threatening allergies to the vaccine or any ingredient in the vaccine.”

15. Page 286/326, Question 29, changed question to “Which patient statement indicates that additional patient education is required for a patient with chronic liver disease and a pleural effusion?”
16. Page 286/328, Question 31, in the question, removed the “to” in “…these values to indicate…” and changed pCO2 value to “33” from “42.” Also changed the rationales for A and B to read as follows:

Rationale A: The pH is elevated, indicating alkalosis.
Rationale B: The low pCO2 with an elevated pH is an indication of respiratory alkalosis.

17. Page 287/330, Question 34, in rationales A and B – changed the first phrase from “The pH is above normal, indicating the presence of alkalosis;” to “The pH is high, indicating alkalosis;” and in last sentence of rationale A, removed comma that follows “metabolic” as in “…the cause is not metabolic but…”

Rationales C and D – changed the first phrase/sentence to “The pH is high, indicating alkalosis. The pCO2 is low, indicating that the cause is respiratory.”

18. Page 287/331, Question 36, answer D changed “PaO2” to “PaCO2.”

19. Page 289/338, Question 46, changed rationale of B from “Any child who requires…” to “Any child with no history of seizures who requires…”

20. Page 290/344, Question 55, rationale D, changed “Urea is a central nervous system toxin.” to “In excessive quantity, ammonia is a central nervous system toxin.”

21. Page 293/355, Question 71, deleted “status and” from question stem. Changed rationale for B to “End-tidal CO2 monitoring and measurement is the most reliable method for evaluating endotracheal tube placement and also reflects alveolar gas exchange, but the heart rate more accurately assesses respiratory effectiveness.”

22. Page 298/373, Question 98, new question:

Which of the following interventions should be initiated for the treatment of a septic patient within 1 hour of presenting to the emergency department?

A. Blood cultures, antibiotics, and 30mL/kg intravenous fluids for lactate of greater than 2 mmol/L.
B. Blood cultures, vasopressors, and central venous pressure monitoring if the mean arterial pressure is less than 65 mm Hg.
C. **Blood cultures, antibiotics, and rapid administration of 30mL/kg of crystalloids for lactate of greater than or equal to 4 mmol/L.**
D. Antibiotics and vasopressors if mean arterial pressure is greater than 65 mm Hg, and lactate level of greater than or equal to 4 mmol/L.

**Rationale**
A. Begin rapid administration of crystalloids for hypotension or lactate greater than or equal to 4 mmol/L.
B. Central venous pressure monitoring may be initiated but is not included in the 1-hour sepsis bundle.
C. **These are all included in the 1-hour sepsis bundle.**
D. Vasopressors are indicated if the patient is hypotensive during or after fluid resuscitation to maintain a mean arterial pressure of greater than or equal to 65 mm Hg.
Reference

23. Page 304/395, Question 132, change to question, “Your nursing interventions for this patient would include which of the following?” changed to “Which of the following is the priority nursing intervention?”

Answer options and rationales changed to the following

A. **Place patient on contact and droplet isolation.**
B. **Administer oxygen**
C. **Draw blood for cultures and a lactate level**
D. **Obtain intravenous access**

Rationale
A. **This is the priority intervention to protect the staff and other patients from infection.**
B. Oxygen administration is likely to be needed depending on the patient’s normal baseline oximetry level, but protection of the staff and other patients takes priority.
C. Blood for cultures and a lactate level are indicated, but protection of the staff and other patients takes priority.
D. Intravenous access is indicated, but protection of the staff and other patients takes priority.

24. Page 412/444, Question 9, changed question stem from “You are able to feel a radial pulse that is approximately 140 beats/minute.” to “You palpate a radial pulse that is 170 beats/minute and regular.”

25. Page 426/496, Question 85, deleted “and acute psychosis” from the question stem

26. Page 427/501, Question 93, changed answer option A from “Fludrocortisone (Florinef)” to “Spironolactone (Aldactone)” and changed it from correct to a distractor.

Changed the rationale for A to read “Spironolactone is an aldosterone receptor antagonist, which blocks the effects of aldosterone.”

Changed C, **“Dexamethasone (Decadron),”** to the correct answer.

Rationale for C – Changed the rationale to read **“Dexamethasone is the drug of choice for adrenal crisis because it does not interfere with plasma cortisol measurements. Hydrocortisone may be used for patients with known adrenal insufficiency.”**