
ERRATA

Tieder JS, Bonkowsky JL, Etzel RA, et al; Subcommittee on Apparent Life Threatening Events. Clinical Practice Guideline: Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants. *Pediatrics*. 2016;137(5):e20160590

An error occurred in the following AAP publication: Tieder JS, Bonkowsky JL, Etzel RA, et al; for the Subcommittee on Apparent Life-Threatening Events. Clinical Practice Guideline: Brief resolved unexplained events (formerly apparent life-threatening events) and evaluation of lower-risk infants. *Pediatrics*. 2016;137(5):e20160590 (<https://pediatrics.aappublications.org/content/137/5/e20160590>). Under the heading of RISK ASSESSMENT: LOWER- VERSUS HIGHER-RISK BRUE (page e5 of the PDF), the fourth sentence should read:

“There was generally an increased risk from prematurity in infants born at <32 weeks of gestation. Among infants born between 32 and 37 weeks of gestation, the risk attenuated once they reached 45 weeks of postconceptional age.³”

In the ninth sentence in that paragraph, the word “Cardiopulmonary” is misspelled.

On the same page, under the heading PATIENT FACTORS THAT DETERMINE A LOWER RISK, the second bulleted item should be replaced with:

- Gestational age not >32 weeks
- If born between 32-37 weeks of gestation, corrected gestational age \geq 45 weeks

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