previously read, "Enoxaparin: 1 mg/kg subcutaneous (SC) every 12 hours (reduce dose to 1 mg/kg SC once daily in patients with creatinine clearance [CrCl] <30 mL/min), continued for the duration of hospitalization or until PCI is performed. An initial intravenous loading dose is 30 mg (133,136,309)."

9. Section 4.3.2.1, paragraph 1, line 6. The text now reads, "The dose of enoxaparin is 1 mg/kg SC every 12 hours for NSTE-ACS; an initial intravenous loading dose of 30 mg has been used in selected patients." The text previously read, "The dose of enoxaparin is 1 mg/kg SC every 12 hours for NSTE-ACS; an initial intravenous loading dose is 30 mg."
10. Section 6.2.1, Class IIa, Recommendation #2. The recommendation now reads, "It is reasonable to use ticagrelor in preference to clopidogrel for maintenance-$P2Y_{12}$ treatment in patients with NSTE-ACS who undergo an early invasive or ischemia-guided strategy (293, 294)." The recommendation previously read, "It is reasonable to choose ticagrelor over clopidogrel for maintenance $P2Y_{12}$ treatment in patients with NSTE-ACS treated with an early invasive strategy and/or PCI (293, 294)."

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CORRECTION

Amsterdam EA, Wenger NK, et al.

2014 ACC/AHA guideline for the management of patients with non–ST-elevation acute coronary syndromes: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines: executive summary

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1. Cover page. The collaborating organizations title line now reads, "Developed in Collaboration With the Society for Cardiovascular Angiography and Interventions and the Society of Thoracic Surgeons". The text previously read, "Developed in Collaboration With the Society of Thoracic Surgeons".
2. Section 3.3, Figure 2(A). GRACE Risk Model Nomogram, footnote list. The footnote now reads, "To convert serum creatinine level to micromoles per liter, multiply by 88.4." The footnote previously read, "To convert serum creatine level to micromoles per liter, multiply by 88.4."
3. Section 4.2, Class I, Recommendation #3. The recommendation now refers to "or hyperkalemia (K+ >5.0 mEq/L)". The recommendation previously referred to "hyperkalemia (K >5.0mEq/L)".
4. Section 4.3.1, Class I, Recommendation #1. The maintenance dose for aspirin has been changed. Additionally, the following references, numbered 147 and 363, have been added to the text: 147. Wallentin L, Becker RC, Budaj A, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. N Engl J Med. 2009;361:1045-57; and 363. Mehta SR, Tanguay JF, Eikelboom JW, et al. Double-dose versus standard-dose clopidogrel and high-dose versus low-dose aspirin in individuals undergoing percutaneous coronary intervention for acute coronary syndromes (CURRENT-OASIS 7): a randomized factorial trial. Lancet. 2010;376:1233-43. The recommendation now reads, "and a maintenance dose of aspirin (81 mg/d to 325 mg/d) should be continued indefinitely (142-144,147,363)." The recommendation previously read "and a maintenance dose of aspirin (81 mg/d to 162 mg/d) should be continued indefinitely (142-144)."
5. Section 4.3.1, Table 7, row 3, column 5. The references now read, "(142-144)". The references previously read, "142-144, 147, 363".
6. Section 4.3.1, Table 7, row 4, column 2. Text regarding aspirin maintenance dosing has been modified. Additionally, the following references, numbered 147 and 363, have been added to column 5: 147. Wallentin L, Becker RC, Budaj A, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. N Engl J Med. 2009;361:1045-57; and 363. Mehta SR, Tanguay JF, Eikelboom JW, et al. Double-dose versus standard-dose clopidogrel and high-dose versus low-dose aspirin in individuals undergoing percutaneous coronary intervention for acute coronary syndromes (CURRENT-OASIS 7): a randomized factorial trial. Lancet. 2010;376:1233-43. The table now reads, "81 mg/d-325 mg/d*". The asterisk (*) inserted

after "325 mg/d" refers to the accompanying footnote below Table 7, which reads, "The recommended maintenance dose of aspirin to be used with ticagrelor is 81 mg daily (144)." The table previously read, "81 mg/d-162 mg/d".

7. Section 4.3.1, Table 7, row 13, column 2. The bullet now reads, "Initial 30 mg IV loading dose in selected patients". The bullet previously read, "Initial IV loading dose 30 mg".
8. Section 4.3.2, Class I, Recommendation #1. The recommendation now reads, "Enoxaparin: 1 mg/kg subcutaneous (SC) every 12 hours (reduce dose to 1 mg/kg SC once daily in patients with creatinine clearance [CrCl] <30 mL/min), continued for the duration of hospitalization or until PCI is performed. An initial intravenous loading dose of 30 mg has been used in selected patients (151-153)." The recommendation previously read, "Enoxaparin: 1 mg/kg subcutaneous (SC) every 12 hours (reduce dose to 1 mg/kg SC once daily in patients with creatinine clearance [CrCl] <30 mL/min), continued for the duration of hospitalization or until PCI is performed. An initial intravenous loading dose is 30 mg (151-153)."
9. Section 6.2, Class IIa, Recommendation #2. The recommendation now reads, "It is reasonable to use ticagrelor in preference to clopidogrel for maintenance-$P2Y_{12}$ treatment in patients with NSTE-ACS who undergo an early invasive or ischemia-guided strategy (147,148)." The recommendation previously read, "It is reasonable to choose ticagrelor over clopidogrel for maintenance $P2Y_{12}$ treatment in patients with NSTE-ACS treated with an early invasive strategy and/or PCI (147,148)."

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