In the article by Demaerschalk et al, “Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Alteplase in Acute Ischemic Stroke: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association,” which published ahead of print December 22, 2015, and appeared in the February 2016 issue of the journal (Stroke. 2016;47:581–641. DOI: 10.1161/STR.0000000000000086), several corrections were needed.

1. On page 600, in the right column, under the heading, “Anticoagulant Use: Recommendations,” the following updates have been made:
   • Recommendation 1 read, “Intravenous alteplase may be reasonable in patients who have a history of warfarin use and an INR ≤1.7 (Class IIb; Level of Evidence B).” A PT threshold has been added to the INR value. The recommendation has been updated to read, “Intravenous alteplase may be reasonable in patients who have a history of warfarin use and an INR ≤1.7 and/or a PT <15 seconds (Class IIb; Level of Evidence B).”
   • Recommendation 2 read, “Intravenous alteplase in patients who have a history of warfarin use and an INR >1.7 is not recommended (Class III; Level of Evidence B).” A PT threshold has been added to the INR value. The recommendation has been updated to read, “Intravenous alteplase in patients who have a history of warfarin use and an INR >1.7 and/or a PT >15 seconds is not recommended (Class III; Level of Evidence B).”
   • Recommendation 3 read, “Intravenous alteplase in patients who have received a dose of LMWH within the previous 24 hours is not recommended. This applies to both prophylactic doses and treatment doses (Class III; Level of Evidence B).” The recommendation has been updated to refer to treatment doses and not prophylactic doses. It has been updated to read, “Intravenous alteplase in patients who have received a treatment dose of LMWH within the previous 24 hours is not recommended (Class III; Level of Evidence B).”


These corrections have been made to the current online version of the article, which is available at http://stroke.ahajournals.org/content/47/2/581.full.
Correction

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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://stroke.ahajournals.org/content/47/11/e262