

ERRATA

In the article by Dellinger et al., "Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008" published in the January 2008 issue of *Critical Care Medicine*, the addition of two tables, labeled Scheme 1 and Scheme 2, and subsequent text changes should appear as follows.

On page 296, in the footnotes, the Indian Society of Critical Care Medicine should be added to the list of sponsoring organizations who did not actively participate in the revision process.

On page 297, the first sentence in the Methods section should read as follows.

Sepsis is defined as infection plus systemic manifestations of infection (Scheme 1) (12).

On page 297, the first full sentence in the second column should read as follows.

An example of typical thresholds for identification of severe sepsis is shown in Scheme 2 (12, 13).

Scheme 1 and Scheme 2, which were not included in the article, appear as follows.

Scheme 1. Diagnostic criteria for sepsis

Infection, documented or suspected, and some of the following:

General variables

- Fever ($>38.3^{\circ}\text{C}$)
- Hypothermia (core temperature $<36^{\circ}\text{C}$)
- Heart rate $>90\text{ min}^{-1}$ or >1 so above the normal value for age
- Tachypnea
- Altered mental status
- Significant edema or positive fluid balance ($>20\text{ mL/kg}$ over 24 hrs)
- Hyperglycemia (plasma glucose $>140\text{ mg/dL}$ or 7.7 mmol/L) in the absence of diabetes

Inflammatory variables

- Leukocytosis (WBC count $>12,000\ \mu\text{L}^{-1}$)
- Leukopenia (WBC count $<4000\ \mu\text{L}^{-1}$)
- Normal WBC count with $>10\%$ immature forms
- Plasma C-reactive protein >2 so above the normal value
- Plasma procalcitonin >1 so above the normal value

Hemodynamic variables

- Arterial hypotension (SBP $<90\text{ mm Hg}$, MAP $<70\text{ mm Hg}$; or an SBP decrease $>40\text{ mm Hg}$ in adults; or <2 so below normal for age)

Organ dysfunction variables

- Arterial hypoxemia ($\text{Pao}_2/\text{Pio}_2 <300$)
- Acute oliguria (urine output $<0.5\text{ mL/kg}$ hr or 45 mmol/L for at least 2 hrs, despite adequate fluid resuscitation)
- Creatinine increase $>0.5\text{ mg/dL}$ or $44.2\ \mu\text{mol/L}$
- Coagulation abnormalities (INR >1.5 or a PTT $>60\text{ sec}$)
- Ileus (absent bowel sounds)
- Thrombocytopenia (platelet count, $<100,000\ \mu\text{L}^{-1}$)
- Hypert bilirubinemia (plasma total bilirubin $>4\text{ mg/dL}$ or $70\ \mu\text{mol/L}$)

Tissue perfusion variables

- Hyperlactatemia ($>$ upper limit of lab normal)

Decreased capillary refill or mottling

Diagnostic criteria for sepsis in the pediatric population are signs and symptoms of inflammation plus infection with hyper- or hypothermia (rectal temperature $>38.5^{\circ}\text{C}$ or $<35^{\circ}\text{C}$), tachycardia (may be absent in hypothermic patients), and at least one of the following indications of altered organ function: altered mental status, hypoxemia, increased serum lactate level, or bounding pulses.

WBC, white blood cell; SBP, systolic blood pressure; MAP, mean arterial blood pressure; INR, international normalized ratio; a PTT, activated partial thromboplastin time.
Adapted from Levy MM, Fink MP, Marshall JC, et al: 2001 SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference. *Crit Care Med* 2003; 31:1250-1256

Scheme 2.

Severe sepsis = sepsis-induced tissue hypoperfusion or organ dysfunction (any of the following thought to be due to the infection)

Sepsis-induced hypotension

- Lactate greater than the upper limits of normal laboratory results
- Urine output $<0.5\text{ mL/kg}$ hr for >2 hrs, despite adequate fluid resuscitation
- ALI with $\text{Pao}_2/\text{Pio}_2 <250$ in the absence of pneumonia as infection source
- ALI with $\text{Pao}_2/\text{Pio}_2 <200$ in the presence of pneumonia as infection source
- Creatinine $>2.0\text{ mg/dL}$ ($176.8\ \mu\text{mol/L}$)
- Bilirubin $>2\text{ mg/dL}$ ($34.2\ \mu\text{mol/L}$)
- Platelet count $<100,000$
- Coagulopathy (INR >1.5)

ALI, acute lung injury; INR, international normalized ratio.

Adapted from Levy MM, Fink MP, Marshall JC, et al: 2001 SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference. *Intensive Care Med* 2003; 29:530-538. ACCP/SCCM Consensus Conference Committee: American College of Chest Physicians/Society of Critical Care Medicine Consensus Conference: Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. *Crit Care Med* 1991; 19:864-874

On page 298, the sentence in the second full paragraph should read as follows.

The committee assessed whether the desirable effects of adherence will outweigh the undesirable effects, and the strength of a recommendation reflects the group's degree of confidence in that assessment (Table 2).

On page 301, under the heading *Blood product administration* in Table 5, the second circle, next to "Do not use erythropoietin . . ." should be closed to indicate a strong recommendation. In the same table, under the heading *Glucose control*, the second circle, next to "Aim to keep blood glucose . . ." should be open to indicate a weak recommendation.

The authors regret the errors.

REFERENCE

- Dellinger RP, Levy MM, Carlet JM, et al: Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008. *Crit Care Med* 2008; 36:296-327