Correction to: Management of moderate to severe traumatic brain injury: an update for the intensivist

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Intensive Care Med (2022) 48:989–991
https://doi.org/10.1007/s00134-022-06759-1

CORRECTION

Correction to: Management of moderate to severe traumatic brain injury: an update for the intensivist

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Correction to: Intensive Care Med https://doi.org/10.1007/s00134-022-06702-4

An incorrect version of the color legend of Figure 1 has been published. The authors apologise for the mistake. Please find the corrected Fig. 1 below.

(See figure on next page.)

Fig. 1 An algorithm for treating intracranial pressure (ICP) (modified from The Seattle International Severe Traumatic Brain Injury Consensus Conference (SIBICC)). In patients with ICP monitoring (with/without additional brain oxygen monitoring) the four represent the starting points for deciding a treatment strategy. Tier 0, i.e. basic strategies (not included in the flowchart), apply to TBI patients who are admitted to an intensive care unit (ICU) for whom the decision to monitor ICP has been made. The goal of tier-zero is to establish a stable, neuroprotective physiologic baseline regardless of eventual ICP readings. Tier-zero sedatives and analgesics target comfort and ventilator tolerance, temperature management targets the avoidance of fever and CPP > 60 mm Hg. Lower tier treatments are viewed as having a more favorable side effect profile than higher tiers and generally should be employed first. Treatments in any given tier are considered equivalent, with the selection of one treatment over another based on individual patient characteristics and physician discretion and multiple items from a single tier can be trialed individually or in combination with the goal of a rapid response. The provider should consider moving to more aggressive interventions in a higher tier quickly if the patient is not responding. Panel **A** Patients with ICP below the threshold usually do not need treatment except for conditions in which a high intracranial pressure–time burden is present because this condition is associated with worse outcomes. Refer to [1] for details. Therefore, in this setting, treatment could be considered also below the classical threshold of 22 mmHg. Panel **B** Consensus-based algorithm for the management of severe traumatic brain injury with brain hypoxia and normal intracranial pressure. Panel **C** Consensus-based algorithm for the management of severe traumatic brain injury with intracranial hypertension and brain hypoxia. Panel **D** Consensus-based algorithm for the management of severe traumatic brain injury with intracranial hypertension and normal brain oxygenation. Inter-tier recommendations encourage patient reassessment for remediable causes of treatment resistance. Stepping to a higher tier is a potential indicator of increased disease severity. As higher tiers represent interventions with increased associated risks, we recommend reassessing the patient's basic intra-and extra-cranial physiologic status and reconsidering the surgical status of intracranial mass lesions not previously considered operative

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The original article can be found online at https://doi.org/10.1007/s00134-022-06702-4.

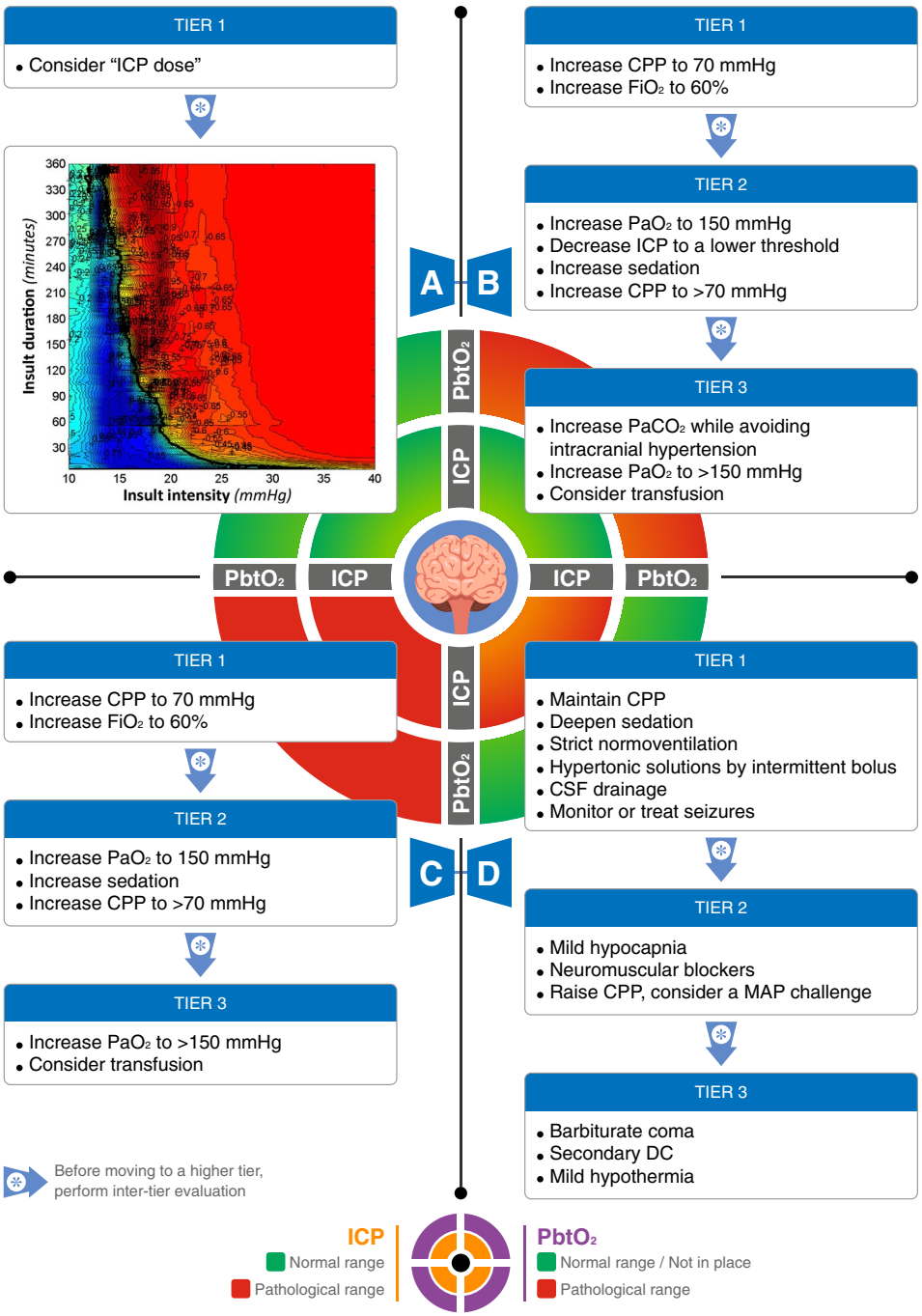

Fig. 1 (See legend on previous page.)

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Publisher's Note

Published: 20 June 2022