

## CORRECTION

# Correction: Association of body temperature and antipyretic treatments with mortality of critically ill patients with and without sepsis: multi-centered prospective observational study

for Fever and Antipyretic in Critically ill patients Evaluation (FACE) Study Group, Byung Ho Lee<sup>1</sup>, Daisuke Inui<sup>2</sup>, Gee Young Suh<sup>3</sup>, Jae Yeol Kim<sup>4</sup>, Jae Young Kwon<sup>5</sup>, Jisook Park<sup>6</sup>, Keiichi Tada<sup>7</sup>, Keiji Tanaka<sup>8</sup>, Kenichi Ietsugu<sup>9</sup>, Kenji Uehara<sup>7</sup>, Kentaro Dote<sup>10</sup>, Kimitaka Tajimi<sup>11</sup>, Kiyoshi Morita<sup>12</sup>, Koichi Matsuo<sup>13</sup>, Koji Hoshino<sup>14</sup>, Koji Hosokawa<sup>15</sup>, Kook Hyun Lee<sup>16</sup>, Kyoung Min Lee<sup>17</sup>, Makoto Takatori<sup>7</sup>, Masaji Nishimura<sup>2</sup>, Masamitsu Sanui<sup>18</sup>, Masanori Ito<sup>9</sup>, Moritoki Egi<sup>12\*</sup>, Naofumi Honda<sup>14</sup>, Naoko Okayama<sup>19</sup>, Nobuaki Shime<sup>15</sup>, Ryosuke Tsuruta<sup>20</sup>, Satoshi Nogami<sup>7</sup>, Seok-Hwa Yoon<sup>21</sup>, Shigeki Fujitani<sup>22</sup>, Shin Ok Koh<sup>23</sup>, Shinhiro Takeda<sup>8</sup>, Shinsuke Saito<sup>9</sup>, Sung Jin Hong<sup>24</sup>, Takeshi Yamamoto<sup>8</sup>, Takeshi Yokoyama<sup>14</sup>, Takuhiro Yamaguchi<sup>25</sup>, Tomoki Nishiyama<sup>26</sup>, Toshiko Igarashi<sup>11</sup>, Yasuyuki Kakihana<sup>19</sup> and Younsuck Koh<sup>27</sup>

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### Correction

The authors noticed after the publication of their article [1] an error in their abstract. Under the ‘results’ subsection, it currently reads “Relative to the reference range (MAXICU 36.5°C to 37.4°C), MAXICU  $\geq$  39.5°C increased risk of 28-day mortality in septic patients (adjusted odds ratio 8.14,  $P = 0.01$ ), but not in non-septic patients (adjusted odds ratio 0.47,  $P = 0.11$ ).” This should reflect Table 4 and instead read “MAXICU  $\geq$  39.5°C increased risk of 28-day mortality in non-septic patients (adjusted odds ratio 8.14,  $P = 0.01$ ), but not in septic patients (adjusted odds ratio 0.47,  $P = 0.11$ )”.

### Competing interests

The authors declare that they have no competing interests.

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