

CORRECTION



# Correction to: Clinical features, ventilatory management, and outcome of ARDS caused by COVID-19 are similar to other causes of ARDS

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## Correction to: Intensive Care Med <https://doi.org/10.1007/s00134-020-06192-2>

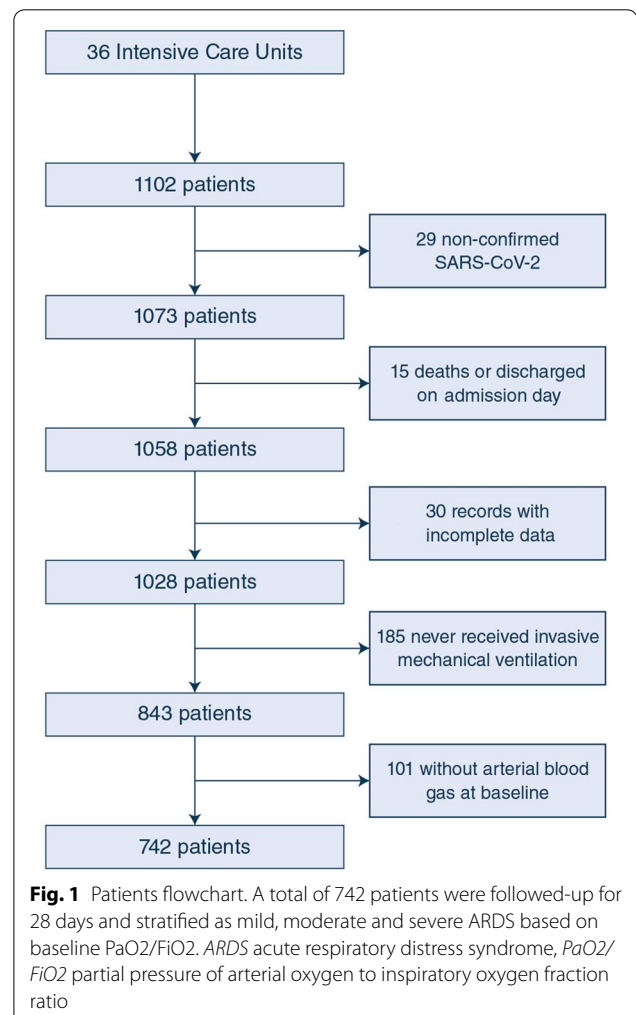
The original version of this article unfortunately contained mistakes in Figs. 1 and 3. The corrected versions can be found below. We apologize for the mistake.

There were also mistakes in the Abstract. In the Results section it should read:

The risk of 28-day mortality was lower in mild ARDS [hazard ratio (RR) 0.60 (95%CI 0.39-0.92);  $p=0.021$ ] and moderate ARDS [hazard ratio (RR) 0.71 (0.53-0.97);  $p=0.029$ ] when compared to severe ARDS.

In addition, there were several mistakes in the Clinical outcomes. The first sentence should read: Mean VFDs (to day 30) was 4 [IQR: 0–18] days.

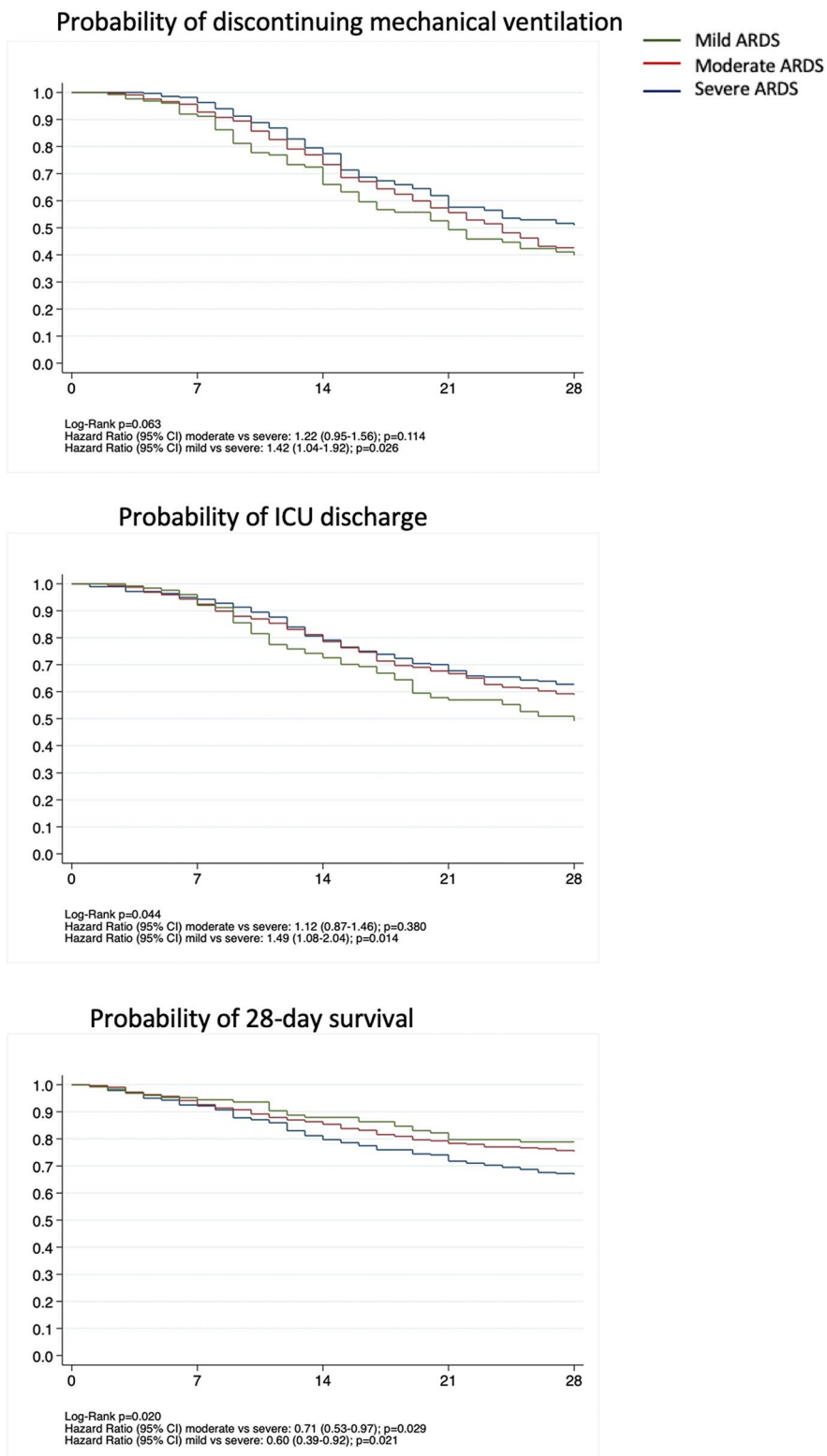
Another corrected sentence should read: The risk of 28-day mortality was lower in mild ARDS [hazard ratio (RR) 0.60 (95%CI 0.39-0.92);  $p=0.021$ ] and moderate ARDS [hazard ratio (RR) 0.71 (0.53-0.97);  $p=0.029$ ] compared to severe ARDS (Fig. 3).



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The original article can be found online at <https://doi.org/10.1007/s00134-020-06192-2>.



**Fig. 3** Time to event curves using Kaplan–Meier with univariable Cox regression. The probability of discontinuation from mechanical ventilation and the probability of ICU discharge increase with decreasing ARDS. The 28-day probability of death was higher in severe ARDS. *ICU* intensive care unit, *ARDS* acute respiratory distress syndrome

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