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CORRECTION

Correction to: The oxygen reserve index (ORI): a new tool to monitor oxygen therapy

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In the original publication of the article, the authors have realized an error in Fig. 1. The corrected version of Fig. 1 is given below.

The original article can be found online at https://doi.org/10.1007/s10877-017-0049-4.

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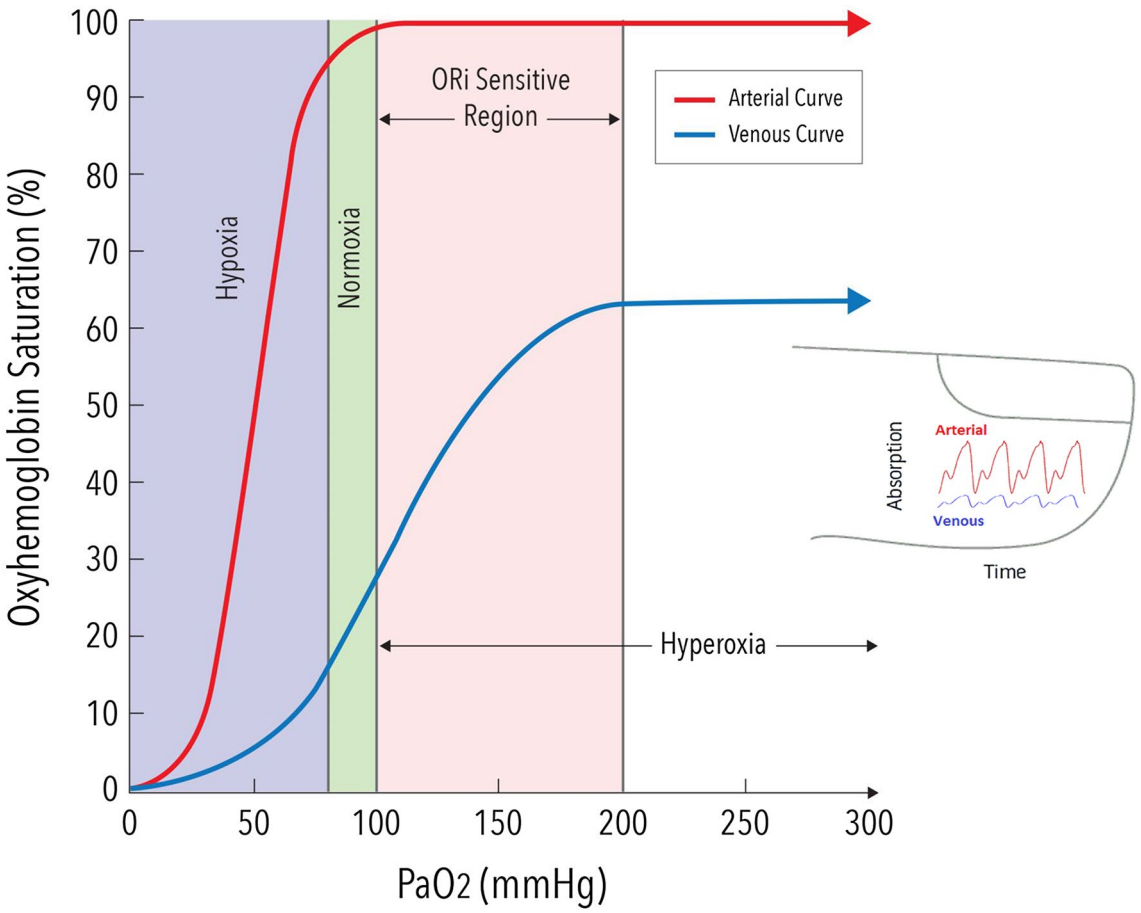

Fig. 1 Schematic representation of arterial (red line) and venous (blue line) oxyhaemoglobin dissociation curves. In the hypoxic rage (PaO_2 < 100 mmHg), arterial oxygenation can be assessed by pulse oximetry (SpO_2). As PaO_2 increases beyond 100 mmHg, venous saturation (SvO_2) at the measurement site increases even though arterial saturation (SaO_2) remains maximal and unchanged. This change in SvO_2 causes changes in absorption of the incident light (and hence a change in measured signals) as PaO_2 changes. With Masimo's Rainbow SET technology these signals are extractable and the system is able to detect changes in PaO_2 through changes in SvO_2 at the measurement site. SvO_2 reaches a plateau beyond a certain level of PaO_2, approximately 200 mmHg (hyperoxic range), and consequently ORI is sensitive to the changes in PaO_2 in the range between 100 and 200 mmHg (orange shaded area)