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Erratum to: Increased serum bicarbonate in critically ill patients: a retrospective analysis

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Owing to a technical fault in the typesetting process, some of the data from Table 2 were omitted from the PDF version of the article. The table is reproduced here in full. The publisher apologizes for this error and any inconvenience caused.

Table 2 Association of maximum serum bicarbonate during ICU stay with in-hospital mortality

	Univariate analysis OR (95 % CI)	Model 1		Model 2		Model 3	
		β	OR (95 % CI)	β	OR (95 % CI)	β	OR (95 % CI)
Maximum serum bicarbonate 25–30 mEq/L	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Maximum serum bicarbonate under 25 mEq/L, per each 5-mEq/L	2.332 (2.104–2.583)	0.805	2.238 (2.091–2.560)	0.778	2.179 (1.954–2.411)	0.569	1.770 (1.550–2.015)
Maximum serum bicarbonate above 30 mEq/L, per each 5-mEq/L	1.297 (1.235–1.362)	0.265	1.304 (1.211–1.353)	0.194	1.215 (1.156–1.293)	0.191	1.211 (1.116–1.316)

Model 1 adjusts for age, gender. Model 2 adjusts for covariate in model 1 and simplified acute physiology score (SAPS-I), sequential organ failure assessment (SOFA), main comorbidities (hypertension, congestive heart failure, cardiac arrhythmias, chronic pulmonary obstructive disease, diabetes mellitus, lymphoma, metastatic cancer, liver disease, obesity) and type of admission (clinical or surgical). Model 3 adjusts for covariates in model 2 and main causes of metabolic alkalosis (diuretic previous or during ICU stay, alkali

administration, hypokalemia, hypernatremia, renal replacement therapy and gastric output), minimum serum bicarbonate, partial CO₂ pressure >45 mmHg, acute kidney injury severity, mechanical ventilation and hyponatremia during ICU stay. Bias and 95 % CI were estimated by bootstrap re-sampling. The odds ratio for mortality is displayed for each of 5 mEq/L in serum bicarbonate. All *p* values <0.0001.