

CORRECTION



Correction: ESPNIC clinical practice guidelines: intravenous maintenance fluid therapy in acute and critically ill children—a systematic review and meta-analysis

David W. Brossier¹ , Lyvonne N. Tume² , Anais R. Briant³, Corinne Jotterand Chaparro^{4,5} , Clémence Moullet⁴ , Shancy Rooze⁶, Sascha C. A. T. Verbruggen⁷ , Luise V. Marino⁸ , Fahad Alsohime⁹, Sophie Beldjilali¹⁰, Fabrizio Chiusolo¹¹ , Leonardo Costa¹², Capucine Didier¹³, Stavroula Ilia¹⁴ , Nyandat L. Joram¹⁵ , Martin C. J. Kneyber¹⁶ , Eva Kühlwein¹⁷, Jorge Lopez¹⁸ , Jesus López-Herce¹⁸ , Huw F. Mayberry¹⁹ , Fortesa Mehmeti²⁰, Magdalena Mierzewska-Schmidt²¹, Maria Miñambres Rodríguez²² , Claire Morice²⁰, John V. Pappachan²³ , Florence Porcheret²⁴, Leonor Reis Boto²⁵ , Luregn J. Schlapbach²⁶ , Hakan Tekguc²⁷ , Konstantinos Tziouvas²⁸ , Jean-Jacques Parienti²⁹, Isabelle Goyer³⁰ and Frederic V. Valla^{13,31*} on behalf of the Metabolism Endocrinology and Nutrition section of the European Society of Pediatric and Neonatal Intensive Care (ESPNIC)

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Figure 3 (Meta-analysis of studies comparing the impact on hyponatremia occurrence of isotonic versus hypotonic solutions) published in the original version of the manuscript is incorrect [1]. A new version of Fig. 3 is provided in this erratum.

The error arose from the reversal of the “experimental” and “control” groups during data extraction. In fact, in the included studies, the experimental and control groups corresponded to the “isotonic” and “hypotonic” groups respectively, in most studies, but not all [2, 3].

To ensure optimal homogeneity in outcome definition we have revised where possible the threshold of

hyponatremia at 135 mmol/L rather than 130 mmol/L in the few studies that used a 130 mmol/L hyponatremia as the primary outcome but also provided figures for 135 mmol/L [4–6].

Finally, in the study with 3 arms, we revised the experimental and control groups to ensure better consistency in interpretation within the studies [7].

The new effect size in Fig. 3 is OR = 0.31, 95%CI [0.23; 0.42], $I^2 = 36%$, p -value < 0.00001. The heterogeneity between studies is now low.

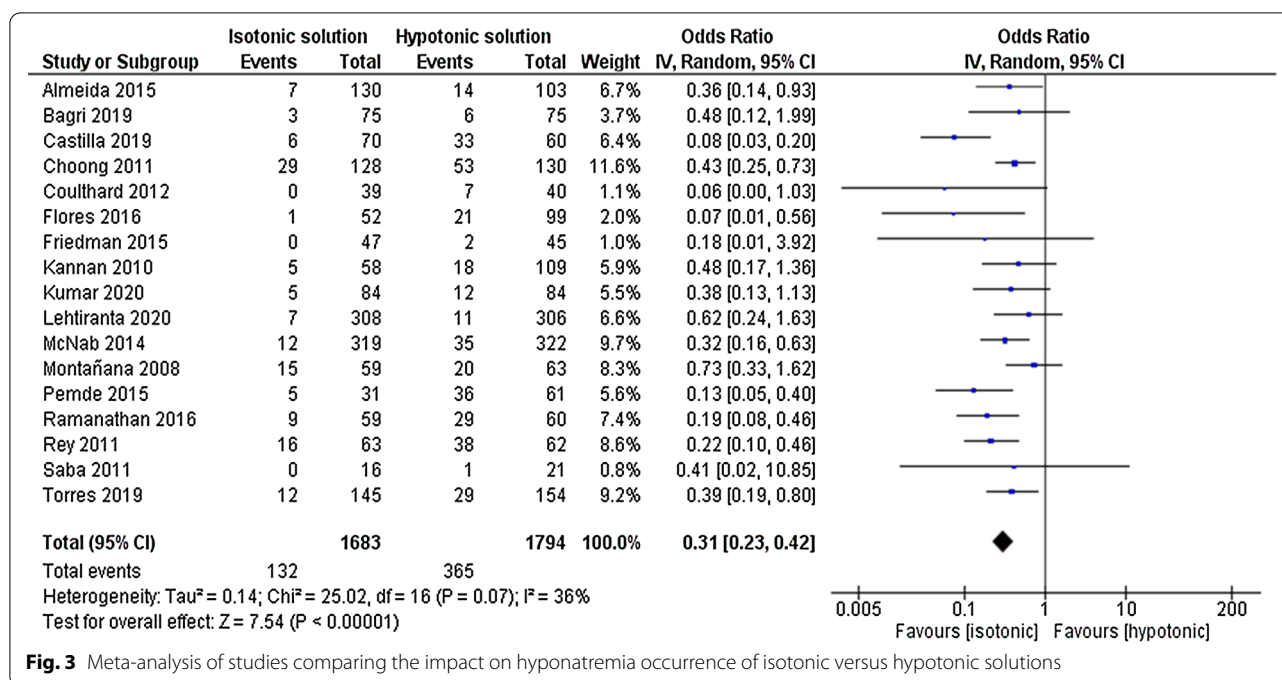
The authors consider it important to publish this erratum to comply with good research practice. Importantly, the updated results do not alter, but rather strengthen the level of evidence for the PiCO2 recommendation: “in acutely and critically ill children, isotonic maintenance fluid should be used to reduce the risk of hyponatremia”; level of evidence A.

The authors apologize for this error.

*Correspondence: frederic.valla@chu-lyon.fr

³¹ Service de Réanimation Pédiatrique, Hôpital Femme Mère Enfant, 59 Boulevard Pinel, 69500 Bron, France
Full author information is available at the end of the article

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Author details

¹ Pediatric Intensive Care, Medical School, Université Caen Normandie, CHU de Caen, Caen, France. ² Pediatric Intensive Care Unit Alder Hey Children's Hospital, Faculty of Health, Social Care and Medicine, Edge Hill University, Liverpool, Ormskirk, UK. ³ Department of Biostatistics, CHU de Caen, 14000 Caen, France. ⁴ Department of Nutrition and Dietetics, Geneva School of Health Sciences, HES-SO University of Applied Sciences and Arts Western Switzerland, Geneva, Switzerland. ⁵ Bureau d'Echange des Savoirs pour des pratiques Exemplaires de Soins (BEST): A JBI Centre of Excellence, Lausanne, Switzerland. ⁶ Pediatric Intensive Care, HUDERF, Brussels, Belgium. ⁷ Pediatric Intensive Care, Erasmus MC-Sophia Children's Hospital, Rotterdam, The Netherlands. ⁸ University Hospital Southampton NHS Foundation Trust, Southampton, UK. ⁹ Pediatric Intensive Care, Pediatric Department, College of Medicine, King Saud University, Riyadh, Saudi Arabia. ¹⁰ Pediatric Intensive Care, Assistance Publique Hôpitaux de Marseille, Marseille, France. ¹¹ Pediatric Intensive Care, Bambino Gesù Children's Hospital, Rome, Italy. ¹² Pediatric Intensive Care, S. Orsola-Malpighi University Hospital, Bologna, Italy. ¹³ Pediatric Intensive Care, Hospices Civils de Lyon, Lyon, France. ¹⁴ Pediatric Intensive Care, Medical School, University Hospital, University of Crete, Heraklion, Greece. ¹⁵ Moi Teaching and Referral Hospital, Eldoret, Kenya. ¹⁶ Department of Paediatrics, Division of Paediatric Critical Care Medicine, Beatrix Children's Hospital, Critical Care, Anaesthesiology, Peri-Operative and Emergency Medicine (CAPE), University of Groningen, Groningen, the Netherlands. ¹⁷ Department of Intensive Care and Neonatology, and Children's Research Center, University Children's Hospital Zurich, Zurich, Switzerland. ¹⁸ Pediatric Intensive Care, Gregorio Marañón General University Hospital, Madrid, Spain. ¹⁹ Pediatric Intensive Care, Alder Hey Children's Hospital, Liverpool, UK. ²⁰ Pediatric Intensive Care, University Hospital of Geneva, Geneva, Switzerland. ²¹ Department of Paediatric Anaesthesiology and Intensive Therapy, Medical University of Warsaw, Warsaw, Poland. ²² Pediatric Intensive Care, Virgen de la Arrixaca Hospital, Murcia, Spain. ²³ Pediatric Intensive Care, University Hospital Southampton NHS Foundation Trust, Southampton, UK. ²⁴ Department of Pediatric Nephrology, CHU de Nantes, Nantes, France. ²⁵ Pediatric Intensive Care, Department of Pediatrics, Faculdade de Medicina, Hospital de Santa Maria, Centro Hospitalar Universitário de Lisboa Norte, Universidade de Lisboa, Lisbon, Portugal. ²⁶ Department of Intensive Care and Neonatology, and Children's Research Center, University Children's Hospital Zurich, Zurich, Switzerland. ²⁷ Pediatric Intensive Care, Dr.

Burhan Nalbantoglu State Hospital, Nicosia, North Cyprus, Cyprus. ²⁸ Pediatric Intensive Care, Aglaia Kyriakou Children's Hospital, Athens, Greece. ²⁹ Department of Biostatistics, CHU de Caen, Université Caen Normandie, INSERM U1311 DYNAMICURE, 14000 Caen, France. ³⁰ Department of Pharmacy, CHU de Caen, Caen, France. ³¹ Service de Réanimation Pédiatrique, Hôpital Femme Mère Enfant, 59 Boulevard Pinel, 69500 Bron, France.

Declarations

Conflicts of interest

LRB and FVV declare consultant fees received from Baxter. IG received consultant fees from B Braun medical. Other authors declare no conflicting interest.

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