

Correction

In "Routine coagulation testing in intensive care" in the September 2016 issue of the Journal (*Crit Care Resusc* 2016; 18: 213-217), Figure 2 was incorrect. The corrected Figure 2 is shown here.

Figure 2. Guideline for ordering coagulation tests

Trigger	Action
On ICU admission	→ Order screening coagulation profile if not done that day
Arising during ICU stay:	
• Significant bleeding	→ Order coagulation profile as required
• Before significant procedure, or new thrombocytopenia <50, or liver failure, or DIC	→ Order coagulation profile once and then daily if abnormal*
• Warfarin therapy, or isolated high INR (>1.3)	→ INR only, daily or less when patient improving
• Heparin therapy, or isolated high aPTT (>42)	→ aPTT only, as per heparin protocol, or daily or less if patient improving
• Coagulation profile abnormal* but none of the above	→ Consider ordering coagulation profile second daily or less if patient improving

ICU = intensive care unit. DIC = disseminated intravascular coagulation. INR = international normalised ratio. aPTT = activated partial thromboplastin time. * INR > 1.3; aPTT > 42 s; fibrinogen excluded.

Correction

In "A randomised controlled trial of plasma filtration in severe paediatric sepsis" in the September 2013 issue of the Journal (*Crit Care Resusc* 2013; 15: 198-204), two authors were omitted from the list. The article authors were Elliot J Long, Anna Taylor, Carmel Delzoppo, Frank Shann, Gale Pearson, David Buckley and Warwick Butt.