

CORRECTION

In the paper “Neonatal and Adult ICU Ventilators to Provide Ventilation in Neonates, Infants, and Children: A Bench Model Study” by Laurence Vignaux, Lise Piquilloud, Pierre Tourneux, Philippe Jolliet, and Peter C Rimensberger (*Respir Care* 2014;59(10):1463–1475), there were several errors in the figures and legends. We regret these errors. The corrected figures and legends appear below.

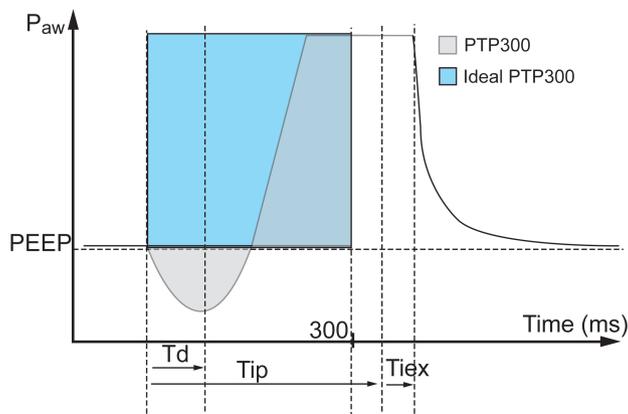


Fig. 2. Measured parameters. Trigger delay (T_d) is the time between the beginning of the inspiratory effort and the minimum value measured on the pressure curve during the triggering phase. The pressure-time product at 300 ms (PTP300) is expressed as a percentage of the ideal PTP, which corresponds to the PTP300 that would have been delivered if the pressurization delivered had immediately reached its maximum value (ie, no trigger delay and no rise time), and is represented by the rectangle. T_{ip} = inspiratory time of the patient (duration of inspiration by the patient [driver ventilator]); T_{iex} = inspiratory time in excess (duration of pressurization by the ventilator in excess of patient inspiratory duration); P_{aw} = airway pressure.

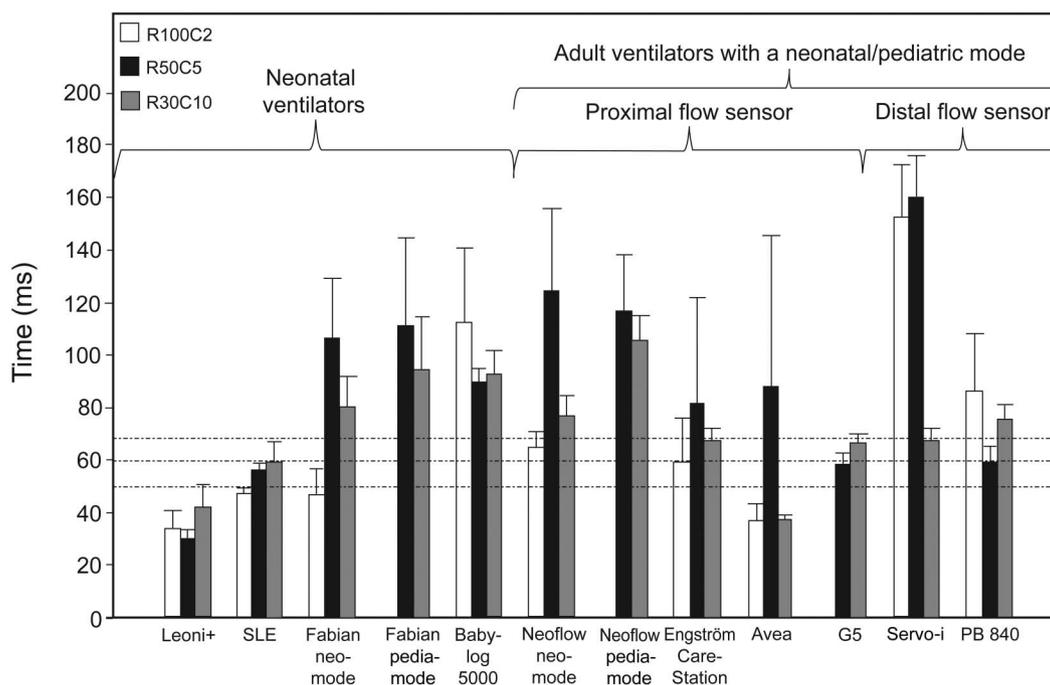


Fig. 3. Trigger delay with the 10 ventilators tested with 3 different types of patients: a preterm infant (resistance 100 cm $H_2O/L/s$, compliance 2 mL/cm H_2O , inspiratory time [T_I] 400 ms, inspiratory effort 1 and 2 cm H_2O [R100C2]), a full-term infant (resistance 50 cm $H_2O/L/s$, compliance 5 mL/cm H_2O , T_I 500 ms, inspiratory effort 2 and 4 cm H_2O [R50C5]), and a child (resistance 30 cm $H_2O/L/s$, compliance 10 mL/cm H_2O , T_I 600 ms, inspiratory effort 5 and 10 cm H_2O [R30C10]). Two pressure support levels (10 and 15 cm H_2O) were tested; results are pooled. Dotted lines indicate (from top to bottom) child limit, term limit, and preterm limit. Histogram bars are mean \pm SD.

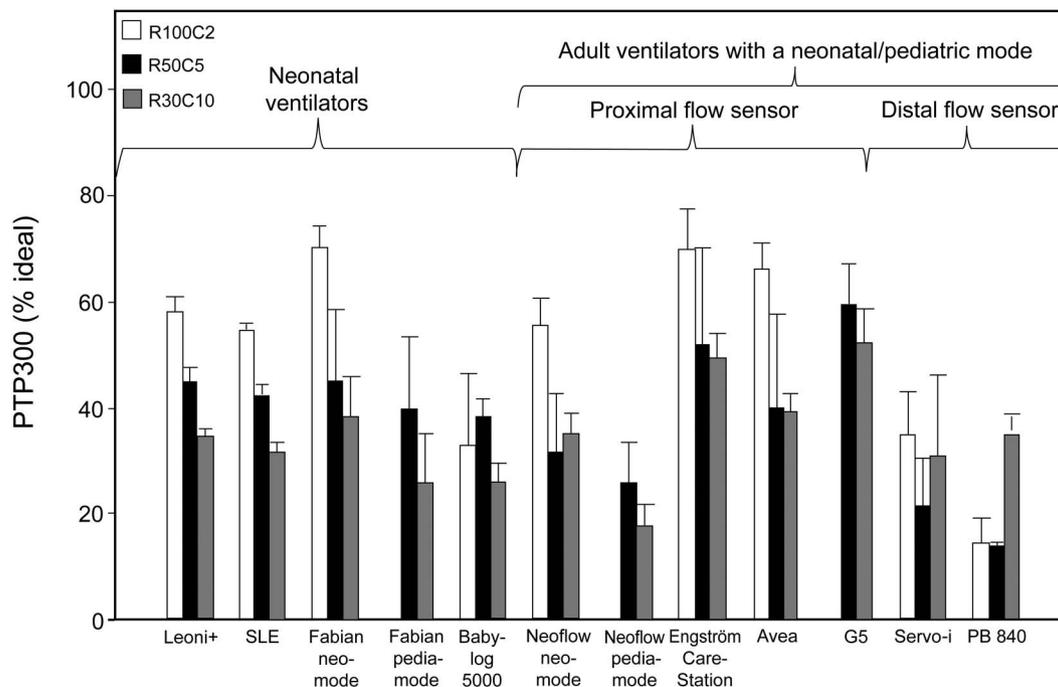


Fig. 4. Pressure-time product at 300 ms (PTP300) with the 10 ventilators tested with 3 different patient types: a preterm infant (resistance 100 cm H₂O/L/s, compliance 2 mL/cm H₂O, inspiratory time [T_i] 400 ms, inspiratory effort 1 and 2 cm H₂O [R100C2]), a full-term infant (resistance 50 cm H₂O/L/s, compliance 5 mL/cm H₂O, T_i 500 ms, inspiratory effort 2 and 4 cm H₂O [R50C5]), and a child (resistance 30 cm H₂O/L/s, compliance 10 mL/cm H₂O, T_i 600 ms, inspiratory effort 5 and 10 cm H₂O [R30C10]). Two pressure support levels (10 and 15 cm H₂O) were tested; results are pooled. Histogram bars are mean ± SD.

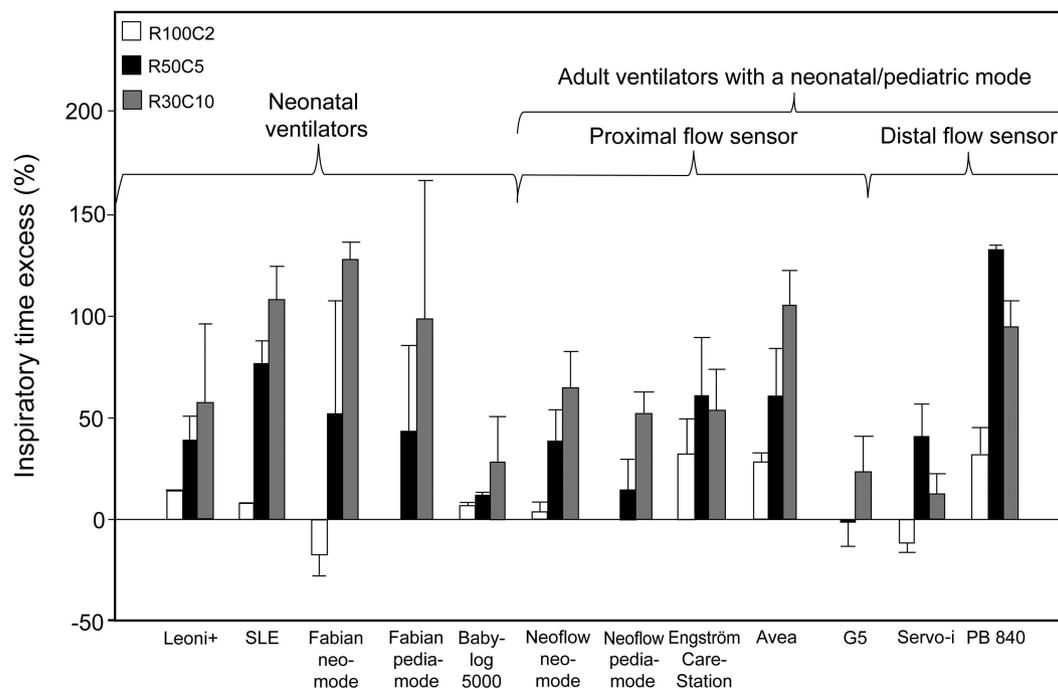


Fig. 5. Inspiratory time in excess with the 10 ventilators tested with 3 different patient types: a preterm infant (resistance 100 cm H₂O/L/s, compliance 2 mL/cm H₂O, inspiratory time [T_i] 400 ms, inspiratory effort 1 and 2 cm H₂O [R100C2]), a full-term infant (resistance 50 cm H₂O/L/s, compliance 5 mL/cm H₂O, T_i 500 ms, inspiratory effort 2 and 4 cm H₂O [R50C5]), and a child (resistance 30 cm H₂O/L/s, compliance 10 mL/cm H₂O, T_i 600 ms, inspiratory effort 5 and 10 cm H₂O [R30C10]). Two pressure support levels (10 and 15 cm H₂O) were tested; results are pooled. Note that the Leoni Plus could be tested only with an expiratory trigger setting of 25%. Histogram bars are mean ± SD.

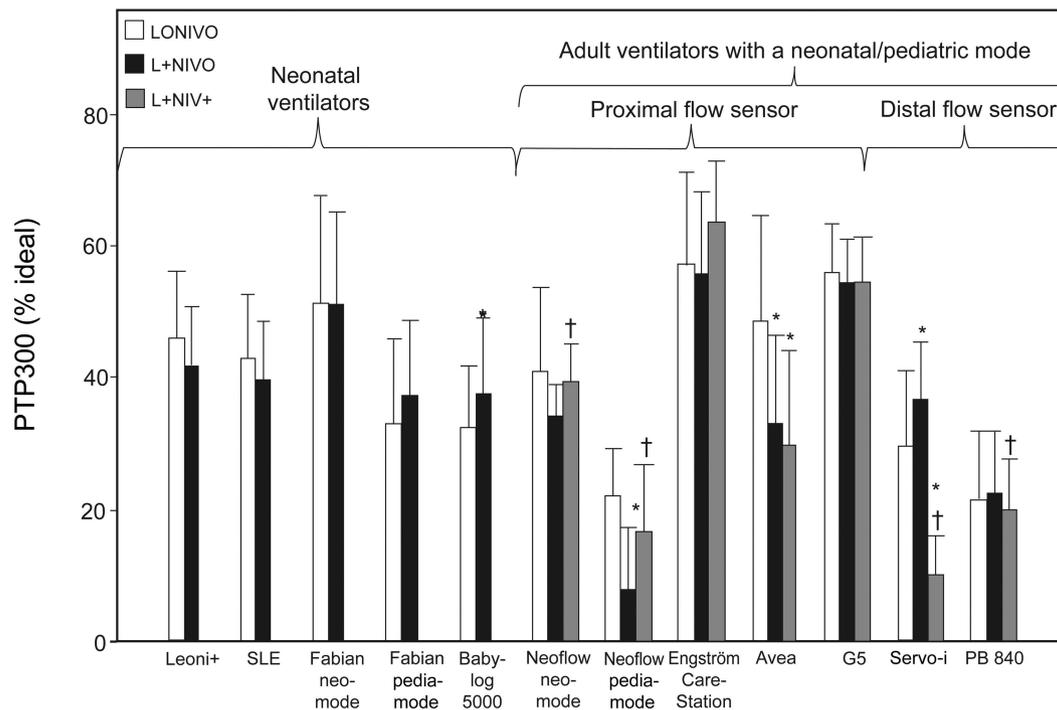


Fig. 7. Pressure-time product at 300 ms (PTP300) for the 10 ventilators tested under 3 conditions: in the absence of leaks and with the noninvasive ventilation (NIV) algorithm deactivated (LONIVO), in the presence of leaks and with the NIV algorithm deactivated (L+NIVO), and in the presence of leaks and with the NIV algorithm activated (L+NIV+). All results are pooled. Histogram bars are mean \pm SD. * $P < .05$ versus LONIVO; † $P < .05$ versus L+NIVO (analysis of variance).