



Early Vital Sign Thresholds Associated with 24-Hour Mortality among Trauma Patients: A Trauma Quality Improvement Program (TQIP) Study – CORRIGENDUM

Michael D. April, MD, DPhil, MSc;  Andrew D. Fisher, MD, MPAS; Julie A. Rizzo, MD; Franklin L. Wright, MD; Julie M. Winkle, MD; Steven G. Schauer, DO, MS 

DOI: [10.1017/S1049023X24000207](https://doi.org/10.1017/S1049023X24000207), published by Cambridge University Press, 2 April 2024.

doi:[10.1017/S1049023X24000384](https://doi.org/10.1017/S1049023X24000384)

© US Department of Defense, 2024. This is a work of the US Government and is not subject to copyright protection within the United States. Published by Cambridge University Press on behalf of World Association for Disaster and Emergency Medicine.

April MD, Fisher AD, Rizzo JA, Wright FL, Winkle JM, Schauer SG. Early vital sign thresholds associated with 24-hour mortality among trauma patients: a Trauma Quality Improvement Program (TQIP) Study – CORRIGENDUM. *Prehosp Disaster Med.* 2024;00(00):1–1.

The authors regret that the wrong respiratory rate was listed in the abstract of the article when initially published. Instead, this should have been “The optimal thresholds for ED systolic was 121, pulse rate was 95, SI was 0.8, and respiratory rate was 21.”

The article has been updated to reflect this change.

Reference

April MD, Fisher AD, Rizzo JA, Wright FL, Winkle JM, Schauer SG. Early Vital Sign Thresholds Associated with 24-Hour Mortality among Trauma Patients: A Trauma Quality Improvement Program (TQIP) Study. *Prehospital and Disaster Medicine.* 2024;39(2):151–155. doi: [10.1017/S1049023X24000207](https://doi.org/10.1017/S1049023X24000207)

