



Correction to: Time Elapsed from Onset of Pediatric Convulsive Status Epilepticus to Antiepileptic Administration—An Experience of Single Institute

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In Table 1, four studies are cited with reference no. 6, 8, 9, 10, respectively.

The citations should read as reference no. 6, 7, 8, 9, respectively. The Table with correct citations is shown below. The error is regretted.

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s12098-021-04017-8>.

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Table 1 Comparison of median (p25–p75) time of administration of AEDs (min) in various therapy phases in pediatric CSE between reported studies and the present study with standard recommended guidelines [4, 5] and the reasons behind delayed time of administration of AEDs (class escalation) in the present study

Type of AED	Guideline time-frames of administration of AEDs (min)*	Study [6] (min)* (n = 264)	Study [7] (min)* (n = 199)	Study [8] (min)* (n = 81)	Study [9] (min)* (n = 219)	Present study (min)* (n = 52)	Reasons behind delayed time of administration of AEDs (class escalation) in the present study
<i>First-line therapy phase (Lo/M/D)</i>							Families were unaware of rescue BZDs use in such conditions
First-BZD	5–10	30–60	30	30 (6–70)	16 (5–45)	30 (25–37)	Lack of paramedical/emergency medical services in India Delayed admission to primary/secondary/tertiary center
<i>Second-line therapy phase (F/Le/V)</i>							Repeated administration of BZDs in EMD
First non-BZD	15–20	NR ^a	NR ^a	69 (40–120)	63 (33–146)	68 (48–79)	Shortage of continuous EEG monitoring devices
Second non-BZD	25–30	NR ^a	NR ^a	120 (75–296)	NR ^a	90 (71–95)	Intermittent SE in out-of-hospital-onset seizures hence, delay in clinical decision making
<i>Third-line therapy phase (M/P)</i>							Intubation and delay in central/peripheral/both lines insertion
Continuous infusion	40–60	NR ^a	NR ^a	180 (120–645)	170 (107–539)	105 (100–135)	Shortage of continuous EEG monitoring devices

AED Antiepileptic drug; BZD Benzodiazepine; D Diazepam; EEG Electroencephalogram; EMD Emergency medicine department; F Fosphenytoin; Le Levetiracetam; Lo Lorazepam; M Midazolam; P Phenobarbital; SE Status epilepticus; V Valproic acid

*Time frames mentioned above were measured from CSE onset to AED administration

^aNot reported

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