



CORRECTION

Correction to: A primer on nerve agents: what the emergency responder, anesthesiologist, and intensivist needs to know

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In the article entitled: “A primer on nerve agents: what the emergency responder, anesthesiologist, and intensivist needs to know” published in the October 2017 issue of the *Journal*, Can J Anesth 2017; 64: 1059-1070, two doses

in Table 3 contained errors and have now been corrected (and highlighted in bold) in the revised Table 3. In the table on page 1064, next to “Pralidoxime/Obidoxime/HI-6”, the second column should read: “Pralidoxime- Mild cases: **1-2 g iv** over 5-10 min or *im*”. Also in the same row, the third column should read: “Individual doses should not exceed **2 g**”.

The online version of the original article can be found under <https://doi.org/10.1007/s12630-017-0920-2>.

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Table 3 Antidotal treatment of nerve agent-exposed patients (adapted from reference)³¹

Drug	Dosage	Additional information
Atropine	-Mild case: 2 mg <i>iv</i> repeated every 20 min until full atropinization Children: 0.02 mg·kg ⁻¹ -Moderate/Severe exposure: 2 mg <i>iv</i> repeated every 5-10 min until full atropinization Children: 2 mg or 0.02-0.08 mg·kg ⁻¹	-In elderly patients, after initial 2-mg dose, consider decreased repeat doses of 1 mg -MARK 1 autoinjector is a 2-mg <i>im</i> dose -In severe intoxication, 6 mg may be needed in first hour, 10-20 mg in the first 2-3 hr, and 50-100 mg over 24 hr in severe cases -Glycopyrrolate may be useful to treat peripheral symptoms. It does not cross to the CNS
Scopolamine	-Mild cases: 0.25 mg <i>im</i> every 4-6 hr -Moderate/Severe exposure: 0.25 mg <i>iv</i> repeated every 30 min for 2 doses. Then <i>q4-6 hr</i> as needed	-Do not use in children
Pralidoxime/ Obidoxime/ HI-6	Pralidoxime-Mild cases: 1-2 g <i>iv</i>, over 5-10 min or <i>im</i> Children: 15-25 mg·kg ⁻¹ <i>iv</i> or <i>im</i> Infants: 15 mg·kg ⁻¹ <i>iv</i> -Moderate/Severe cases: Same dose but intravenously preferred Obidoxime-Mild cases: 250 mg <i>im</i> every 2 hr to a maximum of 3 doses -Children < 2 yr: 62.5 mg <i>im</i> every 2 hr to a maximum of 3 doses. 2-10 yr: 125 mg every 2 hr to a maximum of 3 doses. Over 10 yr as an adult -Moderate/Severe exposure: 250 mg <i>iv</i> over 30 min, maximum 3 doses typically but up to 2 g if clinically effective -Children: 250 mg every 2 hr (maximum of 3 doses but an additional 5 doses may be given if proving effective) HI-6: Autoinjector dose is 500 mg, typically a single dose may prove efficacious in mild poisoning. Higher dosing may be required in more significant exposure. (3 doses)	-MARK 1 autoinjector is a 600-mg <i>im</i> dose -Individual doses should not exceed 2 g -If given intravenously should be given slowly
Benzodiazepines	-Diazepam: 0.2 mg·kg ⁻¹ or 2-10 mg <i>iv</i> in adults Children 0.2-0.4 mg·kg ⁻¹ -Midazolam 0.1-0.2 mg·kg ⁻¹ <i>im</i> or <i>iv</i>	-Diazepam autoinjector is a 10-mg <i>im</i> dose -Individual diazepam doses should not exceed 10 mg -Total doses of diazepam to suppress seizures in adults may be as high as 30-40 mg

All drug doses are estimates. In cases of severe intoxication, especially with organophosphate pesticides, additional doses may be required above the stated maximum doses. CNS = central nervous system