



Corrigendum: Epinephrine Use During Newborn Resuscitation

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A Corrigendum on

Epinephrine Use During Newborn Resuscitation

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In the original article, there was a typographical error in **Table 1**, as published. The endotracheal (ET) epinephrine dose should be “0.05–0.1 mg/kg.” In **Table 1**, it was mistakenly written as “0.05–1 mg/kg.” The corrected **Table 1** appears below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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TABLE 1 | Epinephrine use during newborn resuscitation: route, dose, and summary of evidence.

Route	Dose	Summary of evidence
Intravenous	0.01–0.03 mg/kg	<ul style="list-style-type: none"> • Preferred route and appear to be more efficacious than other routes • Dose extrapolated from adult experience • High dose epinephrine offers no advantage and is associated with increased post-resuscitation adverse effects and increased mortality • Dose escalation studies in neonatal animal model with transition physiology are urgently needed
Endotracheal (ET)	0.05–0.1 mg/kg	<ul style="list-style-type: none"> • Less effective than IV route • Achieved plasma concentration is less and it peaks slower with ET epinephrine compared to IV epinephrine • Can be used until IV access is available
Intraosseous	0.01–0.03 mg/kg	<ul style="list-style-type: none"> • Limited evidence compared to IV route • Providers frequently involved in newborn resuscitation feel more comfortable with rapid UVC insertion compared to IO route
Intramuscular	Not recommended	<ul style="list-style-type: none"> • Very limited evidence • Significant tissue damage at local site