

Manuscript NO: 65729

Question by the Reviewer #1:

We thank the reviewer for giving us the chance to revise our manuscript. We have made a point-by-point response to each of the questions raised from reviewer.

Question 1:

→ Page 5, Serum creatine kinase (CK) levels were markedly increased (1910U/L),

Answer 1:

→ We change it to: The serum CK levels were markedly increased (1910 U/L),

Question 2 and 3:

→ Page 6, Adequate hydration and body cooling were implemented; additionally, transdermal patches containing bromocriptine (please add dose) and rotigotine (please add dose) were applied to overcome the hypodopaminergic state.

Answer 2 and 3:

We add the dose of bromocriptine and rotigotine.

→ Adequate hydration and body cooling were implemented; additionally, bromocriptine (2.5mg 3 times daily) and transdermal patches containing rotigotine (2mg/24 hours) were applied to overcome the hypodopaminergic state.

Question 4:

→ Page 6, The Glasgow coma score (GCS) was 13 (E4M5V4) (Abbreviated name) and papillary light reflexes were bilaterally positive.

Answer 4:

We add the abbreviated name of E4M5V4.

→ The Glasgow coma score (GCS) was 13 (Eye 4, Motor 5, and Verbal 4) and papillary light reflexes were bilaterally positive.

Question by the Reviewer #2:

I think there are one point that I would like to point out. Why not use dexmedetomidine directly to treat delirium induced by Benzodiazepines?

Answer:

We thank the reviewer for giving us the chance to explain the situation in our hospital.

We titrate the dexmedetomidine infusion to treat delirium in the ICU, but in general wards, either intravenous or intramuscular haloperidol is commonly used to manage delirium. There are a couple of reasons: 1. Our National Healthcare Insurance does

not cover the use of dexmedetomidine in general ward; 2. Nurses in general wards are not very familiar with dexmedetomidine or the infusion dosage; 3. Infusion of dexmedetomidine requires monitoring and dose adjustment, therefore increases nurses' workload; and 4. Haloperidol is commonly used in general wards for many years, maybe we can try to use dexmedetomidine in general wards after giving lectures of the use of dexmedetomidine to nurses in general wards.