

PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 47146

Title: One Approach to Circulation and Blood Flow in the Critical Care Unit

Reviewer's code: 02480177

Reviewer's country: Italy

Science editor: Jin-Lei Wang

Reviewer accepted review: 2019-03-11 11:56

Reviewer performed review: 2019-03-14 11:43

Review time: 2 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

the manuscript is well written.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 47146

Title: One Approach to Circulation and Blood Flow in the Critical Care Unit

Reviewer's code: 03555433

Reviewer's country: Taiwan

Science editor: Jin-Lei Wang

Reviewer accepted review: 2019-03-11 07:20

Reviewer performed review: 2019-03-17 06:51

Review time: 5 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this review, the authors create a minimalistic guide to the clinical information relevant when assessing critically ill patients with failing circulation. In addition, the authors present clinical advice for patient care and medical training. There are several comments for this review. 1. The subtitle of "organ blood flow" may need revision. It



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focus more on the relationships among MAP, cardiac output, and SVR for whole body. The readers may look forward to learning more information of measurement, pathophysiology, and heterogeneity of blood flow in specific organs. 2. The authors may consider use the correct subscript of all the abbreviations. 3. A major concern is raised about the following information. “However, what if the patient is not mechanically ventilated, is spontaneously breathing, does not have a regular heart rate or on adequate tidal volume—can PPV and SPV still be used? The answer is yes, they can. The requirement for specific ventilatory parameters has been challenged, and both PPV and SPV tests work well in patients breathing spontaneously, with an AUC (area under the curve) of more than 0.8 for both.^{39,40}” The authors may need to clarify that the requirement of a specific breathing pattern is mandatory and the cut-off value might be different in different conditions. In an untrained spontaneously breathing patients in ICU, the use of PPC and SPV should be very careful.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 47146

Title: One Approach to Circulation and Blood Flow in the Critical Care Unit

Reviewer's code: 00502932

Reviewer's country: United States

Science editor: Jin-Lei Wang

Reviewer accepted review: 2019-03-11 15:25

Reviewer performed review: 2019-03-17 19:42

Review time: 6 Days and 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Excellent concise review of a complex subject. In the interest of brevity, I think Table 6 could be deleted

INITIAL REVIEW OF THE MANUSCRIPT



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