

Dear Editors and Reviewers:

Thank you for your careful review of our paper. We found your comments very helpful. Here are our detailed responses to the reviewer.

Major criticism

1) Based on the above considerations, the role of intracellular level of potassium along with that of phosphate should be added in the discussion section, not in the introduction section to develop RFS.

Ans: According to the reviewer's comment, we had adjusted this part to the discussion section.

2) Describe cardiovascular signs and symptoms, including electrocardiographic findings if any, during the RFS.

Ans: This study is a retrospective study in our hospital, a major hospital of southeastern Taiwan. We had reviewed the medical record from all our patients with high risk of RFS. However, most of them had no detail record of cardiovascular signs and symptoms. In addition, most of them did not have EKG study during suspect RFS period. So, we didn't describe cardiovascular signs and symptoms and had no discussion about it. But we still continue this study in our hospital, and we would like to adopt the reviewer's suggestion in our further investigation.

Minor criticism

1) Table 4 Biochemical values including serum glucose level are necessary in the following periods: i) on admission (before the start of hospital nutrition) ii) during suspected RFS (Initial status should be paraphrased) iii) during the nutritional correction for RFS.

Ans: The glucose level was 153 ± 72 MG/DL on admission. Because one of them was a case of poor control of diabetes. After admission, his glucose level was improved with medical treatment. Initial status of glucose level was 122 ± 47 MG/DL, and it was mild improved (117 ± 38 MG/DL) during the nutritional correction. But no statistically significant was found.