Manuscript ID: 60276

Title: Standardization of critical care management of non-critically ill patients with coronavirus disease 2019 (COVID-19)

Response to Reviewers' comments

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and positive feedback. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our manuscript, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

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Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Very interesting article.

Some minor revision:

Specify acronym "non-ICU" (abstract)

Response: Thanks for your reminder, it has been modified in the revised manuscript and was highlighted in red

In the introduction is missing ")" in SARS-COV 2) (line 5)

Response: Thanks for your reminder, the missing part was added in the revised manuscript.

Update by referring to the latest guidelines
https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf
https://bestpractice.bmj.com/topics/en-gb/3000201/management-recommendations

1) laboratory and clinical prognostic factors (ferritin or comorbidities, diabetes, etc.)

Response: Thanks for your comments. In the second paragraph in the revised manuscript we added "(such as diabetes, hypertension, coronary heart disease, etc)" after comorbidities;

Ferritin was also added after that and reference 18 was added. All changes are highlighted in red;

2) definitions, specify precisely mild, moderate, severe, critical categories.

Response: According to Diagnosis and Treatment of New Coronavirus Pneumonia (the seventh edition), COVID-19 patients can be classified into mild, moderate, severe, and critically ill cases according to clinical symptoms and images.

3) I would reassess the timing of patient monitoring: in mild and moderate patients (normal + high risk), I suggest that parameters be monitored more frequently, (non-invasive monitoring three/four times a day),

Response: We have adjusted the assessment frequency to 2 times/day and 4 times/day, which can be seen in revised table 1.

4) on the other hand I imagine that if they need hospitalization (mild) they are fragile patients at risk of rapid decompensation for other comorbidities, alternatively "mild" do not need hospitalization. Please comment on that.

Response: At this current stage in China, all patients who are diagnosed with COVID-19 need to be hospitalized, no matter whether they are mild, normal, severe or critically ill patients. Even asymptomatic patients need to be quarantined and closely monitored for changes in their condition. Moreover, asymptomatic and mild infection patients are very likely to transform into ordinary, severe or critically ill patients. Therefore, there are no mild patients who do not require hospitalization as the external review experts said.

The comments of second round review is as follows:

The manuscript can be accepted and published with just one additional suggestion: it could be interesting a couple of sentences highlighting the fact that ALL patients are hospitalized, which is not the same in other Countries. A comment on this subject would complete the presentation.

Response:

Thanks for your comments, we have added several sentences in the revised manuscript, and these sentences are highlighted in red. Please check.