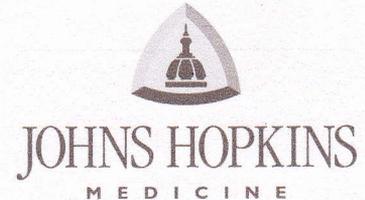


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February 24th, 2017

Dear Dr. Fang-Fang Ji,

We are pleased to have the opportunity to revise and resubmit "Characteristics of Postintensive Care Syndrome in Survivors of Pediatric Critical Illness: A systematic review" to the World Journal of Critical Care Medicine in response to the comments raised by the reviewers.

We greatly appreciate the thoughtful, insightful and highly constructive comments made by the reviewers, and would like to thank them for their time and input. We believe the reviews and resulting revisions have significantly strengthened the manuscript. Below are point-by-point responses to each comment with a detailed explanation of how it was addressed in the manuscript. All changes have been highlighted in yellow.

Thank you for the opportunity to submit this revised manuscript. We look forward to hearing from you regarding our submission and will respond to any further questions and comments you may have.

Reviewer Comments

Reviewer #1: 00646241

Comment 1: *In the introduction, the authors state that they included in the search terms such as postintensive care syndrome and post-ICU syndrome, as well as terms likely to return articles that had a discussion of the physical, cognitive and psychological morbidities associated with a pediatric critical care admission, such as quality of life, wellbeing, and others. The statement "and others" is too unclear in this context. All important criteria should be given accurately, and there should be a hint to the table including all terms. This is particularly important since the concept of "post-ICU syndrome" summarizing a plethora of different problems is not yet established a standard term.*

Response 1: We agree that the term "and others" is vague. In an effort to provide clarity on the search strategy we now refer to Appendix A in the first sentence of the paragraph describing the search methodology. (Page 5, Line 13)

Comment 2: *In the introduction, it should be mentioned that a high proportion of children treated at an ICU suffer from pre-existing comorbidities which have a high impact on post-ICU problems.*

Response 2: A statement has been added to the introduction as suggested by the reviewer. (Page 4, Lines 17-19)

Comment 3: *Regarding the results, it has to be stated that although the authors intended to perform a quantitative analysis summarizing data from numerous studies, most information given actually is the result of qualitative analysis of individual studies.*

Response 3: We have clarified this point in the first paragraph of the results. (Page 6, Lines 6-8)

Comment 4: *Although quality of life had been in the focus of the study, there is no sub-heading analysing this parameter – which is not a sub-parameter of psychological or physical morbidity.*

Response 4: Quality of life studies were included in this systematic review if there was data in the study that informs the reader about physical, neurocognitive or psychiatric outcomes after pediatric critical illness. There is no sub-heading analyzing quality of life studies as quality of life is not directly included in the definition of PICS in adults.

Comment 5: *The authors find that post-traumatic stress disorder (PTSD) is a very relevant problem. However, this is not mentioned in the introduction or abstract.*

Response 5: A statement has been added to the discussion about PTSD as a common psychiatric morbidity. The introduction serves more to introduce the concept of PICS, the study of it in adult literature and how this has inspired the framework for our systematic review. (Page 16, lines 27-29)

Comment 6: *In the discussion, it should be analysed whether the high relevance of PTSD is caused by the fact that PTSD was one of the search terms.*

Response 6: A discussion of the high prevalence of PTSD relating to the fact that it was in our search terms is now included. (Page 16, lines 27-29)

Comment 7: *In my version of the paper, the figure showing the inclusion procedure is not appropriately reproduced.*

Response 7: In our version of the pdf the figure appears correctly. We will ensure that the figure is reproduced accurately if the manuscript is accepted.

Reviewer #2: 00646306

No comments included.

Reviewer #3: 00502743

Comment 1: *Although there is a broad consensus on the need to identify and categorize physical, neurocognitive and psychological morbidities in reported prospective cohort studies of children who have survived critical illness, there are many new variables available for helping to determine the impact in PICS' patients. Such new standards should have been included in the analysis of this paper to better understand the prognosis after the hospital discharge of such patients.*

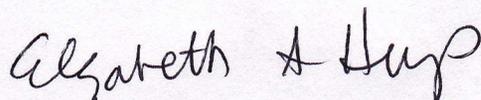
Response 1: The categories of morbidity used in this manuscript were chosen based on the definition of postintensive care syndrome (PICS) described in adult literature. While there are many different ways to categorize the types of morbidities that exist after critical illness and discharge from a pediatric intensive care unit, the authors chose to examine and categorize what exists in the pediatric literature about PICS in the same way as has been done in the adult literature in an effort to provide consistency. If there are specific variables that the reviewer would suggest we address we are happy to include in the discussion.

Response to Editor's Comments:

First, signed copies of the copyright assignment, conflict-of-interest statement, and data sharing statement will be uploaded with the manuscript revisions. Second, a copy of the audio core tip file has been uploaded as well (and was included with the initial submission). Third, the authors have not included a biostatistics statement because the systematic review is one of a qualitative nature, not quantitative, with no statistical analysis performed.

Please let me know if I can provide any additional information. Thank you again for your consideration of this manuscript.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth A. Herrup". The signature is written in a cursive style with a large initial "E" and "H".

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