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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 33392

Title: Intensivist-based Deep Sedation Using Propofol for Pediatric Outpatient Flexible Bronchoscopy

Reviewer's code: 00152127

Reviewer's country: India

Science editor: Li-Jun Cui

Date sent for review: 2017-02-12

Date reviewed: 2017-02-24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

nice paper



PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 33392

Title: Intensivist-based Deep Sedation Using Propofol for Pediatric Outpatient Flexible Bronchoscopy

Reviewer’s code: 03025970

Reviewer’s country: Italy

Science editor: Li-Jun Cui

Date sent for review: 2017-04-25

Date reviewed: 2017-04-28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I read with interest the manuscript by Abulebda K et al., on deep sedation for pediatric outpatient flexible bronchoscopy. In this retrospective chart review two sedation regimens were compared: propofol only or ketamine prior to propofol. This manuscript is well written though it has the limits of a retrospective study as well reported in the discussions. Major points: - Results and tables: Authors should report the results in the two different groups of patients in order to compare demographic and clinical data. - Results: Were there differences in the type of sedation regimen between the different age groups? - Discussion: The first five paragraphs of the discussion are not strictly related to the results of the manuscript. These paragraphs seem more suitable for an introduction. Authors may consider reducing this text and integrating it into the introduction. Minor points: - Abstract: Authors should report whether there were any differences between the two groups of patients in terms of demographic data as well as indications for bronchoscopy. - Abstract: Authors should report that patients were



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divided in three age groups. - Results: Authors should report the absolute number of completed procedures. - Results: "four cases were terminated early... in the first 24 hours of admission" Authors should report to what group these patients belong to.