

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**Manuscript NO:** 38872

**Title:** Validation of the VitalPAC Early Warning Score at the Intermediate Care Unit

**Reviewer's code:** 02454185

**Reviewer's country:** China

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-04-10

**Date reviewed:** 2018-04-13

**Review time:** 2 Days

| SCIENTIFIC QUALITY                                     | LANGUAGE QUALITY   | CONCLUSION                                 | PEER-REVIEWER STATEMENTS                      |
|--|--|--|---|
| <input type="checkbox"/> Grade A: Excellent            | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input checked="" 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 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

This is an interesting and clinically relevant article exploring the use of EWS in IMCU. the study found that the system is less than satisfactory in IMCU and should be reconsidered for its use in IMCU. generally, this is a well written article. Several concerns are raised after reading the paper. 1. The problem of multiple measurement is



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not explicitly addressed. for example, a patient can have 10 EWS scores during his stay, but the deterioration occurred at the last warning score, while the preceding 9 scores all indicate a deterioration. this will make the score a very poor predictive performance. hOW did you deal with such kind of data? 2. It appears that a number of patients were hemodynamically unstable, how can they stay in IMCU, rather than ICU? explain this. 3. also suggest to show the calibration of the EWS, since the calibration can reflect the consistency of prediciton and observation over entire range of EWS scores. suggest to use rms package in R. 4. patients in IMCU usually have some baseline critical illness, and did you consider try to find subgroups that may present better discrimination for EWS? 5. the study showed that building new predictive models by including other variables improves predictive performance. however, this can be due to the fact that the same cohort from the same center was used for both model training and validation. in such a circumstance, the overfitting problem is poorly addressed. furthermore, how did you choose the additional variables? model specification is very important in model building. some minor comments: 1. suggest to express normal data as mean and standard error; and non-normal data as median and IQR. this is not compulsory. 2. insert a reference for the statistical description (Ann Transl Med. 2016 Mar;4(5):91. doi: 10.21037/atm.2016.02.11.).

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- [ ] The same title
- [ ] Duplicate publication
- [ ] Plagiarism
- [Y] No



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**Manuscript NO:** 38872

**Title:** Validation of the VitalPAC Early Warning Score at the Intermediate Care Unit

**Reviewer's code:** 02446627

**Reviewer's country:** United States

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-04-10

**Date reviewed:** 2018-04-14

**Review time:** 4 Days

| 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 checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
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|  |   |  | Conflicts-of-Interest:                        |
|  |   |  | <input type="checkbox"/> Yes                  |
|  |   |  | <input type="checkbox"/> No                   |

### SPECIFIC COMMENTS TO AUTHORS

I commend the author for addressing this import topic of clinical relevance. There are certain areas which needs modification/clarifications. ViEWS IQR needs to be defined as many readers may not be familiar with that. Limitations need to be expanded as many institutions do not allow norepinephrine or any vasopressors in their IMU The NNT,



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PPN and NPV need to be done with all the factors as nursing worries, continuous o2 and ViEWS and see what NNT we get. A flow diagram may help to go through the process of consideration for transfer may help Also as far as the nursing worry score it may be good to see if the worry vary with the nursing yeras of experience and if the logistic regression shows any different results

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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