



PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 46223

Title: Implementation of a nurse-led protocol for early extubation after cardiac surgery: a pilot study.

Reviewer’s code: 03189996

Reviewer’s country: United States

Science editor: Jin-Lei Wang

Date sent for review: 2019-02-15

Date reviewed: 2019-02-15

Review time: 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Serena et al. submit a manuscript (MS) describing nurse-led efforts to achieve early extubation after cardiac surgery within a fast-track protocol. This was a single center pre- vs. post-implementation trial. MAJOR CONCERNS: 1) The Aim of the study, as



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

stated in the Abstract, was extubation at the 3rd postoperative hour. However, limited population of patients was extubated at the 3rd hour (6 vs. 13%) and these results are not even stated in the Abstract. It appears from Fig. 1 that the extubation was in fact aimed at 2 h. These statements should be streamlined. 2) The details of the intervention protocol should be at least briefly summarized in Methods of the Abstract as this is the main intervention. 3) The “feasibility of implementation” itself should be tested by other methods, i.e. adherence to individual facets of the protocol. In other words, the implementation of the protocol may be feasible, i.e. the nurses followed the protocol, but it may still not result in higher rates of early extubation at 3 h, as is the case in this MS. The Methods and Conclusions should be modified to reflect this. The Discussion in the body of the MS nicely reflects this situation. 4) Were the patients screen for eligibility criteria based on their pre-operative respiratory status, e.g. presence vs. absence of COPD, ephysema, asthma, sleep apnea etc.? MINOR CONCERNS: 5) It seems from the Discussion that the anesthetic protocol during the surgery itself was not adjusted for fast-track. This should be highlighted in Methods. 6) The effect of earlier extubation in the intervention period on the length of ICU stay and complication rate was not assessed here, which should be added to the Discussion. At least, the reintubation rate was not different, which speaks for the safety of early extubation at least from the respiratory standpoint. TECHNICAL COMMENTS: 7) Page 3 Intro: complications such ... rather such as 8) Page 7 interquantile ... rather interquartile 9) Page 8 admitted ... rather admitted to 10) Page 8 second para: I suggest “Patients in the “standard period” ... had similar...”

INITIAL REVIEW OF THE MANUSCRIPT

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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
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Y] No