

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60276

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

Reviewer's code: 01026148

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Very interesting article. Some minor revision: Specify acronym “non-ICU” (abstract) In the introduction is missing “)” in SARS-COV 2) (line 5) 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.) 2) definitions, specify precisely mild, moderate, severe, critical categories. 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), 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.