

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Pediatrics

**ESPS manuscript NO:** 32422

**Title:** Conversion from prolonged intravenous fentanyl infusion to enteral methadone in critically ill children

**Reviewer's code:** 00506481

**Reviewer's country:** India

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-01-10 14:18

**Date reviewed:** 2017-01-17 19:21

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

The findings are very valuable and should be shared with the scientific community. The corrections are shown as green highlight in the manuscript. The conversion from prolonged intravenous fentanyl infusion to enteral methadone in critically ill children was studied methodically among two groups viz Rapid Conversion Group (RCG) and Slow Conversion Group (SCG) respectively. RCG = Rapid conversion group consisted of patients who were completely converted from fentanyl infusion directly to enteral methadone in 48 hours or less; SCG = Slow conversion group consisted of patients who were completely converted from fentanyl infusion directly to enteral methadone in more than 48 hours. It was observed that it is feasible to convert from intravenous fentanyl infusion directly to enteral methadone within a timeframe of 48 hours using a methadone:fentanyl dose conversion ratio of approximately 2.5:1 to minimize withdrawal and reduce need for rescue opioids.

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**Name of journal:** World Journal of Clinical Pediatrics

**ESPS manuscript NO:** 32422

**Title:** Conversion from prolonged intravenous fentanyl infusion to enteral methadone in critically ill children

**Reviewer's code:** 00069139

**Reviewer's country:** Thailand

**Science editor:** Fang-Fang Ji

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**Date reviewed:** 2017-02-13 01:53

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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input 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

The manuscript describes a retrospective review of analgesic conversion in a PICU setting. The study summarised that rapid conversion resulted in a lower withdrawal and shorter ICU stay. Designs and statistic are excellent (except for the retrospective nature). English language is spotless. The manuscript is highly recommended for publication. However, some points I would like to discuss with the authors are; 1. How can we tell that the 'Rapidness' in RCG is an independent parameter. Is it possible that quick weaning was achieved because there was less withdrawal symptoms and those cases basically were easy-to-switch cases with less ICU stay. 2. Four-digit p-value (Table 2-3) might be too much for this kind of paper. 3. Page 2 Line 11: "48-hour" needs a hyphen. 4. Discussion is informative, but a bit lengthy.