

## PEER-REVIEW REPORT

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

**Manuscript NO:** 39960

**Title:** Promptly reporting of critical laboratory values in pediatrics: A work in progress

**Reviewer's code:** 00742196

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-05-23

**Date reviewed:** 2018-05-29

**Review time:** 6 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 type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dr. Sergi's editorial article about the promptly reporting of critical laboratory values in pediatrics is interesting and important. However I do have a few comments: 1. It is important for all hospitals to have a system to report promptly a critical lab value to responsible physicians. Specific unique features for pediatrics should be the main



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content for this article. 2. As such, I will suggest to change the title to "Promptly reporting of critical laboratory values in pediatrics". 3. By using similar system as START, the laboratory tests results may be divided into critical (must know now), urgent (must know), and important (should know). author should have a table to suggest what should be in the each category and then discuss a few examples from each category. I think that author should discuss coombs test for newborn hemolysis as an example as urgent. 4. After discussing what need to be reported and in which order, author should propose the method of how to report and to whom the critical lab values should report. 5. Article may be cut shorter and do not need to elaborate the meaning of a specific lab test.

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

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

- ☐ The same title
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- ☐ [Y] No

##### ***BPG Search:***

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- ☐ Plagiarism
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## PEER-REVIEW REPORT

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

**Manuscript NO:** 39960

**Title:** Promptly reporting of critical laboratory values in pediatrics: A work in progress

**Reviewer's code:** 02844701

**Reviewer's country:** India

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-06

**Date reviewed:** 2018-06-06

**Review time:** 0 Hour

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input 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:
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## SPECIFIC COMMENTS TO AUTHORS

Overall well written

## INITIAL REVIEW OF THE MANUSCRIPT

*Google Search:*



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## PEER-REVIEW REPORT

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

**Manuscript NO:** 39960

**Title:** Promptly reporting of critical laboratory values in pediatrics: A work in progress

**Reviewer's code:** 00742009

**Reviewer's country:** Singapore

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-06

**Date reviewed:** 2018-06-08

**Review time:** 1 Day

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

### SPECIFIC COMMENTS TO AUTHORS

1. This is an interesting Editorial that brings the practitioners to a seldom mentioned topic. The importance of setting critical values in laboratory medicine is perhaps widely understood but a discussion about the current process and future challenges would be of more relevance to the readers. 2. How exactly is the pre-analytical process

critical? The authors have mentioned a few examples and focused mainly on the disease or pathology. However, I believe the age of the child and the setting from which the laboratory test is initiated also play an important role. A serum bilirubin values over 340 micromol/L is critical (must know now) for a child during the first 2 weeks of life or if the test is initiated from the neonatal unit. For older children, it is less critical (must know). 3. Even for the same unit or even the same patient, the significance of an abnormal value may change over time. The presence of blasts in the peripheral may be critical at the first diagnosis, but its presence will be less critical once the diagnosis of leukemia has been established. 4. The analytical phase is more complicated as it encompass a whole list of disciplines in pathology. As a reader, however, I would be interested to know how critical values are set. Are they set by the laboratory physician alone or are they set in collaboration with the clinicians? Is it a one-off activity, or is it under review at regular intervals? Or is it a dynamic process and critical values will keep changing pertaining to critical incidents or quality assurance findings? 5. The post-analytical phase is perhaps the most ignored process. Given the complexity of modern hospitals and inter-disciplinary works, how life-saving actions are eventually carried out in a timely manner will actually determine if the critical value system is effective or not. Is there a time limit to be set? What is the optimal way of communicating to the primary physician? 6. Advances in electronics, wireless communication, and personal communicative devices have changed the way we work along with other. As a primary doctor, I can access patients' laboratory data anytime and anywhere. How do such advances improve or challenge the way critical values are presented to the clinicians? And how do laboratory physicians see about the next level of critical values in patient care?



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*BPG Search:*

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- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 39960

**Title:** Promptly reporting of critical laboratory values in pediatrics: A work in progress

**Reviewer's code:** 00074323

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-06

**Date reviewed:** 2018-06-11

**Review time:** 5 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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The author wrote an editorial on critical values in pediatric laboratory, with focus of the importance of communication between the clinician and clinical chemist. The article highlights also the importance of pediatric-oriented laboratories to face with the increasing complexity of pediatric medicine in referral centres. The manuscript is well





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written and of relevant interest for hospital pediatricians. The author discusses an exemplar list of critical values in pediatrics. I wonder if it can be noteworthy to briefly discuss also the case of ferritin in the context of life threatening lymphohistiocytic reactions. Finally, I would just suggest resuming critical values unique to the pediatric setting in a table.

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

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