

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35826

**Title:** Adverse events in critical care: Search and active detection through the Trigger Tool

**Reviewer's code:** 02454185

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-10-09

**Date reviewed:** 2017-10-09

**Review time:** 2 Hours

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" 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"/> 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

This is an interesting paper addressing the adverse events in critically ill patients. major limitation: 1. The methodology is flawed by the lack of a chart selection flow chart. the authors reported 94 charts were reviewed. are they included all ICU admissions during the study period? If not, what is the inclusion and exclusion criteria? The umbiguity of this point can make the result biased. 2. Some baseline characteristics of these patients need to be reported. for example, the type of patients, admission source, duration of ICU stay, mortality. these characteristics can help the extrapolation of the current result to other institutions. otherwise, the results is not comparable to others. 3. Further exploratory analysis can be performed to get more conclusions. for example, risk factors of AE can be analyzed in a multivariable model. There are also some minor comments to improve the manuscript: 1. "distribution or Mann-Whitney U-test for those



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variables with a different distribution."---insert a reference after the sentence (Ann Transl Med. 2016 Mar;4(5):91. doi: 10.21037/atm.2016.02.11.). 2. The first paragraph of the discussion should simply present the current findings. then from the second paragraph, the results can be compared to other reports. 3. the discussion of the factors associated with AE is redundant based on current report because there is no such data in the present study. thus, I suggest to add more analyses on the risk factors of AE.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35826

**Title:** Adverse events in critical care: Search and active detection through the Trigger Tool

**Reviewer's code:** 00502932

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-09-29

**Date reviewed:** 2017-10-13

**Review time:** 14 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

Needs a fair amount of grammatical correction. Table 3 is quite busy, and could be simplified or deleted.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35826

**Title:** Adverse events in critical care: Search and active detection through the Trigger Tool

**Reviewer's code:** 00502743

**Reviewer's country:** Argentina

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-10-17

**Date reviewed:** 2017-10-19

**Review time:** 1 Day

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> [ Y] 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

This work shows a series of undesirable events that occur during the care of critical patients, capable of being detected through specific tools ("Trigger Tool"). I believe the data provided by the researchers are quite accurate: this 52% of preventable events almost coincides with 51% undesirable adverse effects from drug interactions reported by detailed research by Dr. Jufeng Wang, former head of the Office of Toxicological Research of Harvard and current Director of FDA China. Although the work lacks a firmer and more concrete visualization as a result of the analysis of the presented data (since these events can be interpreted as unwanted, but not as unexpected or unavoidable), I think it is very useful to consider the potential reversion of unwanted events or adverse events in critically ill patients.