

## Comments to reviewers:

I appreciate the review of my manuscript. All suggested revisions were incorporated. Below is a point-by-point response to each reviewer (in blue).

### Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** The mini-review is well-written. The topic is interesting. However, there are many minor and a few major issues that must be resolved before it is published. All of them are included at the file attached to my review. Please have a look and make corrections. In more detail, 3 sections, the introduction, the D- delirium detection, management and prevention paragraph and patient-ventilator asynchrony adjustment paragraph must receive changes. The last one should be omitted or extensively changed as it has little to do with the subject of the review and its reference to patient-ventilator asynchronies is basic / superficial. English editing would offer improvement to the manuscript, although many changes are proposed at my attached revision. The effort is good.

- The edits proposed by the reviewer were fully corrected
- The introduction was shortened – although differently than the strategy recommended by the reviewer
- The Delirium paragraph was edited according to reviewer's suggestion of adding the issue of delirium underdiagnosis. It was also mentioned non-pharmacologic interventions.
- The paragraph of patient-ventilator asynchrony was deleted

- Reference was added

**Reviewer #2:**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** I read with interest this well-written minireview on an important topic that is at the crossroads of general surgeons and physicians and critical care experts. The irony is most of the after-ICU follow-up is not done by critical care experts. Thus they do not receive first-hand information of the patient once discharged from ICU, unless an active effort to follow up is made. Thus, it is not a surprise that most citations are borrowed from prospective trials published in high-impact journals. I have minor suggestions for authors and i wish that author include some discussion about the data rather than data itself. 1. In abstract please underline or bold the ABCDEF alphabet in the description as appropriate. e.g. "a" of awakening to be made bold etc. 2. Key words should be in alphabetical order 3. ICU full form should be mentioned when it is first mentioned 4. Citation 1 is wrong. edit it pls. 5. Opening introductory statement is very obvious and you dont need to support it with 3 NEJM papers. One is sufficient as it is common domain knowledge that things have improved etc. 6. Page 8 need to mention ICU short form rather than full 7. Citation 19 findings should be discussed by author. Just mentioning data is not sufficient. Why deeply sedated patients have worse memories and PTSD compared to contrary expectations by logic? 8. Page 17 last line likelihood and not likehood 9. When you write para on abcdef bundle, there is no "f". This is likely due to lack of good quality data. So in essence your ABCDEF is actually just ABCDE and there is no F? Pls elaborate.

- ABCDEF alphabet was made bold in abstract
- Key words were reorganized
- Citations were corrected
- Opening references were shortened
- Citation regarding PTSD was explained in more detail
- Explained lack of 'F' (family intervention) in ABCDE implementation trials
- Editions were completed as suggested

Reviewer #3:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The article reviewed the ABCDEF bundle, music therapy and adjustment to patient ventilator asynchrony systematically. However, the recent RCTs researches were not reviewed, which may further enhance the article quality.

- Added extensive updated literature up to October 2022 (mostly in early mobility and ABCDE bundle implementation).

*(1) Science editor:*

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Thank you. Language was polished

*(2) Company editor-in-chief:*

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Critical Care Medicine, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Thank you. No tables or figures are needed for this manuscript.