Reviewer's report

Title: Fenoldopam use in a burn intensive care unit: a retrospective study

Version: 1 Date: 30 March 2010

Reviewer: kirsten colpaert

Reviewer's report:

Major Compulsory Revisions

Table 1: overall mortality 29%, whereas in the article it is stated to be 38% (29/77).

• The criteria used for starting fenoldopam is not mentioned. As fenoldopam is also used for hypertensive crisis, it is quite surprising that 25% of patients were on vasopressor therapy. It should be more clearly stated that the dose they used is the dose which is deemed to increase RBF without systemic effects (since not every country has approved the use of fenoldopam, which means some physicians are not familiar with the drug)

• Was there a maximum threshold of vasopressor need for starting fenoldopam. How was the increment in fenoldopam infusion guided in those patients with vasopressor use? Furthermore, it is not clearly stated at which time after burn trauma the fenoldopam was started. As patients tend to improve hemodynamically 48 hours after burn trauma (after the burn shock), it seems rather normal to expect them to become less vasopressor dependent.

Minor Essential Revisions

• Too many tables, and too many figures. Some figures should be replaced by tables. This could be improved.

• Figure 7: hours after initiation of Fenoldopam in stead of Fn

Discretionary Revisions

• Table 4: IVF: is this an average of the 12 hours pre and post fenoldopam, as in fig 5 (probably not as these are not the same figures)

• Which resuscitation protocol is being used, this is not mentioned. Is there a protocol for adjustment according to urinary output?

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**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests