Author's response to reviews

Title: A do-not-attempt-resuscitation order does not diminish pediatric ICU support but prolongs inevitable death?

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Author's response to reviews:

Dear editors and reviewers,

We thank the reviewers' important comments which help improve the quality of this manuscript.

In response to Dr Dursun's comments:

1 - The title of the manuscript is not appropriate with the content of this article. 'Prolonged non-survival in PICU: Does a do-not-attempt-resuscitation order matter?' may be more appropriate.

Response: We thank the reviewer for his advice and will adopt the title accordingly.

2 - Page 7: toxic epidemolysis - 'toxic epidermolysis' - ?
Response: spelling corrected as advised

3 - I could not see the 'table 2' in the text.
Response: Third line in Results

4 - Page 12: post-mortum - post mortem ?
Response: spelling corrected as advised
In response to Dr Latour's comments:

General comments:
1. This is a single center retrospective study describing patterns of PICU mortality.

The study is relatively small despite the 10 years. The manuscript describes the epidemiological course of deaths in a single PICU. One of the attachments is a conflict of interest disclosure by Critical Care. Why is this attached and why from Critical Care while the authors have submitted the paper to BMC Anesth.

Response: We agree that we do not have a large sample size. However, our PICU is the only University facilitated PICU at a trauma centre that caters for over 1 million population. The paper has been forward and redirected to BMC Anesthesiol by Critical Care in view of a more appropriate scope. The Conflict of Interest disclosure form is now removed.

2. The limitations address some issues that might be worthwhile to explore more in-depth. The term caregiver needs to be defined. The literature is sometimes unclear who the caregivers are (healthcare professionals or parents). It is advice to have this clarified for the readers.

Response: With few exceptions, the caregivers are invariably the parents. We have changed the term to parents.

Specific comments:
Table 1. I am a bit puzzled with the p values when in the trauma group zero patients were involved at several variables. Please explain this in the text.

Response: “0 patients” mean no patients with the conditions.
Categorical data were analyzed with Fisher exact test.

Table 5 could be documented in word file lay-out instead of a copy of the analysis.
Response: Table 5 redone

References: Some references could be updated. For example the reference nr 14, is old and new evidence is available by the same author: Devictor et al. Forgoing Life Support: How the decision is made in European pediatric intensive care units. Intensive Care Med 2011:37:1881-1887

Response: reference updated as suggested. Total of 29 references now.
Editorial comments:

1. Please confirm whether informed consent was obtained from patients for the use of their data in your study, and include a statement to this effect in your manuscript. In the event that the requirement for informed consent was waived by your ethics committee, then we would still ask you to include a statement to this effect in your manuscript.

Response: "The Chinese University’s ethics committee approved this anonymous review with no patient identity in the manuscript. Patient consent was not necessary for this retrospective survey." These statements are now included in the methodology.

2. Please remove the Critical Care competing interests document from your Additional files.

Response: document removed as requested.

3. Please ensure that your Authors' Contributions section is formatted in accordance with our formatting guidelines.

Response: formatted as recommended.