Reviewer's report

Title: Pre-Hospital Treatment of Acute Poisonings in Oslo

Version: 1 Date: 24 June 2008

Reviewer: Kent Olson

Reviewer's report:

This prospective, multicentre observational study looked at patients who were treated for poisoning in an outpatient clinic or by an ambulance crew, to compare their treatment and outcomes with patients admitted to hospital with poisoning. A large number of patients were treated and released in the prehospital setting; most of them were opiate or ethanol intoxicated. Of those patients discharged in the prehospital setting in whom follow-up during the first week was possible (91%), there was only one recorded death and it appeared to be from a new overdose.

Major compulsory revisions:

1. Page 4, paragraph 4: Please describe the Oslo prehospital system in more detail. Do all ambulances carry a physician? Or, does a physician meet the ambulance at the scene? If a physician is not routinely there, can one be called in by paramedics? Under what circumstances? Is there a protocol for how long a patient can be observed at the scene before being transported or discharged? If the patient is transported, how do the ambulance personnel decide whether to take a patient to the Outpatient Clinic rather than to a hospital?

2. Page 5, paragraph 3: 385 people were lost to follow-up after being registered for transfer to a higher level of care --- this is very large proportion of your group (13%). What investigation did you carry out to determine what happened to them? If, as described in Figure 1 legend, some of them went to the hospital for other reasons (eg, to have a wound sutured), why not still include them in the study? For the others, did you try and track them down through death certificates or by checking with other hospitals besides the one that they were expected to go to? Wouldn't there be ambulance records of the transfer?

3. Page 6, paragraph 2: Was there any confirmation of the ingested agent (eg, toxicology testing)?

4. Page 6, paragraph 3: Isn’t hypotension usually defined as systolic BP less than 90 mm Hg? How did you choose 85 mm Hg?

5. Page 10, paragraph 3: For hospital cases, how did they arrive at the hospital? By police, private auto, walk-in?

6. Page 13, paragraph 2: I find the wording “opiate overdoses not transferred from ambulances” to be confusing. Are these the patients with opiate overdose
who are treated by the ambulance personnel and then discharged without being taken to a hospital or the outpatient emergency clinic? If so, then consider describing them as “opiate overdoses not transferred to hospital after ambulance treatment.”

7. I did not see Figure 1 in the manuscript provided.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.