Reviewer's report

Title: A Clinical Pathway for Community-Acquired Pneumonia: An Observational Cohort Study

Version: 1 Date: 24 March 2011

Reviewer: Pierre-Edouard Bollaert

Reviewer's report:

This is an interesting paper about a large cohort of in-hospital patients with community-acquired pneumonia. The purpose of the study was to demonstrate that using a clinical pathway built on evidence-based recommendations may improve the prognosis (90-day mortality). The study is concise and well-written.

Major compulsory revisions

The description of the clinical pathway is rather elliptic, particularly with regard to guidance for evidence-based diagnostic strategies, provisions for monitoring, dosage adjustments, changes in antibiotics route.

Patients were included only on the basis of one of the pathway recommendations: type and dosing of antibiotics. This does not offer any guarantee that other pathway items were taken into account, i.e., diagnostic strategy, antibiotics monitoring, etc... As the paper stands up now, the only variable studied is the adequacy of type and dosage of antibiotics for the first 48 hours and not the clinical pathway. So, the conclusion that "a clinical pathway improved survival,..." is not appropriate.

In which subgroup were included patients treated with higher antibiotic doses than recommended? This is not stated in the methods section.

What were the main classes of antibiotics in the non-pathway antibiotics?

How do you explain the major age difference between both subgroups?

Please provide unadjusted (crude) data about all end-points. In addition, adjustment variables should be mentioned in the results section (and not only in the figure legends).

Minor essential revisions

Were there statistical differences in PSI risk classes between both subgroups?

Level of interest: An article of limited interest

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