Reviewer’s report

Title: Functional outcomes of general medical patients with severe sepsis

Version: 1 Date: 5 June 2013

Reviewer: Andre Amaral

Reviewer's report:

This is an interesting manuscript by one of the leading authors in the assessment of long term outcomes for critically ill patients. In this manuscript the authors take a first step in assessing outcomes for patients with severe sepsis (SS) that were not initially admitted to an ICU, which encompasses the majority of patients with SS. The methodology has many strong points, including the fact that all patients have a baseline assessment of their functional health pattern at admission to the hospital; the use of a random sample to improve feasibility (as opposed to a "convenience" sample) and the use of multiple adjudicators to assess exposure and outcome.

Major compulsory revisions:

1. It isn't clear whether the authors included only patients initially admitted for sepsis or if patients who developed sepsis after their index admission for another cause are also included. I believe this is an important distinction because nosocomial sepsis may simply be a marker of more severe co-morbidities and not necessarily the cause of decreased ADLs and transfer to alternative settings. The authors should clarify this issue and include this rather important limitation in their discussion - in fact, if the the majority of patients in this cohort includes sepsis acquired after the index hospitalization I believe this limitation may decrease the interest in this paper. Ideally I'd rather see a cohort limited to index admissions for sepsis, but I realize that the authors may not have enough sample size to look at this. I strongly suggest that a follow-up study should consider this important limitation.

2. For some reason the tables were not uploaded with the manuscript, therefore my next comment may be incorrect, but I failed to identify the main outcome metrics for the entire population, the authors only present data for the two strata (with baseline dysfunction or not). I believe the main results should be presented for the entire population and the authors can present the 2 strata separately as well. It'd be nice to present whether there was an interaction with baseline dysfunction or not (which would justify presenting the results separately). Obviously, for the main outcome, return to home, it makes sense to exclude those that were not home to begin with, as they are not at "risk" of returning home.

3. There is too much emphasis on the comparisons with the population standard. This is convenient (although it would be much stronger if they also selected
patients without sepsis from their own hospital) and can be hypothesis generating. Clearly the comparison to a general population is inadequate and should be dropped (if anything, it is muddied by elective admissions). The comparison to CHF patients however is more relevant and could potentially be expanded to 2 or 3 other common co-morbidities that the authors observed in their population (unfortunately I don't have table 1 to suggest which ones).

**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.