Reviewer’s report

Title: Acute kidney injury among adult patients admitted with sepsis in a low income country: Clinical pattern and short term outcomes.

Version: 2 Date: 26 June 2014

Reviewer: Vijay Lapsia

Reviewer’s report:

In this manuscript titled 'ACUTE KIDNEY INJURY AMONG ADULT PATIENTS ADMITTED WITH SEPSIS IN A LOW INCOME COUNTRY: CLINICAL PATTERN AND SHORT TERM OUTCOMES', the authors Bagasha et al, present prevalence data on AKI among adult patients with sepsis in a referral hospital in Uganda.

Major Compulsory Revisions:

That sepsis is a common cause of AKI in critically ill patients is common knowledge, regardless of income status of the demographics in which it is studied. It is also well known that in resourced limited settings AKI leads to poor outcomes. It is unclear from the background provided as to what prompted this study.

Why was 1992 ACP guideline used for identification of patients with sepsis? It is not clear from the document how infection was documented?

It is unclear how a mid-stream fresh urine sample was collected in critically ill patients with sepsis. Did some patients require catheterization?

Timing of samples (at admission, within 24hrs) is not documented.

The line "Out of the remaining 62, 13 died and 49 survived to discharge making the in-hospital mortality among patients with sepsis 21% by 2 weeks" on page 6 is inaccurate and needs to rewritten.

Correct typographical errors:

Line "luck of finances since both are quite costly and majority of patients were not on any insurance schemes and especially for the ICU, space was not available due to the limited number of beds."

" on page 6.

Line "Our demonstrates that prevalence of acute kidney injury among patients with sepsis is significant and factors including elevated white blood cell counts, age and a postural drop in blood pressure are important pointers to a" on page 6.

The comparisons in the 1st two paragraphs on page 7 are irrelevant. The
manuscript 'Epidemiology of acute kidney injury in Africa' (PMID 18620957) would be a good starting point. The same is true for subsequent comparisons in the discussion.

Unclear what the term persistent kidney injury means and how it relates to outcomes. Why was a two week period chosen?

The authors editorialize extensively. Discussion needs to be rewritten, personal interpretations or opinions removed.

The conclusion repeats the study result section and needs to be rewritten.

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Needs some language corrections before being published

**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