Reviewer's report

Title: Chronic respiratory disease amongst children presenting to a tertiary paediatric emergency department with acute respiratory illness: study protocol

Version: 1 Date: 7 March 2013

Reviewer: Sarah Curtis

Reviewer's report:

The revisions below are discretionary.

1. Will the study design adequately test the hypothesis?

Yes- the goal is to describe the natural history, epidemiology, aetiology and outcomes of cough during and after an ARI presenting to a tertiary pediatric ED. This prospective cohort study should provide useful information about this particular pediatric population and the natural history of the disease, which may in turn inform other studies in other locales or raise flags for identification and follow-up of some children.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?

I think it is important to include detailed data collection sheets when reviewing protocols. Otherwise it is hard for a reviewer to make detailed suggestions and see how and which data will be collected. I suggest that the journal should require or provide guidance on this or strongly suggest these as appendices so that a review can best understand what data and how the data is to be collected.

2. Does the manuscript adhere to the relevant standards for reporting and data deposition: if not, in what ways?

Needs further attention to some details:
Title should be more specific
Details for data handling, storage are not apparent in the protocol.

4. Is the writing acceptable?
Yes- the writing is good.

Other comments:
Relevance: A very interesting proposal. Likely understudied to date. Of clinical importance as cough is a commonly seen entity and causes significant distress to patients and families. The identification of predictors of chronic cough in children would be of significant clinical importance for optimal targeted follow-up, education, further research etc.

Knowledge translation: (once more knowledge has been acquired) is of
importance-this detailed plan for results should be outlined in the protocol.

Excellent research team (ED specialist, resp specialist-, ID specialist)(I assume the specialists are pediatric-please specify?) A few suggestions to strengthen the team: Inclusion of a parent(s) to ensure family-centered outcomes and a family centered approach to protocol execution? Also, a health care systems stakeholder to ensure that the results translate/spring board to the next research questions or practice change locally. Is a statistician a part of the team? It would be good to know in the protocol.

Outcomes: Any outcomes methods research to ensure outcomes are patient centered? They seem reasonable but any literature to support these?

Title: Consider change to something that more clearly outlines the intent of the study: “The subsequent development of chronic respiratory disease amongst….with acute respiratory illness: A prospective cohort study.” Or “The natural history of cough in children presenting to the ED..: A prospective cohort study”. Currently the title leads me to believe you are screening for pre-existing chronic respiratory disease amongst kids presenting to the ED with acute resp illness. Also the STROBE guidelines for reporting of cohort study require a more specific title encompassing the study design.

Other: Are you capturing home/outpatient use of alternative therapies for cough other than ‘medications’ example honey, chest physiotherapy…

How will you determine wet or dry cough by history, deal with misclassification, and how by observation will you maximize some degree of inter-rater reliability? Clarify the definitions of disease entities of interest in more detail.

It is good that the authors seek publication of this protocol. Can it also be registered with a registry?

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

**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’