Reviewer’s report

Title: Enteral nutrition in the critically ill child with shock: a prospective observational study

Version: 2 Date: 28 December 2007

Reviewer: George Briassoulis

Reviewer’s report:

Major Compulsory Revisions

Opposite conclusion- think of changing as below
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Conclusions: Although most critically ill children with shock can tolerate transpyloric enteral nutrition, the incidence of gastrointestinal complications is considerably higher in this group of patients than in other critically ill children.

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Which? Insert two or more

Few studies have evaluated the safety and efficacy of enteral nutrition in pediatric patients with shock (1) and (Briassoulis G, Filippou O, Kanariou M, Hatzis T. Comparative effects of early randomized immune or non-immune-enhancing enteral nutrition on cytokine production in children with septic shock. Intensive Care Med. 2005 Jun;31(6):851-8).

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Of course there are, comparing measured EE by indirect calorimetry among SS patients and other disease groups, not differing significantly. In fact MEE is close to PBMR and in many patients, it is lower than PBMR. MEE that is lower than PBMR is associated with a higher morbidityâ#;These results have been confirmed and have been cited by many others.

There are no studies that have analysed whether children in shock require the same calorie intake as other critically ill children. Please refer to the following reference and provide the results as appropriate. (Briassoulis G, Venkataraman S, Thompson AE. Energy expenditure in critically ill children. Crit Care Med. 2000 Apr;28(4):1166-72.)

Regarding the first response by authors that to their knowledge, there are no previously published studies that have specifically analyzed the characteristics of enteral nutrition in children with shock, that could be so only if restricted to transpyloric feeding.

As I have mentioned above, there are a few well planned prospective studies done with indirect calorimetry or using predicted equations in septic shock paediatric studies, showing and discussing complications and characteristics
clinical and biochemical, which however authors ignore or did not read (most information is in the full text and not just in abstracts!)

**What next?:** Accept after minor essential revisions

**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.