Reviewer's report

Title: Integrating sepsis management recommendations into clinical care guidelines for district hospitals in resource-limited settings: the necessity to augment new guidelines with future research

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Reviewer: John Myburgh

Reviewer's report:

This is well written monograph summarising the process of identifying barriers to the implementation of management guidelines, primarily developed in high-income countries, in low and middle income countries.

Such a commentary is timely, given previous concerns that have been expressed about the limited external validity of previous iterations of guidelines, specifically the Surviving Sepsis Guidelines.

I have no concerns that require major compulsory revision.

Minor concerns:

I have few concerns about the summary of the meetings and recommendations about the barriers and recommendations for further study. All of these are well recognised and intuitive. The reference to the FEAST study is most germane to the conclusions, representing an important high-quality study that identifies and confirms many or all of the stated barriers and recommendations. This is well emphasised as is the recognition of limitations of physiologically based recommendations in the absence of high-quality data.

Some reference to examples highlighting this, particularly relevant to low and middle income countries, such as intensive glucose control, would be appropriate.

I found the inclusion of the 4 figures interesting and clearly worthy of debate, but I am unclear whether the aim of this paper is to simply highlight the algorithms as the product of the consensus meetings or whether this monograph invites commentary about this.

This should be clarified in the manuscript, but if the aim of this paper is to highlight these, then identification of potential areas of uncertainty within the algorithm where further study is required.

Of these, the classification of three designated time periods with different resuscitation priorities is a useful and relevant contribution that is not clearly elucidated in the SSC guidelines. Similarly, the recommendation for a more conservative fluid resuscitation strategy is timely, and some commentators would suggest that an even further conservative or restrictive approach is worth
considering, particularly in the context of recent high-quality randomised controlled trials.

Clearly, this monograph is not restricted by making recommendations based on high quality evidence – this is a consensus statement from a panel of recognised experts. This should also be recognised in the manuscript.

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no competing interests in relation to this manuscript.