Reviewer's report

Title: Screening for Post-Traumatic Stress Disorder After Injury in the Pediatric Emergency Department - A Systematic Review Protocol.

Version: 1  Date: 30 December 2013

Reviewer: Paul Shekelle

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These are minor discretionary revisions:

1. The gold standard is going to be key for this kind of assessment, since PTSD in adults - I would expect even more so in children - lacks a pathognomonic sign or symptom that establishes the diagnosis. Thus, the gold standard for a PTSD diagnosis is a mix of things included in a clinician’s global assessment, and may change over time. I am not expert in any changes that may have occurred between DSM III and IV and now V criteria for PTSD, but some consideration should be given to what information is going to be extracted about the gold standard, and what is going to be done with it. Right now, the text says "studies will clearly describe the gold standard criteria..." but there is nothing either in the eligibility form or in the data extraction form about the gold standard - what was used, and the level of training of the clinician making the assessment. This is for sure going to be of interest to any clinician readers of the review: how much can they trust the gold standard, in terms of diagnosing true positive and true negatives for pediatric PTSD? I think this portion of the protocol would benefit from substantial additional development.

2. Related to this is the analytic plan. The authors are going to need to make a choice: identify one method or one group of methods for which they judge the trustworthiness of the gold standard is sufficient that all studies can be considered equal, and use only these in their analysis/synthesis and exclude everything else; or define different categories of trustworthiness of the gold standard, and conduct analyses/syntheses within these, or at least as subgroup sensitivity analyses.