Reviewer's report

Title: Characteristics and outcomes of patients with dyspnoea as the main symptom, assessed by prehospital emergency nurses- a retrospective observational study

Version: 1 Date: 29 Jun 2020

Reviewer: Erika F. Christensen

Reviewer's report:

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Review EMMD-D-20-00075R1

Thank you for the opportunity to re-review this paper, it has improved considerably. The aims are now clearly focused on final diagnoses and outcomes. The study contributes to the scarce knowledge of breathing problems among EMS patients.

I still have a few comments and suggestions.

1) The focus is on diagnoses and outcomes. However, there are large proportion of missing diagnosis in 1030 patients. This needs to be presented and discussed as a limitation. Were those left-on-scene included here, or?

2) The study also presents data on the patients' symptoms and signs condition at the scene: pain scores, vital signs and even ECG (rather detailed) and blood-glucose, the latter two should be reflected in the final diagnoses. This might be shortened (the cardiologist in the group might disagree :-) - or please explain the importance in the paper.

3) The previous history (table 1) was based on the ICD-diagnoses, according to the methods, and I wonder what ICD-diagnosis 'dyspnea' refers to? From chapter 18 or 21? Also I wonder, why the major frequency of pulmonary disease is not mentioned.

4) Thank you for the explanation of the definition of 'time-critical' diagnoses. As the focus is on etiology as shown by final diagnoses, I guess the reader will be curious to get more details on all the main critical diagnoses found among these patients - and maybe also among those dying within 30 days. Especially as the critical diagnoses constitute 11% and it turned out - by chance - that 30-day mortality was 11%.

4) The paper consequently analyses the sex-differences, with OR for men (compared to women? Or to all patients?) in the tables and separate survival curves for men and women. Was this part of the aim? The differences are only commented very briefly, and not used to analyze whether these differences in disease patterns are associated with the different outcome?
5) I am not an expert in statistics, but I wonder why the authors in the survival analyses chose randomly among the patients with several events during the study period, instead of using time from last event?

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Yes

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If not, please specify what is required in your comments to the authors.

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Are the conclusions drawn adequately supported by the data shown?
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