**Author’s response to reviews**

**Title:** Fluid Overload in the ICU: Evaluation and Management

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**Author’s response to reviews:**

**Editorial Comments**

The manuscript was submitted to a professional language service for editing, we hope all the grammatical/idiomatic problems were adequately solved.

**Reviewer #1**

Overall, a good review. Please see suggestions below:

1. Consider adding pictures of 'comet-tail images' in the thoracic ultrasound section

A picture of comet tail image was added as figure 2, and a legend of this figure is on the manuscript body section.

2. Please mention if there are standard accepted 'average diameter measurements' of IVC that would suggest hypervolemia and normovolemia.
As requested by the reviewer the standard accepted average diameter measurements of normal IVC, and the diameters for hypervolemia and hypovolemia were added to the text.

3. There are scattered grammatical/spelling/punctuation errors throughout the manuscript, which need to be corrected.

As Editors request, the manuscript was submitted to a professional language service for editing, we hope all the grammatical/idiomatic problems were adequately solved.

Reviewer #2:

This is an interesting review article that nicely summarizes fluid resuscitation, fluid overload, and management strategies. While I enjoyed reading the manuscript, I do think it could be written more clearly; some editorial work will vastly improve its readability. I have some thoughts/comments below:

Introduction

1. The comment "intakes should be minimized when possible" is not necessarily true. I think overall fluid balance is more important than intake alone. For example, I would not want people to get the sense that withholding nutrition is appropriate just to "minimize intake." The balance is more important that the ins or outs in isolation. If the authors wanted to say something to the effect that patients should only get the fluids they need, that would be a reasonable statement.

We agree with reviewer 2 observation, we have deleted and changed this comment as reviewer 2 have suggested.

Discussion

2. The statement "Prompt treatment can also prevent or limit subsequent AKI" needs referencing.

A reference was added for the statement “Prompt treatment can also prevent or limit subsequent AKI".
Fluid Overload and Outcomes

3. The discussion of reference 16 is confusing. I think that it supports the point the authors are trying to make but it is not entirely clear.

We have changed the discussion of reference 16 in order to make it clearer.

4. Similar issue with reference 5. I'm confused as to which data elements go with each group. I think the data is there to support the author’s argument; they have just not presented it effectively.

As with reference 16, we have changed the discussion of this reference so it could be presented in a more effectively way.

Fluid overload recognition and assessment

5. This section is well put together and I think is very, very helpful. I have not seen all these data put together in this fashion before. This is useful information.

We want to thank the reviewer for this comment; we feel that this will be very helpful and useful information for the readers.

Management

6. In the section on loop diuretics I think it's worthwhile discussing the potential need for higher diuretic doses (especially lasix) when AKI is present. It might be worth discussing data for lasix vs. bumex in AKI.

We agree with reviewer’s suggestions in this section, we have added a discussion of the need of higher diuretic doses in patients with AKI, and also have discussed data about the use of different type of loop diuretics in patients with AKI.
7. The extracorporeal section could be longer. I would like to see a discussion of intermittent HD vs CRRT. I think it is worth mentioning any available data for newer, small ultrafiltration devices.

We have expanded this section and discussed the advantages of CRRT over IHD for the management of patients with AKI and fluid overload who are hemodynamic unstable. We have added KDIGO guidelines recommendations. We have also added as per reviewer request new data about the smaller ultrafiltration devices.