Author’s response to reviews

Title: The predictive value of diaphragm ultrasound for weaning outcomes in critically ill children

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Author’s response to reviews:

Cover letter

Dear BMC Pulmonary Medicine Editorial Office,

Thanks to the editors for arranging the review and the experts for their valuable opinions on our manuscript (PULM-D-19-00401) entitled "The predictive value of diaphragm ultrasound for weaning outcomes in critically ill children". We have substantially revised our manuscript after reading the comments provided by the two reviewers. We invited professional English teachers to polish our wording. All modifications of the article have been highlighted.

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

With best wishes,
Yours sincerely,

Yang Xue

Response letter

Point by point responses to reviewers:
First we would like to thank the reviewers and editor for the positive and constructive comments and suggestions.

Answers to reviewers:
Editor Pete
1. Pg 11 lines 34 - 42: "Due to children with MV are also more sedated than adults, in the process of measuring PImax, it was determined that the cooperation of children was significantly lower than that of adults, resulting in insufficient inspiratory effort." Perhaps "Since children undergoing MV are also more sedated than adults, children are less cooperative resulting in insufficient inspiratory effort during the assessment of PImax"
Response: According to your suggestion, the language has been modified and polished throughout, and the revised part is highlighted in the article.

2. Pg 11 line 31 - 34: "However, the predictive value of PImax in children was not better as adults". Perhaps "However, the predictive value of PImax in children was not better than in adults"
Response: According to your suggestion, the language has been modified and polished throughout, and the revised part is highlighted in the article.

Reviewer1 (Andrew William Gill, BM)
1. P5 l53. "BW is known as the predictor of PImax" - "a predictor" may be more accurate
Response: According to your suggestion, the language has been modified and polished throughout, and the revised part is highlighted in the article.

2. P5 l54. P7 l9. P11 l31. P12 l6. etc. The phrase "PImax value was standardised by varying BW (PImax/BW)" appears several times and is not a strictly correct description of standardisation. The BW is not varied, it would be preferable to sat that "PImax was standardised by BW".
Response: According to your suggestion, the language has been modified and polished throughout, and the revised part is highlighted in the article.

3. P8 l12. "Three cases passed away after 48 hours of successful extubation in the failed group". The predetermined measure of success was extubation &gt;48 hours. Should these infants not be considered successful extubation even though they died.
Response: Thank you for your suggestion. The three cases who died experienced delayed or difficult weaning. Although they eventually weaned from ventilator and had their trachea extubated, they eventually died during hospitalization. Therefore, these three patients were classified as the failure group.
Reviewer 2 (Chrissie Astell, Ph.D.)

1. Pg 8 line 59 - pg 9 line 1: Should "DE &lt; 0.86 cm H2O/Kg" be PImax?
   Response: According to your suggestion, this part has been modified and polished throughout, and the revised part is highlighted in the article.

2. Supplementary table 1 isn't necessary since r and p values are presented in text.
   Response: According to your suggestion, the supplementary table 1 has been removed from the manuscript.