Reviewer’s report

Title: Non-Invasive Respiratory Volume Monitoring Identifies Opioid-Induced Respiratory Depression in an Orthopedic Surgery Patient with Diagnosed Obstructive Sleep Apnea: A Case Report

Version: 2
Date: 8 January 2015
Reviewer: Sambhunath Das

Which of the following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: No

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comment:
This report is well written manuscript for a very regular problem which medical personnel miss in postoperative period. The patient was a known case of OSA with CPAP therapy, then why the authors chosen narcotic analgesia in postoperative period, knowing that opioids would produce respiratory depression. Whether the manuscript is study of a case to prove usefulness of RVM or a case report that was detected by RVM?

Specific comments:
Revisions necessary for publication:
Abstract: conclusion part the sentence ‘Because the available monitoring did indicate the patients true respiratory status the patient was treated with additional opioids, markedly increasing his risk for further respiratory decline.’ is contradictory and not clear, please check it. I think ‘Because the available monitoring did not indicate – will be correct.

- Whether the patient had created clinical signs like snoring and strider during the period when RVM recorded low minute ventilation. These signs are very common with OSA patients and the presence will alarm the health care provider. This has to be mentioned.

- CASE presentation- anesthesia part- the patient of 116kg ‘receiving 50 mg of IV rocuronium’ for tracheal intubation, I think less than the recommended dose.

- CASE presentation last paragraph- why did the patient was not observed in PACU knowing that his minute ventilation is 44% than predicted? Was this informed to the patients?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I have no competing interest with this paper.