



**SDI Review Form 1.6**

Journal Name:	<b><u>British Journal of Medicine and Medical Research</u></b>
Manuscript Number:	<b>Ms_BJMMR_32370</b>
Title of the Manuscript:	<b>Poor Responses to Patients' Deteriorating Physiological Parameters in Hospital: The Roles of Modified Early Warning Scoring System and Rapid Response System "A stitch in time saves nine"</b>
Type of the Article	<b>Original Research Article</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b><u>Compulsory</u></b> REVISION comments	<p>Line 20: did the authors really mean to treat critically ill patients in general ward?</p> <p>Line 24: gasping is NOT an early warning sign, rather sign of terminal breathing</p> <p>Line 43 as SpO2 is not routinely monitored during vital signs assessment – I strongly disagree with this statement</p> <p>Line 53 and 54: delayed instead of delay</p> <p>Line 94: what did the authors mean by "pregnancy constitutes a risk on its own"?</p> <p>Line 94 and 95: see details in <a href="https://www.rcog.org.uk/globalassets/documents/guidelines/prov_eq_matandcritcare.pdf">https://www.rcog.org.uk/globalassets/documents/guidelines/prov_eq_matandcritcare.pdf</a></p> <p>Line 115: <i>level of</i> consciousness</p> <p>Line 117: urine output measurement is not an integral part of NEWS</p> <p>Line 214 and 215: the process described is NOT Marey's reflex.</p> <p>Line 269-272: there are unnecessary repetition of utilization of NEWS and MEWS</p> <p>Line 289: I strongly disagree with using MEWS as triage tool</p> <p>Line 307: I believe a once daily frequency of using MEWS is no better than not using it at all.</p>	
<b><u>Minor</u></b> REVISION comments	<p>Line 14: I suggest the use of patients who dies instead of dead patients</p> <p>Line 39: a device can not be done at the bedside</p> <p>Line 77 and 78: Hospital is probably capital letter in Teaching Hospital context</p> <p>Line 92 and 93: see line 14 remarks</p>	



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	<p>Line 144: a bigger figure with larger scale on the y axis would be more informative</p> <p>Line 165: did the authors mean forty to eighty minutes or forty-eight minutes?</p> <p>Line 256: authors might want to revise this sentence regarding plural/single: through a simple bed side physiological parameters</p>	
<b><u>Optional/General</u></b> comments	<p>The reviewer finds this paper a good start for improving health care and vigilance in a low/medium income country, but the study carried out in a teaching hospital reveals such sub-standard care that endangers patients' lives. Furthermore, there is absolutely nothing new in the use of early warning signs, no modifications, local applicability was attempted apart from using MEWS that does not even require pulse oximetry and urine output measurement.</p>	

**Reviewer Details:**

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