
Peer Review File

Article Information: <http://dx.doi.org/10.21037/tp-20-171>

Review Comments

Overall this is a good study. Cardiopulmonary resuscitation is a very critical intervention to save a life. It is a well-known concept that PALS and similar other AHA endorsed training courses improve the patient survival. Therefore, the study is not novel. However, it does add some wealth to the existing literature in this regard.

The study concept and designs are acceptable as well. The sample size is acceptable for the subject of this matter, since incidence of code blue is typically not that high. The statistical methods used are appropriate as well. The manuscript however, needs some minor editing.

Comment1: Abstract

It is well written, but it needs one small correction. They have mentioned the “results after the training” in the result and the conclusion sections of the abstract. However, there is no mention of the training in the background or the method section. It will confuse the reader. I suggest mentioning “We analyzed the outcomes in relation to the patient factors and in relation to providers’ training”. This is just an example; the authors can mention in a manner they think is appropriate for their manuscript and should also fit the word count limits.

Reply 1: [Thanks for the suggestion. We have added “how to improve the effectiveness of code blue through training” in background part.](#)

Changes in the text: [Page 1, line 6-7](#)

Main manuscript

I have a few questions and suggestions about the results.

Comment1: The authors have mentioned 119 cases were “in-patient” and 108 were in the ward. Where were the rest of the 11 cases? I could analyze that 108 in ward, 27 in the

diagnostic department and 4 in the outpatient, adds up to the total number of 139 cases. But the discrepancy between 108 in the “ward” and 119 “in-patient” is somewhat confusing. A clarification will be helpful.

Reply 1: Thanks for the suggestion. A total of 139 Code Blue cases occurred. 108 cases occurred in wards, 27 cases occurred in diagnostic departments and four cases occurred in Outpatient clinic. 108/27/4 represents the number of locations. Of the 139 patients, only 119 were inpatients.

Changes in the text: Page 4, line 99-101

Comment2: There is a mention of CRP in the line 99, table 1 and table 5. Did the author mean CPR? If so, they can correct it. If they actually analyzed C-Reactive Protein in relation to survival, which I doubt is the case, will require elaboration.

Reply2: We are extremely sorry that our mistyping created the confusion, the correct abbreviation is CPR. We have corrected it in our revised manuscript.

Changes in the text: ALL “CPR” in Page 1, line 17; Page 2, line 42; Page 3, line 75/79; Page 5, line 121/122/126; Page 6, line 158/172.

Comment3: Most of the studies describing the factors affecting the survival have also analyzed the severity of illness score in pediatric patients, PIM or PRISM scores for example. This was missing in the current study. This can be mentioned in the discussion section as one of the weaknesses of the study, although not absolutely necessary.

Reply3: The PIM or PRISM score is most commonly used to analysis the severity of illness score in pediatric patients. It was not done in this study because most of the code blues were too rushed and not scored, needed to be improved in the following research.

Changes in the text: None.

Comment 4: Some references are mislabeled, it seems. I request the authors to double check

the references. For example, line 48-49 has cited reference # 2, but it seems it is in reference # 10 instead.

“The term “Code Blue” was first used in the Bethany Medical Center in the State of Kansas in the early 1990s [2]”.

Reply4: Thank you very much for your carefulness, we have gone through all the references and made corrections according in our revised manuscript.

Changes in the text: Page 7-8, line 194-231.

Comment5: Similarly, references 13 and 14 need to be double checked.

Reply5: Thank you very much for your carefulness, we have gone through all the references and made corrections according in our revised manuscript.

Changes in the text: Page 7-8, line 194-231.

Comment6: There are also some minor English language related errors. Below are a few examples. The authors should review the entire manuscript to ensure the language accuracy, manuscript flow and typographical errors.

- 1) Line 75, in methodology section – PLAS is written. I believe the authors meant PALS.
- 2) In line 82, author stated “The Code Blue system is initiated by an 24 hours...”. I believe the authors meant “a 24 hour centralized alarm..”
- 3) Similarly in line 100, “an logistic..” is written, I believe the authors meant “a logistic..”
- 4) In lines 129 and 177, “et al” has been used. Typically, “et al” is used to indicate continuation of a list of people, and “etc” is used to indicate a list of items.
- 5) There is a spelling/typographical error in line 147. “indieating”is written instead of “indicating”.
- 6) Another typographical error in line 204, “concodant”, I believe the authors meant “concordant”.

Reply6: Thank you very much for your suggestion and we are very sorry for our language, we have consulted language editing services from native speakers and made changed throughout our manuscript in our revision.