

Peer Review File

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Reviewer Comments

This is a well written case that have good educational value. Some revisions are required to make the case more clear.

1. The Theophylline medication should be highlighted/described for more details before the onset of shock.

- Highlighted resumption of home theophylline in initial case report description
- "...medications were continue, including theophylline." (line 58 of manuscript).

2. It is strange that the patient have hypertension and rapidly progress to shock. Are there any fever? did you obtain blood stream microbiology test? the lactate level?

- We agree that the initial hypertension is not in keeping with theophylline toxicity, however this was the recorded finding immediately following her fall, so perhaps it relates to the circumstances of the code blue team responding, fall, and pain she may have been experiencing.
- Initial lactate level was 3.2 mmol/L (as indicated on line 74 of manuscript as well as in the laboratory findings table 3).
- Added line 79-81 "Other septic work up, including microbiology of sputum and blood, was negative for evidence of bacterial infection."

3. The chest CT scan should also be shown.

- It is unfortunately not easily obtainable from our radiology system. Additionally, the findings were positive only for small subsegmental PE which would not reproduce well at reduced size/resolution in the journal publication.

4. Can you rule out PE?

- See line 78-79: "A CT scan of her chest was obtained which demonstrated only small bilateral subsegmental pulmonary embolisms and no evidence of pneumonia"

5. The dose of Theophylline seems not very large, are there any risk factors for the overdosing?

- Added lines 126-127: “We suspect that our patient experienced chronic theophylline toxicity due to accumulation related to her acute kidney injury.”

6. The hemodynamic characteristics of the patient can be better studied using critical care ultrasound.

- Agreed, however if any POCUS assessments were completed during her ICU stay, the results were not reliably recorded in our medical records.