

Peer Review File

Article information: <https://dx.doi.org/10.21037/pm-21-54>

Reviewer comments

Comment 1: General: Clearly define in introduction terms and aims of the piece.

Reply 1: A short introduction has been added.

Comment 2: General: Addition of a brief methods section to define meta blog analysis.

Reply 2: Added in conjunction with revised introduction and amended methods and definitions of terminology.

Comment 3: Abstract: clearly define terms sick and child.

Reply 3: Text modified as advised - addition of defined terms made.

Comment 4: Introduction: determine whether we are saying ‘sick kids to admit’ or ‘sick kids to resus’. Where on this spectrum are we aiming with this paper? Clearly define purpose of article. Clearly define definition of a sick child. Define whether addressing sick children or sick infants.

Reply 4: This has been clarified in the introduction.

Comment 5: As introduction is long – define terms upfront. E.g. on line 142 there is a discussion of the definition of the sick child. It would be helpful to define terms earlier.

Reply 5: We have modified a shorter introduction. The concept of the ‘sick’ child is a challenging one and we feel that exploring this in an introduction would make this very long. We would prefer, as we have now done, to highlight this in the introduction but maintain the current discussion in the appropriate section.

Comment 6: citation: line 148.

Reply 6: Addressed.

Comment 7: Line 148 – ‘infectious diseases are (relatively) rare in a vaccine era and therefore clinical exam or biomarkers may do little to increase their post-test probability’. Suggests rewording this to ‘vaccine preventable infectious diseases’ or similar.

Reply 7: Amended.

Comment 8: citation 158.

Reply 8: Addressed.

Comment 9: Manuscript body: metabolic section – details the question of diagnostic steps in the management of an inborn error of metabolism rather than addressing how to identify sick neonates with inborn errors of metabolism.

Reply 9: We have Reworded this section to focus on diagnosis of IEM.

Comment 10: Citations needed in metabolic section.

Reply 10: Added.

Comment 11: Line 183 citation needed.

Reply 11: Added.

Comment 12: Line 186 citation needed.

Reply 12: Added.

Comment 13: Line 207 citation needed.

Reply 13: Added.

Comment 14: Line 216 citation needed.

Reply 14: Added.

Comment 15: Line 226 citation needed.

Reply 15: Added.

Comment 16: Line 239 citation needed.

Reply 16: Added.

Comment 17: Other revisions – Line 211 – sepsis remains a leading cause of death.... – This statement is used after describing several clinical pathways which use clinical judgment. This statement is unclear and should be further evaluated. Moreover, PECARN is not yet externally validated.

Reply 17: We have reworded this section to remove uncertainty and have acknowledged PECARN as not yet externally validated but a potentially useful resource.

Comment 18: Line 429 – Alverdo score is discussed but not the Pediatric Appendicitis Score (Samuel 2002). May be helpful to refer to it as well. Pogorelic et al (2015) is mentioned as a possible citation here.

Reply 18: This reference has been added.

Comment 19: Tables and figures: Table 1 – citation needed.

Reply 19: Citation added.

Comment 20: Table 2 citation needed.

Reply 20: Citation added – KP.

Comment 21: MISFITS algorithm in figure 2 – needs a citation as widely used e.g. by Tim Horeczko.

Reply 21: Added citation to PEM playbook for MISFITS – KP.