

Review of: "The Outcomes of Emergency Admissions and Associated Factors Among Children Admitted to the Pediatric Emergency Unit at Selected Public Hospitals in Addis Ababa, Ethiopia — A Retrospective Cross-Sectional Study"

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Potential competing interests: No potential competing interests to declare.

Dear editor, I have completed my evaluation of the manuscript entitled The Outcomes of Emergency Admissions and Associated Factors Among Children Admitted to the Pediatric Emergency Unit at Selected Public Hospitals in Addis Ababa, Ethiopia—A Retrospective Cross-Sectional Study.

I recommended reconsideration of the manuscript as follows:

Strong points related to the manuscript content are summarized

- It is an important issue related to the outcomes of emergency admissions and associated factors among children admitted to the pediatric emergency unit.
- Sample size is adequate, and selection of a multicenter study area is good for generation of the study.

Weak points that needed improvement and amendments,

- The title is very wide and difficult to control. The confounding factors make it specific, like medical pediatric emergency admission, surgical pediatric emergency, or orthopedic pediatric admission and outcomes.
- Abstracts need to be rewritten in a more scientific and informative way for readers. In the abstract results, parts of the last sentence are not clear. "Known comorbidity (AOR=4.65, 95% CI (1.23–17.64)) and length of stay less than 24 hours (AOR=4.2, 95% CI (1.2–14.7)) were strongly associated with the outcome." Which outcome is positive or negative??? Also, in the conclusion, do not depend on your objectives.
- In the introduction part, remove unnecessary information and make it short and scientific. Write only about your objectives, the pediatric emergency admission unit, and children.
- The results of this study can help develop treatment strategies and minimize or prevent disabilities for the major preventable causes of deaths and disabilities among pediatric patients admitted to the pediatric emergency unit?. **I didn't get a treatment strategy from the whole manuscript.**
- Methods are very weak, and they need rewriting in more detail. How did you select the study period? Children admitted from January 2, 2020, to January 8, 2022, in the pediatric emergency unit, what is the reason to choose this

study period? Source population: children who were admitted and randomly selected for the pediatric emergency unit of selected public hospitals. Make it clear and avoid redundant writing. Study population: What is the age of the study population? From the exclusion criteria that died on arrival or died within two hours of admission, do you have a reason? In the variable part, nutritional status needs an operational definition. How do authors define nutrition or malnutrition? What about obesity in pediatrics and the severity of malnutrition? There are many problems with the results, and there are no unexpected results. **It does not add any information on this issue, so authors need to add another result before publication.** Clinical management and length of stay in the pediatric emergency department have many problems. It is difficult to accept this result. "Among 303 children admitted to selected public hospitals, more than two-thirds (68.3%) of them were treated with antibiotics, 48.8% got oral or intravenous fluid treatment, and 109 children were treated with oxygen administration. Of all, only 134 (44.2%) of children were seen by a consultant or senior physician during admission." Which clients were treated with fluid or antibiotics? Is it a medical patient or a surgical patient? How much fluid? What is the authors' conclusion depending on these results?

- 4.6. Factors associated with outcomes "Factors associated with the outcomes of children admitted to PED showed that children who had known co-morbidities, children who were treated with fluid during admission, and length of stay less than 24 hours were strongly associated with the death of children, with P-values less than 0.05." It is difficult to accept these results from this weak study design without follow-up with the patients.
- Authors should follow the principle of writing a scientific discussion, as it is required in discussion that the authors interpret and describe the significance of their findings in light of what is already known about the problem using data from other hospitals or cities in other countries.
- In the recommendation parts, the authors should be aware of problems **The recommendation does not depend on the results of the manuscript**