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

Henry E. Rice[1]

1 Duke University

This report by Asinakey and Habte is a retrospective review of the causes of ER visits for a cohort of children at 4 hospitals in Ethiopia. In itself, there is great interest and need to better define the causes of emergency care for children in settings around the world, and I applaud the authors for their work on this study. However, there are several areas that may benefit from editing to improve the quality of this review. My comments below address areas of both style and content, with my specific suggestions as follows:

Abstract

1. There should not be any abbreviations that are not defined in the abstract. FMOH is not clear.
2. As detailed below, standard language in ER visits summarizes data such as from this study as ER visits, evaluations, or encounters, but not admissions. This is to distinguish the population of children cared for in ERs vs. those admitted to the hospital.
3. In the methods as well, the authors should state that this study was conducted at 4 hospitals in Addis Ababa or in Ethiopia, as there is no understanding of the setting of the study without this clarification.
4. As detailed below, I'm not sure what the phrase "randomly selected public hospitals" means in this context. I assume the authors mean sampled children from these hospitals, but the hospitals themselves appear to have been selected purposively.
5. In the conclusions, it's good to tie recommendations specifically to the data analyzed. Therefore, statements such as "providing skill gap training" imply that the authors studied gaps in skills rather than disease profile.

Background

1. As a style point, the background should flow naturally to the research question at hand. There is far too much information in the introduction that is not relevant to the research question, such as the entire second and third paragraphs and much of the second page. I would encourage the authors to more succinctly state why it is important to understand the profile of diseases for emergency care, where the research gaps exist, and how their study is

designed to address these specific gaps.

2. Some language challenges as well. In the first sentence, I don't think the authors mean to summarize a faculty, rather a facility, and an emergency condition is not a specialized medical facility, rather it is a set of conditions that are cared for within a medical facility. Similarly, I'm not sure that the phrase "mere option" is at the bottom of the first page.

3. Statements such as "It is obviously clear" in the introduction are not helpful; rather, the authors should just state that "The main point of …."

Methods

1. In terms of the conceptual framework, the phrase "In the preceding review" seems a bit out of context, and I'm not sure what this refers to. As well, I'm not sure the conceptual framework really addresses the research question at hand; rather, it is just a list of collected variables.

2. The authors should describe why these four hospitals were chosen for analysis and how these hospitals are representative of pediatric disease and care in the region. For example, what are the numbers of private and other hospitals? Why were these 4 hospitals chosen from all of the public hospitals?

3. In terms of sample size determination, I think I understand what the authors are trying to do, but it is a bit confusing. Are they using the predicted prevalence rate of pneumonia as the primary outcome to guide sample size calculation? Is there a reason this was chosen to guide this analysis?

4. All of the outcome variables reported in the results should be defined in the methods. For example, the authors refer to outcomes such as malnutrition, vital sign derangements, etc., but none of these variables are defined in the methods.

Results

1. A small style point, but the significant figures of some of the results are not aligned. For example, when authors state that the mean age is 37.47 +/- 0.6 months, this should read 37.5 +/- 0.6 months to have the number of significant figures aligned.

Discussion

1. The discussion may benefit from a bit more contextualization of how the results from their study fit with international patterns of emergency care. Specifically, the authors seem to compare their outcomes with randomly chosen studies from a number of quite different settings around the world, making comparisons not as helpful. For example, it is rather clear that malaria rates would be high in Nigeria but not Singapore, and I'm not exactly clear why these two sites were chosen to compare to the findings in the current study.

2.