

Review of: "Hypoxaemia prevalence and management among children and adults presenting to primary care facilities in Uganda: a prospective cohort study."

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This is an excellent study on identifying hypoxia in acutely ill children and adults using oximeters. It was rigorously designed and conducted, in a sample of 30 primary care facilities in Uganda. Hypoxia is common, usually missed and/or not referred. I have no negative comments on the study. The key points and the bubble and flow chart figures are very useful and clear. Clearly this important study shows that oximetry, oxygen and referral care should be made more accessible in low-middle income countries. The recommendations are for oximetry in all acutely ill under 5 children, and further implementation research. In my view this could include assessing oximetry within the WHO 'Integrated Management of Neonatal and Childhood Illness (IMNCI)'. WHO currently suggests oximetry 'where available' with IMNCI, if respiratory symptoms. The feasibility and effectiveness of adding oximetry either for all acutely ill under 5 children or to add to 'if fever/malaria' and 'if diarrhoea' IMNCI assessment pages.