

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_71084
Title of the Manuscript:	ANAESTHETIC MANAGEMENT OF A PREGNANT PATIENT WITH REPAIRED VENTRICULAR SEPTAL DEFECT- A CASE REPORT
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://peerreviewcentral.com/page/manuscript-withdrawal-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<ol style="list-style-type: none"> 1. The article discussed a case and reviewed the literature. It is probably a good idea to call it: a case report with literature review. 2. Patient with repaired VSD (without any signs or symptoms of heart disease) does not pose any risks to mom or baby. Any anesthesia under close monitoring should be fine. Take home message for this case is the pregnant patient should be monitored carefully for signs or symptoms of cardiac issues. 3. One criticism of the anesthesia management is: The patient should be better prepared, for example, arterial line should be placed; for stable patient, at least 2 big peripheral IVs. Sometimes, central line should be placed in case of severe cardiac complications. 	
Minor REVISION comments	<ol style="list-style-type: none"> 1. Pay attention to the typo in this sentence: Special care was taken to was avoid air bubbles in IV lines 2. Ondansetron 4 mg IV is NOT the treatment for prevention of aspiration. It should NOT be given for this purpose. 3. In the following sentence: As the patient was full stomach, it was decided to go ahead with Subarachnoid block, instead of general Anaesthesia, to outray the risk of Aspiration. Please explain the bolded word. 4. IM injection of oxytocin is NOT a good practice. Why not by IV. In emergency without IV, IM injection is acceptable. However, when there is IV, it is always a good idea to give through IV. 	
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

As per the guideline of editorial office we have followed VANCOUVER reference style for our paper.

Kindly see the following link:

<http://sciencedomain.org/archives/20>

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