

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_81055
Title of the Manuscript:	A Study of Clinical Profile and Outcome of Status Epilepticus in Children Aged 1 Month To 18 Years.
Type of the Article	Study Protocol

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:

<https://www.journaljpri.com/index.php/JPRI/editorial-policy>

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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	<p>Despite being an important protocol, especially when it comes to children, it needs to improve in some aspects, such as:</p> <ul style="list-style-type: none"> - It is not clear how the participants will be recruited. - There is not even a mention of ethical aspects when it comes to scientific research involving mainly children. - It is not clear how the data will be collected. - The risks and benefits for the research participants are not mentioned. - It is mentioned that the research population will be children from 0 to 18 years of age, but this scale seems wrong. Because the age period indicated (0 to 18 years) does not cover only children, which is contradictory to the objectives of the study. - You are confused about the start of the research execution, time for which it will be started and time it seems that it is already being carried out. - It is not mentioned whether the protocol in question has been or will be submitted for consideration by a research ethics committee. - As they are minors, a Term of Assent must be used in the recruitment of these participants. - The methodological aspects presented seem not to be able to achieve the objectives indicated in this study. <p>Plagiarism: Blood and tissue fluids were collected for appropriate testing. An initial bolus of 10 mL/kg normal saline was administered if shock was recognized. Hypoglycemia and dyselectrolytemia were corrected. Antipyretic was administered if needed. (https://www.annalsofian.org/article.asp?issn=0972-2327;year=2017;volume=20;issue=2;spage=142;epage=148;aulast=Santhanam;type=3)</p> <p>Shock was managed appropriately with inotropes. Following inotrope infusion and intubation, if shock persisted, further fluids were given based on etiology. If septic, hypovolemic, or anaphylactic shock was identified, large volumes (>60 mL/kg) of fluid boluses were planned.15 If severe traumatic brain injury, submersion injury, envenomation, or toxin ingestion had preceded SE, the total volume of fluids needed to correct shock was restricted to 20–30 mL/kg.15 (https://www.annalsofian.org/article.asp?issn=0972-2327;year=2017;volume=20;issue=2;spage=142;epage=148;aulast=Santhanam;type=3)</p>	
Minor REVISION comments	<p>The protocol proposal is interesting, however it is necessary to correct the suggestions mentioned in the previous item.</p>	
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>	

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