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**Reference MS 30215: Reply to Doğanay et al.:
“Prehospital shock index in predicting mortality
among patients with COVID-19”**



Consent for publication

All authors read and approved the final manuscript.

Availability of data and material

Not applicable.

Credit authorship contribution statement

Romain Jouffroy: Conceptualization, Writing – original draft, Writing – review & editing. **Elise Brami:** Writing – review & editing. **Marine Scannavino:** Writing – review & editing. **Yann Daniel:** Writing – review & editing. **Kilian Bertho:** Writing – review & editing. **Amandine Abriat:** Writing – review & editing. **Marina Salomé:** Writing – review & editing. **Sabine Lemoine:** Writing – review & editing. **Daniel Jost:** Conceptualization, Writing – original draft, Writing – review & editing. **Bertrand Prunet:** Conceptualization, Writing – review & editing. **Stéphane Travers:** Writing – review & editing.

Declaration of Competing Interest

None author has any conflict of interest to declare.

References

- [1] Doğanay, et al. Prehospital shock index in predicting mortality among patients with COVID-19. *Am J Emerg Med.* 2022;AJEM30215.
- [2] Jouffroy R, Brami E, Scannavino M, Daniel Y, Bertho K, Abriat A, et al. Association between prehospital shock index and mortality among patients with COVID-19 disease. *Am J Emerg Med.* 2022;June(56):133–6. <https://doi.org/10.1016/j.ajem.2022.03.059>.
- [3] Allison T, Wall TC, Spettell CM, Calhoun J, Fargason Jr CA, Kobylinski RW, et al. The art and science of chart review. *Jt Comm J Qual Improv.* 2000;26(3):115–36.
- [4] Gearing RE, Mian IA, Barber J, Ickowicz A. A methodology for conducting retrospective chart review research in child and adolescent psychiatry. *J Can Acad Child Adolesc Psychiatry.* 2006;15(3):126–34.

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Dear Editor,

We thank Doğanay et al. [1] for their interest and relevant comments on our article entitled “Association between prehospital shock index and mortality among patients with COVID-19 disease” [2]. First, we agree that at least two abstractors are required and agree with the recommendation to have four to ensure inter-rater reliability [3]. In our study, one single investigator (EB) supervised the data collection prior to the statistical analysis process in which she did not participate. We did not adequately describe the data collection methodology; the sentence has to be completed as follows “Data collection was performed by a single investigator (EB) using a previously established standardized abstraction template [4]”. Indeed, the investigators were limited in number because they were simultaneously practitioners during the first wave of COVID-19 (March–April 2020). However, the single abstractor remained blind to the study hypothesis to minimize the bias in data abstraction.

We agree that our study population comprises suspected COVID-19 on the base of clinical signs and symptoms, not a PCR COVID test result. We would like to recall the context of the first COVID-19 wave. Indeed, as of March 2020, COVID-19 diagnosis by PCR was not yet well implemented in our district, and a thoracic CT scan was paradoxically easier to perform and often necessary to confirm the pathology. As a result, we could not classify our patients according to PCR diagnosis at that time.

At the end, we agree that the article title should have been “Association between prehospital shock index and mortality among patients with suspected COVID-19”.

Once again, we thank Doğanay et al. [1] for their comments. We believe that communication and exchange between researchers remain essential to improve research, studies report, and clinical practices to provide better care.

Funding

None.

Ethics approval

Not applicable.

Consent to participate

Not applicable.

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2 June 2022