

Author Reply – SOFA-based Prognostication in PICU: A Cardiovascular Critique!

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- True to the query letter to our article, is the paper by Bachmann KF et al. Sequential organ failure assessment (SOFA) score does not hold good in cardiovascular condition prognostication. We had the same findings in our study too. The association between the outcome and effect on the respiratory, cardiovascular, and renal systems was not statistically significant in the study conducted in our hospital, with p -value for the cardiovascular system being 0.04.
- The cardiovascular component of SOFA score does not include milrinone, vasopressin vasoactive agents, which needs to be taken into consideration. So, the SOFA score does definitely show a falsely lower value when these agents used on a patient are not accounted for. In such conditions, vasoactive inotrope score (VIS) by Gales et al. is a better score of choice.
- Our center did not cater to patients requiring continuous renal replacement therapy (CRRT) or extracorporeal membrane oxygenation (ECMO) during their course of illness. Hence, this above-mentioned category of patients has not been included in our study.
- The SOFA score serial analysis done in our center needs to be considered with a pinch of salt in these conditions, and further studies are needed to extrapolate this study in the cardiovascular pediatric intensive care unit (PICU) and in patients requiring CRRT and ECMO for life support.
- Pediatric intensive care unit children requiring extracorporeal therapies like CRRT, ECMO, PLEX, and plasmapheresis were not

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included in our study population, and hence, further studies are warranted to decipher the application of SOFA score-related prognostication in such children.

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