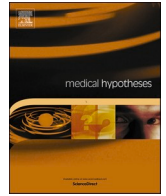




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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## Letter to Editors

## The 'core' of the 'score' (COVID-19)?

Dear Editor,

I read with great interest the hypothesis by Khandelwal and colleagues suggesting that the scoring acronym, COVID-19, can predict the need of tracheal intubation in critically ill patients ailing from SARS-CoV-2 pneumonia [1]. While I appreciate the vision of the authors to formulate a parsimonious scoring system, discrete areas of lack of comprehensiveness and objectivity in the symbolic score, mandate elucidation.

- (i) The component 'I' of the COVID-19 score estimates the inotropic requirement, only to keep those applying the score baffled to the method of accounting for the vasopressor support (vasoplegia being common in settings of systemic inflammation) [2–4].
- (ii) At the same time, lack of a stratified presentation so as to what amounts to a low, moderate or a high inotropic dose, adds to the contextual ambiguity. Alternatively, the authors could have incorporated any of the described versions of inotropic scoring systems to assist the stratification of hemodynamic support [5].
- (iii) In addition, chest X-Ray or CT Scan based component 'D', signifying damage to the lungs (graded as none-minimal, moderate or severe) is also far from objective.

With discernible subjectivity in 2 out of 5 components of the COVID-19 score, a more pragmatic improvisation is doubtlessly warranted while applying the novel score in the critically ill COVID-19 cohort, in

order to strengthen the 'core' of the 'score'.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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