

Reviewer 1 v.1

Comments to the Author

Thank you for this case series regarding the use of HFNC in COVID-19. Here are my remarks:

1. Does this study have a specific ethical approval by your hospital committee?
2. The abstract should be changed. You haven't found any statistical significance, therefore you can't say "Our findings emphasize the role of HFNC that seems to be a preferable choice for treatment of patients with critical COVID-19". I think you should just say that you describe your experience with HFNC and discuss its role in COVID-19 patients.
3. Please review the language, there are several typos such as "...plays e crucial role..." in the abstract.
4. The introduction should be shorter. Practically, you should discuss the burden of hypoxemic respiratory failure in COVID-19 pandemic. The reasons for using other methods than invasive mechanical ventilation (for example, the lack of ventilation and ICU beds...) and a description of the HFNC device and advantages.
5. Please use HFNC rather than HFNO, the former is a bit more standard term throughout the literature.
6. When you discuss the use of HFNC, you should elaborate more about the viral transmission risk. For example, whether to use it only in a negative pressure environment or only where the staff is wearing a full PPE?
7. You should speak about patient safety. In your case series, one might ask why haven't you intubated a severe hypoxemic patients who failed NIV/CPAP? Please suggest what kind of monitoring should be employed when using HFNC.
8. Please change the "...elderly and lonely..." in the discussion. If a patient is lonely, it doesn't mean that he/she is not for full quality of treatments including intubation.
9. I think that you should use this small case series for a review of the HFNC use in the COVID-19 pandemic.

Thank you.