

## Peer review file

**Article information:** <http://dx.doi.org/10.21037/tp-20-374>

**Comment 1:** Title seems little loud for a medical journal and also does not seem to fit the message. We are pushing fluids and giving vasopressors to support rather than make anything fall.

**Reply 1:** We are very sorry, there may have been a misunderstanding. We found the following sentence inserted into the title of the external review manuscript.

**Page 1, line 1** “All empires fall, you just have to know where to push.”

This sentence was not in our original manuscript. We wonder if it was caused by a computer virus. We had to delete this sentence. We have modified our text (please see page 1 line 1 and highlight in yellow).

If we still have misunderstandings, please do not hesitate to let us know. We will revise them.

**Changes in the text:** In line 1 of page 1 of the revised version, we have deleted the sentence “All empires fall, you just have to know where to push.”

**Comment 2:** Page 2, Line 42. In place of “inform”, I think “determine” would be a better fit

**Reply 2:** Thanks very much. We have modified our text as advised (please see page 2 line 42 and highlight in yellow)

**Changes in the text:** In line 42 of page 2 of the revised version, we have deleted the word "inform" and added the word "determine".

**Comment 3:** Page 2, line 51. Add “which” after “HM”

“advanced HM which included central venous pressure (56.0%), cardiac output (53.5%)...”

**Reply 3:** Thanks. We have modified our text as advised (please see page 2 line 51 and highlight in yellow)

**Changes in the text:** In line 51 of page 2 of the revised version, we have added the word "which" after “HM”.

**Comment 4:** Page 2, line 56. Add assessment after (FR-VS)

**Reply 4:** Thanks. We have modified our text as advised (please see page 2 line 56 and highlight in yellow)

**Changes in the text:** In line 56 of page 2 of the revised version, we have added the word "assessment" after “(FR-VS)”.

**Comment 5:** Page 2, line 59. Change “was” to “is”

**Reply 5:** Thanks very much. We have modified our text as advised (please see page 2 line 59)

and highlight in yellow)

**Changes in the text:** In line 59 of page 2 of the revised version, we have deleted the word "was" and added the word "is".

**Comment 6:** Page 2, line 75. Remove “and” before “German”

**Reply 6:** Thanks. We have modified our text as advised (please see page 2 line 75 and highlight in yellow)

**Changes in the text:** In line 75 of page 2 of the revised version, we have deleted the word "and" before “German”.

**Comment 7:** Page 3, line 86. Remove the word “form”

**Reply 7:** Thanks. We have modified our text as advised (please see page 3 line 86 and highlight in yellow)

**Changes in the text:** In line 86 of page 3 of the revised version, we have deleted the word "form".

**Comment 8:** Page 3, line 96. Replace “into” with “in”

**Reply 8:** Thanks very much. We have modified our text as advised (please see page 3 line 96 and highlight in yellow)

**Changes in the text:** In line 96 of page 3 of the revised version, we have deleted the word "into" and added the word "in".

**Comment 9:** Page 3, line 107. In place of “we will remind it again”, put “a reminder would be sent”

**Reply 9:** Thanks very much. We have modified our text as advised (please see page 3 line 107 and highlight in yellow)

**Changes in the text:** In line 107 of page 3 of the revised version, we have deleted the 5 words "we will remind it again" and added the 5 words "a reminder would be sent".

**Comment 10:** Page 3, line 111. In place of “arterial pressure”, “blood pressure” would be more appropriate

**Reply 10:** Thanks very much. We have modified our text as advised (please see page 3 line 111 and highlight in yellow)

**Changes in the text:** In line 111 of page 3 of the revised version, we have deleted the word "arterial" and added the word "blood".

**Comment 11:** Invasive arterial pressure would be considered an advance monitoring. What there a particular rationale why invasive arterial pressure monitoring was included in basic

monitoring?

**Reply 10:** Thanks very much. Blood pressure is one of the four vital signs (heart rate, respiration, blood pressure, and body temperature). Therefore, in this study blood pressure was used as basic hemodynamic monitoring index, whether from invasive or non-invasive monitoring.

**Comment 12:** Page 4, line 119. Add “were” after “HM”

“All advanced were HM obtained.....”

**Reply 12:** Thanks very much. We have modified our text as advised (please see page 4 line 119 and highlight in yellow)

**Changes in the text:** In line 119 of page 4 of the revised version, we have added the word "were" after “HM”.

**Comment 13:** Page 4, line 139. Remove “for every item”

**Reply 13:** Thanks. We have modified our text as advised (please see page 4 line 139 and highlight in yellow)

**Changes in the text:** In line 139 of page 4 of the revised version, we have deleted the 3 words "for every item".

**Comment 14:** Throughout the article, the term used non-invasive hemodynamic monitoring has been used to describe some advanced measures collectively, like, bedside echo, Ultrasound cardiac monitoring etc. The word non-invasive gives a false impression of lesser monitoring so I would recommend to reword it to “non-invasive advanced monitoring”.

**Reply 14:** Thanks very much for your very meaningful comments and suggestions. We have modified our text as advised (please see page 5 line 169-172 and highlight in yellow)

**Changes in the text:** In line 169-172 of page 5 of the revised version, we have added the 3 words "advanced".

**Comment 15:** Page 6, line 191-192. It is not clear which “both” devices are being talked about. It is also not clear what “non-invasive and less invasive” is being referred to. In the article, it has not been clarified earlier what non-invasive and less invasive should refer to. This creates some confusion while reading.

**Reply 15:** Thank you for your very meaningful comments and suggestions. We have added the description of invasive and non-invasive hemodynamic monitoring methods in the section "Methods". Bioreactance and ultrasound technology were described as non-invasive HM methods and transpulmonary thermodilution was an invasive procedure. In Page 6 line 191-192, two non-invasive HM devices were bedside echocardiography and NICOM. We have modified our text as advised (please see page 3 line 121-122 and highlight in yellow).

**Changes in the text:** In line 121-122 of page 3 of the revised version, we have added the sentence "Bioreactance and ultrasound technology were non-invasive HM methods and

transpulmonary thermodilution was an invasive procedure."

**Comment 16:** Page 6, line 206. Please add "on" after "based"

**Reply 16:** Thanks very much. We have modified our text as advised (please see page 6 line 206 and highlight in yellow)

**Changes in the text:** In line 206 of page 6 of the revised version, we have added the word "on" after "based".

**Comment 17:** Page 6. I would remove line 208 to 210 because it appears redundant as it has been already discussed in result section.

"The survey showed that 53.5% of respondents reported using cardiac function indicators as advanced HM, 61.1% reported using non-invasive HM devices in their hospitals, and 49.7% reported performing fluid responsiveness and volume status (FR-VS) assessments"

**Reply 17:** Thanks. This sentence is really redundant and we have deleted the sentence. We have modified our text as advised (please see page 6 line 208-210 and highlight in yellow)

**Changes in the text:** We have deleted the sentence in line 208-210 of page 6 in the revised version.

**Comment 18:** Page 6. Also remove line 212-213. It has been discussed earlier too.

In our survey, basic HM consisted electrocardiogram, blood pressure measurements, pulse oximetry, CRT, blood lactic acid level and urine output measurement.

**Reply 18:** Thanks very much. We have deleted the sentence. We have modified our text as advised (please see page 6 line 212-213 and highlight in yellow)

**Changes in the text:** We have deleted the sentence in line 212-213 of page 6 in the revised version.

**Comment 19:** Page 7, line 243. Transpulmonary thermodilution is an invasive procedure. It is mistakenly described here as a less invasive method. Please correct that.

**Reply 19:** Thanks very much. We have modified our text as advised (please see page 7 line 243 and page 6 line 192, both highlight in yellow)

**Changes in the text:** In line 192 of page 6 and line 243 of page 7 of the revised version, we have deleted the word "less".

**Comment 20:** Page 7, line 251-252. Please change "had" to 'have". This line also is not clear to me that what you are trying to convey. Please reword this line.

"However, several studies (7,11,15) had reported the gap between the high availability and the strong recommendations (22,23) of noninvasive HM and their actual low clinical use in patients, which were out of our declarative data description."

**Reply 20:** Thanks very much. We have modified our text as advised (please see page 7 line

251-252 and highlight in yellow). We attempt to convey the idea that there are several studies suggesting a gap between the high availability of noninvasive HM and the actual low clinical use in patients, and a gap between the strong recommendations of noninvasive HM and the actual low clinical use in patients. We hope that the revised sentence will make our expression clear.

**Changes in the text:** In line 251 of page 7 of the revised version, we have deleted the word and numbers “<sup>(7,11,15)</sup> had” and added the word “have”. In line 252 of page 7, we have deleted the word “and” and added the numbers and word “<sup>(7,11,15)</sup> or”.

**Comment 21:** Page 8, line 285. Please reword the sentence. “general level” of clinicians, does not sound appropriate. I would say “a simple method was used to assess the consensus on clinicians’ practices”

**Reply 21:** Thanks very much. We have modified our text as advised (please see page 8 line 285 and highlight in yellow).

**Changes in the text:** In line 285 of page 8 of the revised version, we have deleted the 6 words “identify the “general level” of clinicians” and added the 6 words “assess the consensus on clinicians’ practices”.

**Comment 22:** The article is survey based and the data is from one-time response form the critical care practitioners as per their feel about what they think is the proportion of different kind of monitoring happening generally. There is a very strong possibility that it may differ from actual practice situation. It would be more useful for the readers if the authors can propose a more sensitive way to find out an actual prevalence of these monitoring in real practice scenarios. I would think that a multicenter study either prospective or a retrospective data review would a stronger study. But overall, this is a very well thought study design to give us a rough idea about current practices.

**Reply 22:** Thanks very much. This is very good advice. We believe too that a multicenter study, either prospective or retrospective data review, would be a stronger study to find out an actual prevalence of HM in real practice scenarios. We have modified our text as advised (please see page 8 line 285 and highlight in yellow).

**Changes in the text:** In line 286-287 of page 8 of the revised version, we have added the sentence “A multicenter study either prospective or retrospective data review would be a stronger study to find out an actual prevalence of HM in real practice scenarios.”.