

## REVIEWER'S REPORT

Manuscript No.: IJAR-52150

Date: 10.06.2025

**Title:** Antibigram of Bacterial Isolates from Critical Care Patients in Sharda Hospital - A Tertiary Care Hospital.

### Recommendation:

Accept as it is .....

**Accept after minor revision.....**

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality	Excel.			
Clarity	Excel.			
Significance		Good		

Reviewer Name: Mittameedi Chandra Mohan

Date: 10.06.2025

### Reviewer's Comment for Publication.

*(To be published with the manuscript in the journal)*

*The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.*

The study highlights the dominance of Gram-negative pathogens in ICU infections, with respiratory samples contributing the highest number of isolates. The frequent identification of pathogens underscores the growing challenge of antimicrobial resistance in critical care. These results emphasize the need for ongoing surveillance and the use of local antibiograms to guide empirical therapy and strengthen antimicrobial stewardship practices.

## **REVIEWER'S REPORT**

### **Comment 1:**

In line 204 to 214, the comparisons with previous studies (Negm et al., Savanur & Gururaj) are presented descriptively but lack critical interpretation. Please provide a brief analysis of why differences in isolate frequencies may occur, example - variations in patient populations, ICU settings.

### **Comment 2:**

In the discussion, consider including a brief comment on the implications of these findings for empirical therapy in bloodstream infections—particularly the importance of covering both Gram-positive and Gram-negative organisms in ICU settings.

### **Comment 3:**

In summary and conclusion, while the data is clearly presented, the section would benefit from deeper interpretation particularly regarding the clinical significance of the high prevalence of *E. coli* and *Acinetobacter spp.* in ICU settings. It would be valuable to discuss whether these findings align with national or regional surveillance trends, and what factors might be contributing to their dominance in this patient population.