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Authors' response

We thank Al-Mendalawi for his interest in our study[1]. Our study[2] was carried out in a public hospital in India, which mainly provides care to children from the disadvantaged sections of the society. Although obesity in children is an emerging problem worldwide, none of the study participants was obese.

Some studies have shown that the Pediatric Advanced Weight Prediction in the Emergency Room (PAWPER) tape is more accurate in predicting the correct weight as compared to Broselow tape[3-5]; others have suggested that the PAWPER tape has not been able to replicate its initial impressive performance[6] and that none of the currently available methods is optimum[5]. Adjusting the estimated weight based on body habitus seems to be theoretically advantageous, but Georgoulas and Wells[4] have stated that such adjustments have had only a minimal impact on the overall performance of the PAWPER tape.

We are unable to state equivocally if PAWPER tape provides more accurate estimation of children's weight than the Broselow tape in our population or in obese children, as we have not done a head-to-head comparison. It is a research question worth exploring in Indian paediatric population.

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