Study name or number:			
Population: Adults and children aged > 2 years receiving general anaesthesia for surgery. Not included: Patients receiving sedation in settings such as intensive care or high-dependency units; Healthy volunteers, or non-surgical anaesthesia (e.g. diagnostic investigations); Patients receiving only regional or local anaesthesia.	Yes ↓ next question	Unclear ↓ next question	No → EXCLUDE1
Technology: Any of the following: E-Entropy ^b BIS Narcotrend Comparators: Standard clinical observation, ^c including one or more of the following markers: end-tidal anaesthetic gas concentrations/MAC (for inhaled anaesthesia) heart rhythm blood pressure oxygen levels (pulse oximeter) lacrimation sweating	Yes ↓ next question	Unclear ↓ next question	No → EXCLUDE2
Outcomes: One or more of the following: Probability of intraoperative awareness Patient distress and sequelae resulting from intraoperative awareness Recovery status (e.g. Aldrete scoring system) Time to emergence from anaesthesia Time to extubation Time to discharge from the recovery room Consumption of anaesthetic agents Morbidity and mortality including postoperative cognitive dysfunction from anaesthetic agents, use of pain-relieving drugs, use of antibiotics, use of antisickness drugs and muscle relaxants. HRQoL	Yes ↓ next question	Unclear	No → EXCLUDE3
Study design: RCT; quasi-randomised or non-RCT; controlled before and after study ^d Systematic reviews to be retrieved for reference checking only Conference abstracts prior to 2010 not for inclusion English language only	Yes ↓ next question	Unclear	No → EXCLUDE4
Final decision	INCLUDE	UNCLEAR	EXCLUDE

a In some cases diagnostic instruments can also be used surgically to treat a condition (e.g. endoscopy). If it is unclear whether or not such an instrument has been used for treatment retrieve the paper for further inspection.

(Discuss)

- b Also includes M-Entropy.
- c Studies may use a variety of terms to describe this including 'conventional clinical variables', 'standard practice', 'clinical assessment', 'and haemodynamic parameters'. They may not always define which markers they assessed in which case retrieve the paper for further inspection.
- d Once screening on title/abstract is complete, only include non-RCT for a technology if no RCT have already been identified.