

Supplementary File-1. Summaries of all recommendations.

SCENARIO-1	
COMPARISON OF NIMV, HFNO, AND CONVENTIONAL TECHNIQUES FOR PREOXYGENATION	
During the preoxygenation phase of rapid sequence intubation in the emergency department, is there a difference in oxygenation success (incidence of severe hypoxia) among noninvasive mechanical ventilation, high-flow nasal oxygen, face mask, and conventional techniques?	
Levels of Recommendation and Recommendations	Level of Evidence
Moderate	
For adult patients in the emergency department with severe hypoxemia or a high risk of hypoxia, preoxygenation with noninvasive mechanical ventilation is recommended during rapid sequence intubation instead of a standard face mask or bag-valve mask.	Moderate
Weak	
In the emergency department, for patients with severe hypoxemia or a high risk of hypoxia undergoing rapid sequence intubation, high-flow nasal oxygen therapy may be used as an alternative for preoxygenation when noninvasive mechanical ventilation is not feasible.	Very low

SCENARIO-2	
APNEIC OXYGENATION	
During rapid sequence intubation in the emergency department, is apneic oxygenation used in addition to standard preoxygenation practices an effective and safe treatment option in terms of the incidence of severe hypoxia ($\text{SpO}_2 < 80\%$) and the lowest SpO_2 value as outcomes?	
Levels of Recommendation and Recommendations	Level of Evidence
Moderate	
We do not recommend the routine use of apneic oxygenation in addition to preoxygenation during rapid sequence intubation in the emergency department.	Moderate
Expert Opinion: In patients at high risk of hypoxemia who receive high-flow nasal oxygen therapy during the preoxygenation phase, continuation of oxygenation with high-flow nasal oxygen during the apneic period may be considered.	

SCENARIO-3
COMPARISON OF GUM ELASTIC BOUGIE AND STANDARD INTUBATION

During intubation in the emergency department, does the use of a gum elastic bougie, compared with standard intubation (with or without a stylet), increase first-attempt intubation success and affect intubation duration?

Levels of Recommendation and Recommendations	Level of Evidence
Moderate	
In adult patients with a predicted difficult airway in the emergency department, the use of a gum elastic bougie is recommended instead of standard intubation (with or without a stylet).	Low
Weak	
Routine use of a gum elastic bougie may be considered during adult patient intubation in the emergency department.	Low

SCENARIO-4

PUSH-DOSE VASOPRESSOR ADMINISTRATION DURING RAPID SEQUENCE INTUBATION

In adult patients in the emergency department who are hypotensive or at high risk of hypotension, does administration of a push-dose vasopressor (phenylephrine, epinephrine, etc.) during or immediately before rapid sequence intubation, in addition to standard treatments, reduce the incidence of peri-intubation hypotension and improve clinical outcomes?

RECOMMENDATION
Because the available evidence in the literature is indirect and of low quality and is insufficient to adequately answer this question, the panel makes no recommendation for or against this intervention.
Expert Opinion: Although the panel chose not to make a recommendation on this issue, it is known that push-dose vasopressor therapy is used in certain clinician-specific practices. Based on this, the panel believes that each institution should determine, through its own local clinical policy, whether push-dose vasopressors should be administered during rapid sequence intubation in critically ill adult patients who are hypotensive or at risk of hypotension.

SCENARIO-5

KETAMINE USE IN PATIENTS AT RISK OF INCREASED INTRACRANIAL PRESSURE

In the emergency department management of adult patients at risk of increased intracranial pressure, is ketamine use during rapid sequence intubation a safe option?

Levels of Recommendation and Recommendations	Level of Evidence
Moderate Against	
Concerns that ketamine use during rapid sequence intubation causes an increase in intracranial pressure in patients with acute brain injury who are at risk of elevated intracranial pressure are anecdotal, and the current literature does not	Very low

support this concern. Therefore, we do not support avoiding ketamine solely due to concerns about increased intracranial pressure.

