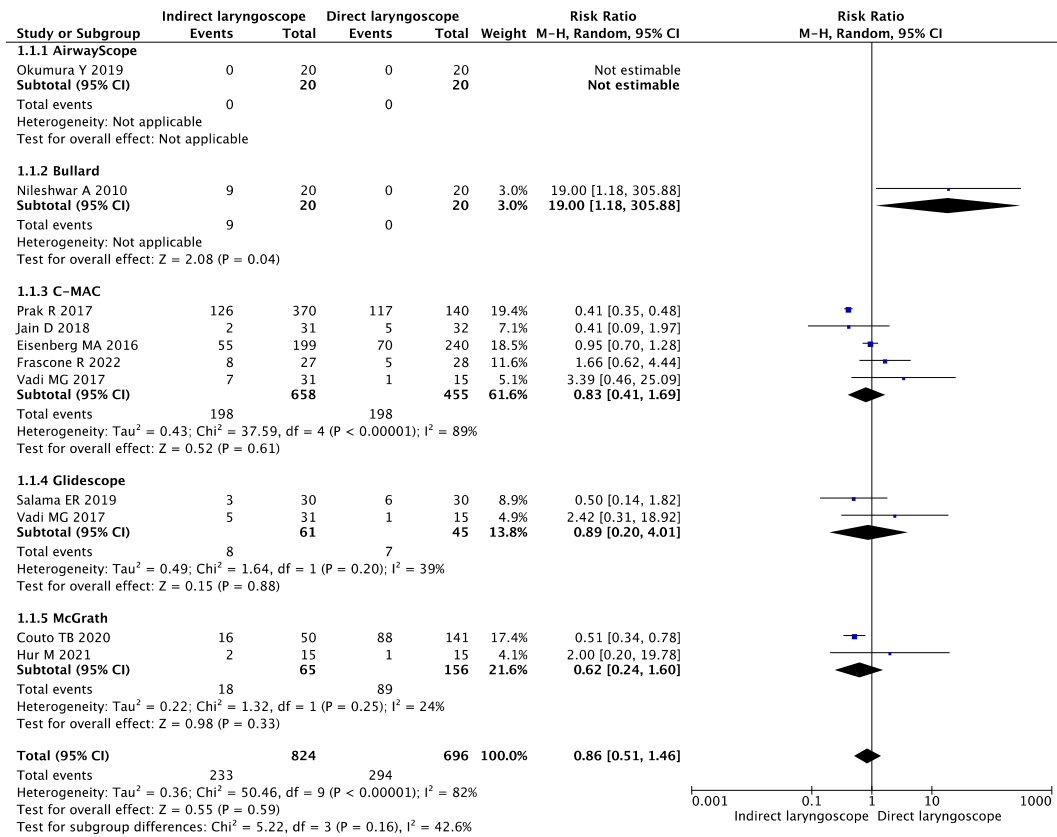


Supplemental File

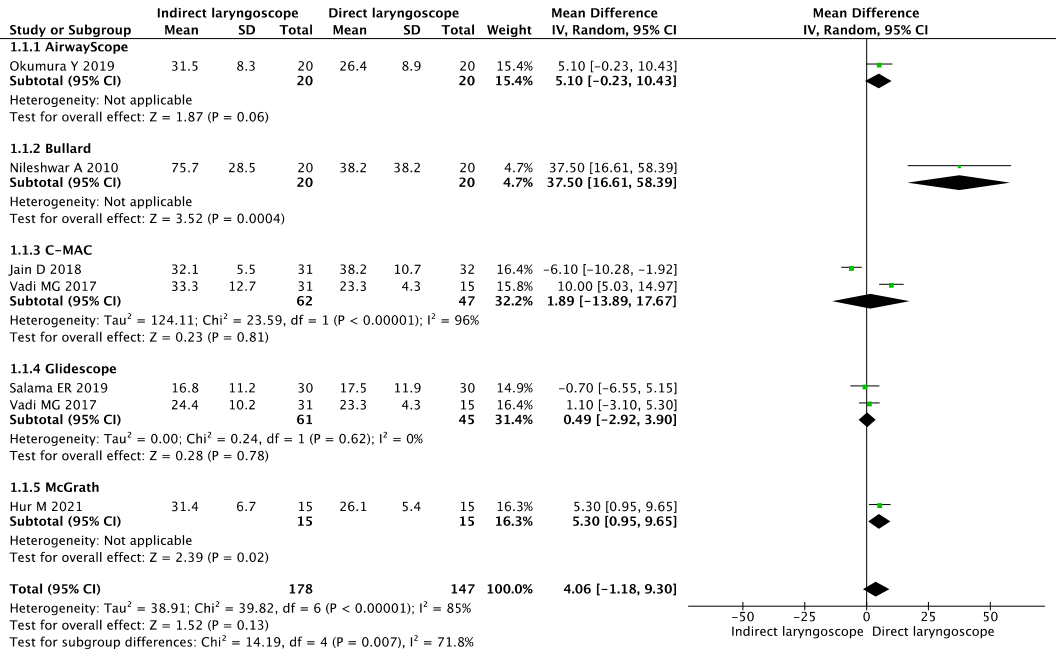
Supplemental S1. The risks of bias was estimated in the following methodological domains: sequence generation; allocation concealment; blinding of participants; incomplete outcome data; selective outcome reporting; and other potential threats to validity.

Supplemental S2. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was applied with GRADEpro software (version 3.6 for Windows; available from <http://ims.cochrane.org/revman/grade>) to assess the quality of evidence of the main outcomes. Furthermore, the quality of evidence was based on the presence or absence of the following variables: limitations of the study design, inconsistency, indirectness, imprecision of the results and publication bias. The quality of evidence for the main outcomes was graded as very low, low, moderate or high.

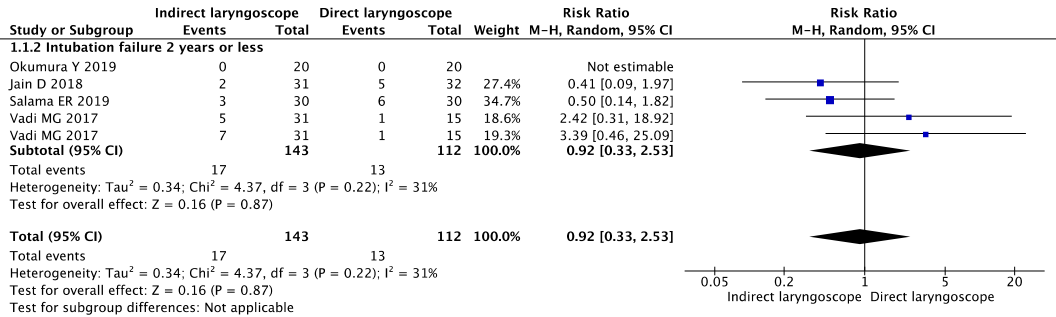
Supplemental S3. Forest plot comparing the intubation failure for individual indirect and direct laryngoscopes.



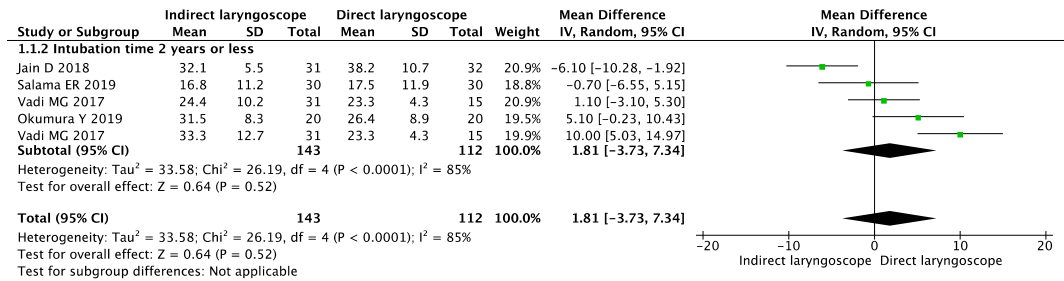
Supplemental S4. Forest plot comparing the intubation time for individual indirect and direct laryngoscopes.



Supplemental S5. Forest plot comparing the intubation failure between indirect and direct laryngoscopes for patients under 2 years or less.



Supplemental S6. Forest plot comparing the intubation time between indirect and direct laryngoscopes for patients under 2 years or less.



Supplemental S7. Forest plot comparing the intubation failure for indirect and direct laryngoscopes in prospective and retrospective studies.

