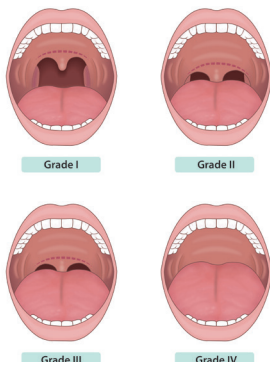


**Supplementary file 1.** Pre-Screening Chart

Registration no.		Examination date	/ / / (YYYY/MM/DD)
Name	( <input type="checkbox"/> Outpatient <input type="checkbox"/> Ward)	Sex/Age	/
		Height/Weight	cm / kg
Type of procedure	<input type="checkbox"/> EGD <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> Others ( )		
High-risk procedure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible	
Patient verification (did you accurately identify the patient by his/her name and registration number?)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Consent form		Examination date	/ / / (YYYY/MM/DD)
Accompanied by a guardian	( <input type="checkbox"/> Outpatient <input type="checkbox"/> Ward)	Sex/Age	/
Bowel preparation	<input type="checkbox"/> EGD <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> Others ( )		
Pre-sedation checklist	Clear consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>ASA Classification</p> <input type="checkbox"/> Class I - A normal healthy fit patient <input type="checkbox"/> Class II - A patient with mild systemic disease <input type="checkbox"/> Class III - A patient with severe systemic disease <input type="checkbox"/> Class IV - A patient with severe systemic disease that is a constant threat to life <input type="checkbox"/> Class V - A moribund patient who is not expected to survive without the operation <input type="checkbox"/> Class E - Emergency surgery <p>Mallampati classification</p> 
	Good vital signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Previous sedation-related problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Allergy to sedatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ASA Class	Grade <input type="checkbox"/>	
	Mallampati score	Grade <input type="checkbox"/>	
<b>Disease history</b>			
① History of neck surgery (including the pharyngolarynx)	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑨ Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Liver cirrhosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑩ Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Heart failure	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑪ Cerebrovascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Bleeding tendency disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑫ Glaucoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Renal insufficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑬ Prostate hypertrophy	<input type="checkbox"/> Yes <input type="checkbox"/> No

⑥ Artificial valve/pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑭ Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑦ History of endocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No	What are you allergic to?	
⑧ Asthma/COPD	<input type="checkbox"/> Yes <input type="checkbox"/> No	⑮ Other agents	
<b>Medication history</b>			
① Antiplatelet/Anticoagulant	<input type="checkbox"/> Yes <input type="checkbox"/> No	② Insulin/Oral hypoglycemic agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Aspirin <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Anticoagulant (drug name:        ) <input type="checkbox"/> Other agents (drug name:        )		④ Antidepressant(s)/Sedative(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		⑤ Other drugs	
Have you discontinued the use of the drug(s) indicated above?	<input type="checkbox"/> Yes, from ( ) day ago <input type="checkbox"/> No	Recorded by (Name)	

ASA, American Society of Anesthesiologists; COPD, chronic obstructive pulmonary disease; EGD, esophagogastroduodenoscopy.