## Methods Supplement

Based on the key question, included studies, clinical and methodological diversity, we pooled study results in either pairwise or network meta-analyses. Random effects models were fitted given the goal of estimating unconditional effects (i.e., effects not relevant only to the pooled studies).1 For binomial outcomes, default models used the Mantel-Haenszel method and Paule-Mandel estimator2 for between-study variance. Meta-analyses of train-of-four ratio confirmation before extubation were fitted with generalized linear mixed models3 (sensitivity analyses conducted with an arcsine transformation). Continuous outcomes meta-analyses used inverse variance weighting and the restricted maximum-likelihood estimator for between-study variance. When five or more studies were pooled, we applied the Hartung-Knapp adjustment (with exceptions noted).4 Network meta-analyses were conducted using frequentist methods with consistency examined by comparing direct to indirect evidence.5

When means and standard deviations were unavailable for continuous outcomes, and authors reported medians, interquartile and/or overall ranges for the effects of interest, they were imputed.6 If necessary, *P*-values were used to estimate missing standard deviations.7 We pooled relative effects as risk ratios for clinical interpretability8 and continuous outcomes as mean differences. Statistical heterogeneity was examined using between study variance and *I*2.9 As appropriate for the number of included studies (e.g., 10 or more), small-study effects and the potential for publication bias were examined using funnel plots (comparison-adjusted for network meta-analyses) and regression-based tests.10

## References

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