OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:

Peer Review

Anesthesiology and Pain Medicine
Article DOI: https://doi.org/10.5812/aapm-132607
Published in: Anesthesiology and Pain Medicine: 12(5) ; e132607

Peer Review Report for "Comparison of Intravenous Versus Nebulized Dexmedetomidine for Laryngoscopy and Intubation-Induced Sympathoadrenal Stress Response Attenuation"

Author(s): Vishwadeep Singh, Akhilesh Pahade, Ashita Mowar

Review Timeline:

Submit Date:	29 Oct 2022
Revised Date:	7 Nov 2022
Accepted Date:	8 Nov 2022

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE : Reviewer — 2 Nov 2022

Dear Authors
please
References 6, 7, 9, and 19 should be updated.

Parisa Bahmani : Associate Editor — 2 Nov 2022

Dear EIC,
The manuscript needs revision. Author should revise it based on comments.

Mahmood Reza Alebouyeh : EIC

2 Nov 2022

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to reviewer queries

S no	CHANGES SUGGESTED	CHANGES MADE
1.	Reviewer 1 This is a great and novel manuscript and I suggest fast accept	Thank you, sir, for the appreciation and recommendation
2.	Reviewer 2 Dear Authors please references 6, 7, 9, 19 should be updated	References 6,7,9,19 have been updated, and checked and verified from the parent publication and pubmed

OPEN PEER REVIEW

Revision (1)

REFEREE : Reviewer — 6 Nov 2022

Dear Authors
The highlighted references are very old and must be selected from 2015.
The title is more than 15 words.
The response letter to the referee should be attached.

Parisa Bahmani : Associate Editor — 6 Nov 2022

Dear EIC,
The manuscript still needs revision.

Mahmood Reza Alebouyeh : EIC — 6 Nov 2022

Dear Author,
Please revise manuscript based on comments accurately.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response to reviewer queries

QUERIES SUGGESTED	CHANGES MADE
1. Title is more than 15 words	Title has been modified and corrected title is of 15 words only. New Title is A Comparison of Intravenous versus Nebulised Dexmedetomidine for Laryngoscopy-Intubation Induced Sympathoadrenal Stress Response Attenuation
2. Highlighted references are very old and must be selected from 2015	Sir the references and corresponding text have been modified without changing the meaning of the manuscript. Fresh references are from after 2015 6. Ismail, E.A., Mostafa, A.A., Abdelatif, M.M. Attenuation of hemodynamic response to laryngoscopy and endotracheal intubation with single dose dexmedetomidine in controlled hypertensive patients: prospective randomized double-blind study. Ain-Shams J Anesthesiol. 2022;14: Article no: 57 7. Arora V, Awasthi G, Singh RB, Singh V. Study of attenuation of hemodynamic response to laryngoscopy and endotracheal intubation using intra-oral ivabradine. Anesth Essays Res 2019;13:138-43 9. Messeha MM, El-Morsy GZ. Comparison of intranasal dexmedetomidine compared to midazolam as a premedication in pediatrics with congenital heart disease undergoing cardiac catheterization. Anesth Essays Res 2018;12:170-5 19. Longrois D, Petitjeans F, Simonet O, et al. Clinical Practice: Should we Radically Alter our Sedation of Critical Care Patients, Especially Given the COVID-19 Pandemics? Romanian Journal of Anaesthesia and Intensive Care. 2020 Dec;27(2):43-76

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Revision (2)

REFEREE : Reviewer — 8 Nov 2022

I have no comment and thank you.

Parisa Bahmani : Associate Editor — 8 Nov 2022

Dear EIC,
The manuscript is acceptable now.

Mahmood Reza Alebouyeh : EIC — 8 Nov 2022

Dear Author,
Thank you for revising the manuscript. I is ready for publishing.