

Appendix 2

Excluded reference	Reason for exclusion
Allison K, Porter K. Consensus on the pre-hospital approach to burns patient management. <i>Injury</i> 2004; 35: 734-8.	Ketamine not central in the text
Anonymous. Comments on the recommendations of the German Medical Society dated October 20, 2003 on the administration of analgesics by paramedics in emergency situations. <i>Notarzt</i> 2005; 21: 81-82.	Excluded due to language restrictions
Ansem RP, Hartman JA, Foudraine JF, van Loenen E, Rutten FL. [Analgetic ketamine feasible in ambulance emergency care]. <i>Ned Tijdschr Geneeskd</i> 1994; 138: 2301-4.	Excluded due to language restrictions
Ardeel E. Adverse effects following prehospital use of ketamine by paramedics. <i>Acad Emerg Med</i> 2012; 19: S269-S70.	Letter
Aries P, Montelescaut E, Pessey F, Danguy des Deserts M, Giacardi C. Pre-hospital emergency medicine: pain control. <i>Lancet</i> 2016; 387: 747.	Ketamine not central in the text
Arroyo-Novoa CM, Figueroa-Ramos MI, Miaskowski C, Padilla G, Paul SM, Rodriguez-Ortiz P, Stotts NA, Puntillo KA. Efficacy of small doses of ketamine with morphine to decrease procedural pain responses during open wound care. <i>Clin J Pain</i> 2011; 27: 561-6.	Patient population did not match the criteria
Barrett TW, Schriger DL. Move over morphine: Is ketamine an effective and safe alternative for treating acute pain? Answers to the September 2015 journal club. <i>Ann Emerg Med</i> 2016; 67: 289-94.	Setting did not match the criteria
Berg C. Out-of-hospital ketamine for pain, agitation, and airway intervention is safe and effective. <i>Ann Emerg Med</i> 2015; 66: S32.	Study design did not match the criteria
Bredmose PP, Grier G, Davies GE, Lockey DJ. Pre-hospital use of ketamine in paediatric trauma. <i>Acta Anaesthesiol Scand</i> 2009; 53: 543-5.	Patient population did not match the criteria

Bredmose PP, Lockey DJ, Grier G, Watts B, Davies G. Pre-hospital use of ketamine for analgesia and procedural sedation. <i>EMJ</i> 2009; 26: 62-4.	Study design did not match the criteria
Brokmann JC, Rossaint R, Hirsch F, Beckers SK, Czaplik M, Chowanetz M, Tamm M, Bergrath S. Analgesia by telemedically supported paramedics compared with physician-administered analgesia: A prospective, interventional, multicentre trial. <i>Eur J Pain</i> 2016; 20: 1176-84.	Ketamine not central in the text
Butler FK, Kotwal RS, Buckenmaier CC, 3rd, Edgar EP, O'Connor KC, Montgomery HR, Shackelford SA, Gandy JV, 3rd, Wedmore IS, Timby JW, Gross KR, Bailey JA. A triple-option analgesia plan for tactical combat casualty care: TCCC guidelines change 13-04. <i>J Spec Oper Med</i> 2014; 14: 13-25.	Study design did not match the criteria
Castle N, Naidoo R. Achieving prehospital analgesia. <i>EMJ</i> 2012; 29: 765-6.	Setting did not match the criteria
Castren M, Lindstrom V, Branzell JH, Niemi-Murola L. Prehospital personnel's attitudes to pain management. <i>Scand J Pain</i> 2015; 8: 17-22.	Study design did not match the criteria
Chesters A, Webb T. Ketamine for procedural sedation by a doctor-paramedic prehospital care team: a 4-year description of practice. <i>Eur J Emerg Med</i> 2015; 22: 401-6.	Patient population did not match the criteria
Corrigan M, Wilson SS, Hampton J. Safety and efficacy of intranasally administered medications in the emergency department and prehospital settings. <i>Am J Health Syst Pharm</i> 2015; 72: 1544-54.	Study design did not match the criteria
Domonoske B, Gunter R, Love J. Ketamine may increase the risk of PE in selected trauma patients. <i>Crit Care Med</i> 2014; 42: A1610.	Setting did not match the criteria
Domonoske B, Love J. Ketamine reduces the incidence of VTE in selected trauma patients. <i>Crit Care Med</i> 2013; 41: A55.	Setting did not match the criteria
Eidenbenz D, Taffe P, Hugli O, Albrecht E, Pasquier M. A two-year retrospective review of the determinants of pre-hospital analgesia administration by alpine helicopter	Study design did not match the criteria

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Ellerton J, Paal P, Brugger H. Prehospital use of ketamine in mountain rescue. <i>EMJ</i> 2009; 26: 760-1.	Letter
Fisher AD, Rippee B, Shehan H, Conklin C, Mabry RL. Prehospital analgesia with ketamine for combat wounds: a case series. <i>J Spec Oper Med</i> 2014; 14: 11-7.	Study design did not match the criteria
Galinski M, Hoffman L, Bregeaud D, Kamboua M, Ageron FX, Rouanet C, Hubert JC, Istria J, Ruscev M, Tazarourte K, Pevirieri F, Lapostolle F, Adnet F. Procedural sedation and analgesia in trauma patients in an out-of-hospital emergency setting: A prospective multicenter observational study. <i>Prehosp Emerg Care</i> 2018; 22: 497-505.	Patient population did not match the criteria
Gausche-Hill M, Brown KM, Oliver ZJ, Sasson C, Dayan PS, Eschmann NM, Weik TS, Lawner BJ, Sahni R, Falck-Ytter Y, Wright JL, Todd K, Lang ES. An evidence-based guideline for prehospital analgesia in trauma. <i>Prehosp Emerg Care</i> ; 18 25-34.	Study design did not match the criteria
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Guldner GT, Petinaux B, Clemens P, Foster S, Antoine S. Ketamine for procedural sedation and analgesia by nonanesthesiologists in the field: a review for military health care providers. <i>Mil Med</i> 2006; 171: 484-90.	Patient population did not match the criteria
Gurnani A, Sharma PK, Rautela RS, Bhattacharya A Analgesia for acute musculoskeletal trauma: low-dose subcutaneous infusion of ketamine. <i>Anaesth Intensive Care</i> 1996; 24: 32-6	Patient population did not match the criteria
Henderson L. Special K for special situations. A review of ketamine for prehospital use. <i>JEMS</i> 2016; 41: 58-60.	Study design did not match the criteria

Hossfeld B, Holstrater S, Bernhard M, Lampl L, Helm M, Kulla M. Prehospital analgesia in adults. <i>Anesthesiol Intensivmed Notfallmed Schmerzther</i> 2016; 51: 84-96.	Excluded due to language restrictions
Iqbal M, Spaight PA, Siriwardena AN. Patients' and emergency clinicians' perceptions of improving pre-hospital pain management: A qualitative study. <i>EMJ</i> 2013; 30: e18.	Ketamine not central in the text
Jansen A, Boyle M. Prehospital pain relief, where are we now? A review of the literature. <i>Australas J Paramed</i> 2014; 11: 20.	Ketamine not central in the text
Jennings PA, Cameron P, Bernard S. Ketamine as an analgesic in the pre-hospital setting: a systematic review. <i>Acta Anaesthesiol Scand</i> 2011; 55: 638-43.	Study design did not match the criteria
Jennings PA, Cameron P, Bernard S. Determinants of clinically important pain severity reduction in the prehospital setting. <i>EMJ</i> 2012; 29: 333-34.	Ketamine not central in the text
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Johansson J, Sjoberg J, Nordgren M, Sandstrom E, Sjoberg F, Zetterstrom H. Prehospital analgesia using nasal administration of S-ketamine--a case series. <i>Scand J Trauma Resusc Emerg Med</i> 2013; 21: 38.	Study design did not match the criteria
Kovar JL, Gleisberg GR, Ardeel ER, Basnawi A, Escott MEA. Hemodynamic changes in patients receiving ketamine sedation by emergency medical services. <i>Acad Emerg Med</i> 2012; 19: S87.	Study design did not match the criteria

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Madeira F, Ferreira P, Lapa T, Tavares E. Prehospital pain management: Do we have to learn more about it? <i>Eur J Anaesthesiol</i> 2013; 30: 203-04.	Ketamine not central in the text
Marland S, Ellerton J, Andolfatto G, Strapazzon G, Thomassen O, Brandner B, Weatherall A, Paal P. Ketamine: Use in anesthesia. <i>CNS Neurosci Ther</i> 2013; 19: 381-89.	Setting did not match the criteria
McKay WP. Intravenous analgesia for out-of-hospital traumatic pain in adults: ketamine gives a greater reduction in pain than morphine but causes more adverse effects. <i>Evid Based Nurs</i> 2013; 16: 58-9.	Letter
McQueen C, Crombie N, Cormack S, Wheaton S. Prehospital use of ketamine for analgesia and procedural sedation by critical care paramedics in the UK: A note of caution? <i>EMJ</i> 2014; 31: 1029.	Letter
Moy R, Wright C. Ketamine for military prehospital analgesia and sedation in combat casualties. <i>J R Army Med Corps</i> 2018; 164: 436-37.	Study design did not match the criteria
Moy RJ, Le Clerc S. Ketamine in prehospital analgesia and anaesthesia. <i>Trends Anaesth Crit Care</i> 2011; 1: 243-45.	Study design did not match the criteria
Petz LN, Tyner S, Barnard E, Ervin A, Mora A, Clifford J, Fowler M, Bebartá VS. Prehospital and en route analgesic use in the combat setting: a prospectively designed, multicenter, observational study. <i>Mil Med</i> 2015; 180: 14-18.	Study design did not match the criteria
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Schauer SG, Mora AG, Maddry JK, Bebartá VS. Multicenter, prospective study of prehospital administration of analgesia in	Study design did not match the criteria

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Scott S, Paul B. UK and Victorian, Acute pain guidelines compared. <i>Australas J Paramed</i> 2013; 10: 32.	Letter
Steel A, Wharton R, Bates A, French J, Lewis S, Mackenzie R. Ketamine use in prehospital critical care. <i>EMJ</i> 2008; 25: 618-19.	Letter
Svenson JE, Abernathy MK. Ketamine for prehospital use: new look at an old drug. <i>Am J Emerg Med</i> 2007; 25: 977-80.	Patient population did not match the criteria
Wedmore IS, Butler FK. Battlefield analgesia in tactical combat casualty care. <i>Wilderness Environ Med</i> 2017; 28: S109-S16.	Study design did not match the criteria
Wood PR. Ketamine: Prehospital and in-hospital use. <i>Trauma</i> 2003; 5: 137-40.	Study design did not match the criteria
Zhang M, Cowan T, Smiles JP, Morgan M, Armstrong J, Goswami C, Sewell C. Prehospital analgesic choice in injured patients does not impact on rates of vomiting: Experience from a New South Wales primary retrieval service. <i>Emerg Med Australas</i> 2017; 30: 406-11.	Study design did not match the criteria