## **Supplementary Online Content**

Lowery AS, Malenke JA, Bolduan AJ, Shinn J, Wootten CT, Gelbard A. Early intervention for the treatment of acute laryngeal injury after intubation. *JAMA Otolaryngol Head Neck Surg.* Published online January 28, 2021. doi:10.1001/jamaoto.2020.4517

eTable. Grading Assessment of Injury Severity in Patients With Acute Injury

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. Grading Assessment of Injury Severity in Patients With Acute Injury

Findings: Initial findings on fiberoptic laryngoscopy at bedside.

Symptoms: Patient reported symptoms prompting Otolaryngology consultation.

*Severity*: degree of mucosa disruption overlying medial aspect of cricoarytenoid joints determined at the time of operative direct laryngoscopy.

- *Mild*: superficial mucosal injury,
- *Moderate*: deep tissue injury,
- Severe: deep tissue injury with cartilage exposure.

Severity grading assessment based on: Posterior glottic stenosis: A canine model. Courey M., Grandy LB, Ossoff RH. The Annals of Otology, Rhinology & Laryngology; Oct 1998; 107, 10

Patient #	Age	Sex	Findings	Symptoms	Severity
1	62	F	BVFMI	Stridor	Severe
2	64	f	UVFMI	Stridor	Moderate
3	31	F	BVFMI	Stridor	Severe
4	71	F	BVFMI	Stridor	Moderate
5	72	F	BVFMI	Stridor	Severe
6	36	Μ	BVFMI	Stridor	Severe
7	43	Μ	BVFMI	Stridor	Moderate
8	45	Μ	BVFMI	Stridor	Moderate
9	62	F	BVFMI	Stridor	Severe
10	31	F	BVFMI	Stridor	Moderate