reference	participants' characteristics	intervention group/ control group	outcomes	critical appraisal/ conclusion
Samantaray et al. 2012 The effect on post-operative pain of IV clonidine given before induction of anaesthesia. Indian J Anaesth. 2012 Jul-Aug; 56(4): 359–364.	inclusion criteria - age 18–70 yrs - ASA physical status I–III exclusion criteria - age<18 or >70 yrs - weight >100 kg - symptomatic coronary artery disease - severe respiratory dysfunction - chronic opioid use - abnormal renal or hepatic function - inability to understand and use the visual analogue scale (VAS) - pregnant or breast feeding demographic data:  C P P  age (yrs) 48.4 (9.2) 45.6 (6.3) 0.188 sex (m/f) 16/14 14/14 0.504 weight (kg) 59.9 (7.2) 57.1 (7.0) 0.149 ASA (I/II/III) (n) 21/6/3 24/6/2 0.311 patient flow and follow up: total patient number included: 60 randomised in: group C: 30 group P: 30 excluded: 2 analysed: 58 follow-up: 24 h post op: VAS on coughing and total fentanyl consumption	intervention prior to anaesthesia - group C (clonidine group): patients received IV clonidine 3 μg/kg diluted with 50 mL normal saline and infused with a syringe pump over 30 min before surgery - group P (placebo group): same protocol using placebo intra-op analgesia - 20 min before the end of surgery, 2 μg/kg fentanyl, IV mode of anaesthesia - fentanyl 3 μg/kg, midazolam 0.05 mg/kg and thiopentone 3–5 mg/kg postoperative analgesia - diclofenac 75 mg IM (in PACU) then at 12 h intervals for the first day, PO at 8 h for the 2nd day rescue analgesia - if VAS>4, 1 μg/kg fentanyl IV repeated every 10 min surgical approach - not reported supplemental analgesia - fentanyl 1 μg/kg IV	Postoperative pain [VAS on cough]: median (interquartile range)   C	methodological shortcomings - method used to implement the random allocation sequence not reported - not reported how the sequence was concealed until interventions were assigned - dates defining the period of recruitment and follow-up not reported - number of participants (denominator) in each group included in each analysis and whether the analysis was by "intention to treat" not reported results not reported in absolute numbers - for each primary and secondary outcome, a summary of results was not reported for each group with the estimated effect size and its precision level of evidence: 1 authors' conclusion "A single IV dose of clonidine (3 µg/kg) given before induction of anaesthesia significantly reduced the post-operative VAS score in the initial period and fentanyl consumption during 24 h after thoracic surgery"