Reviewer’s report

Title: Doxapram alleviates low S p O2 induced by the combination of propofol and fentanyl during painless gastrointestinal endoscopy

Version: 2 Date: 15 Jul 2019

Reviewer: Ya-Jung Cheng

Reviewer's report:

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The manuscript is clearer after revision. However, to make it more friendly to readers, I suggest to changes the outcomes with low SPO2 (< 90%) instead of "respiratory depression".

Table 2. ** is not necessary.

Minor comments:

Line 33: 50 mg doxapram
Line 49: low dose doxapram
Line 152: study outcomes included the happening of low SpO2 ( < 90% ) and the necessity of the following managements by minutes. The changes of MAP and HR were compared as well as the satisfaction of both endoscopists and patients.
Line 209: our results showed significantly higher SPO2 at 1,
Line 252: there are some limitations in our study. We could not demonstrate comparable anesthetic depth between groups without monitors such as bispectral index.
Line 255: We haven't monitor ETCO2 as a part of respiratory depression.
Line 266: by adding 50 mg of doxapram on intravenous anesthesia with propofol and fentanyl on gastrointestinal endoscopy examination, the incidence of hypoxemia and the necessity of respiratory assistance following anesthetic induction was significantly lower on the first three minutes.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?  
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review? 
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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