Supplemental Materials

Supplemental Table 1: Round 1 Survey Questions and Statements

Supplemental Table 2: Round 2 Survey Questions and Statements

Supplemental Table 3: Solutions Used for Replacement Fluid

Supplemental Table 4: Solutions Used for Dialysate Fluid

Supplemental Table 1: Round 1 Survey Questions and Statements

Question or Statement	Response Options
Where is the primary location that you	Asia
prescribe CKRT?	Canada
	Caribbean
	Central America
	Europe
	Mexico
	Oceania
	South America
	United States
What is your primary profession?	Physician
	Physician Assistant
	Nurse Practitioner
What is your primary specialty?	Critical Care Medicine
	Nephrology
	Cardiology
	Neonatology
What is your secondary specialty?	Critical Care Medicine
	Nephrology
	Cardiology
	Neonatology
	Not applicable
How many years have your worked in	0-5
your current profession (excluding trainee	6-10
time)?	11-15
	16-20
	>20
At your institution CKRT orders are	Critical Care Medicine
placed by:	Nephrology
	Cardiology
	Neonatology
	A combination of the above specialties
I start patients on CKRT after they reach	Always
a positive fluid balance ≥ 10% in the	Sometimes
a positive fluid balance > 10% in the absence of any other indications.	Sometimes Never
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach	Sometimes Never Always
a positive fluid balance > 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance > 15% in the	Sometimes Never Always Sometimes
a positive fluid balance > 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance > 15% in the absence of any other indications.	Sometimes Never Always Sometimes Never
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 15% in the absence of any other indications. I start patients on CKRT after they reach	Sometimes Never Always Sometimes Never Always
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 15% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 20% in the	Sometimes Never Always Sometimes Never Always Sometimes Sometimes
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 15% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 20% in the absence of any other indications.	Sometimes Never Always Sometimes Never Always Sometimes Never Always Sometimes Never
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 15% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 20% in the absence of any other indications. I start CKRT in a patient with a serum	Sometimes Never Always Sometimes Never Always Sometimes Never Always Sometimes Never Always
a positive fluid balance ≥ 10% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 15% in the absence of any other indications. I start patients on CKRT after they reach a positive fluid balance ≥ 20% in the absence of any other indications.	Sometimes Never Always Sometimes Never Always Sometimes Never Always Sometimes Never

I ((OKDT)	A.I
I start CKRT in a patient with urine output	Always
< 0.5 ml/kg/hour for > 12 hours in the	Sometimes
absence of any other indications.	Never
I start CKRT in a patient with a serum	Always
creatinine that is 3 times baseline or	Sometimes
greater in the absence of any other	Never
indications.	
I start CKRT in a patient with a decrease	Always
in eGFR to <35 ml/min per 1.73 m ² in the	Sometimes
absence of any other indications.	Never
I start CKRT in a patient with a urine	Always
output < 0.3 ml/kg/hour for \geq 24 hours in	Sometimes
	Never
the absence of any other indications.	
I prescribe dialytic dose using body	Always
surface area.	Sometimes
	Never
I prescribe dialytic dose using weight.	Always
	Sometimes
	Never
I use the admission weight of the patient	Always
when dosing based on weight or body	Sometimes
surface area.	Never
I use the ideal body weight of the patient	Always
when dosing based on weight or body	Sometimes
surface area.	Never
I use the current weight of the patient	Always
when dosing based on weight or body	Sometimes
surface area.	Never
If I index dialytic dose to body surface	Always
area, I aim for a clearance of 2	Sometimes
L/hour/1.73 m ² .	Never
If I index patient dialytic dose to weight, I	Always
aim for a clearance of 20-30 ml/kg/hour.	Sometimes
aim for a clearance of 20-30 mi/kg/nour.	
Luce continuous vancus	Never
I use continuous venovenous	Always
hemofiltration (CVVH) as a mode of	Sometimes
CKRT.	Never
I use continuous venovenous	Always
hemodialysis (CVVHD) as a mode of	Sometimes
CKRT.	Never
I use continuous venovenous	Always
hemodiafiltration (CVVHDF) as a mode of	Sometimes
CKRT.	Never
I use slow continuous ultrafiltration	Always
(SCUF) as a mode of CKRT.	Sometimes
	Never
	110101

Luca CKDT rather than intermittant	Alwaya
	Always
, , ,	Sometimes
N	Never
I use customizable CKRT solutions.	Always
	Sometimes
	Never
	Always
	Sometimes
	Never
· · - · · - · · - · · · · · · · · · · ·	Always
	Sometimes
	Never
	Always
extracorporeal circuit exceeds 10% of a	Sometimes
patient's circulating blood volume.	Never
I use citrate as a regional anticoagulant A	Always
	Sometimes
	Never
	Always
	Sometimes
9	
	Never
1	Always
	Sometimes
N	Never
I use citrate as a regional anticoagulant in A	Always
patients with liver failure.	Sometimes
	Never
I begin removing fluid in the first hour of A	Always
	Sometimes
	Never
	Always
	· ·
	Sometimes
	Never
	Always
	Sometimes
N	Never
I assess fluid removal goals at least every A	Always
	Sometimes
	Never
	Always
,	Sometimes
	Never
,	Always
	Sometimes
	Never

At my center goals for fluid removal are	Always
determined primarily by the critical care	Sometimes
medicine team.	Never
At my center goals for fluid removal are	Always
determined primary by the nephrology	Sometimes
team.	Never
At my center goals for fluid removal are	Always
determined by the critical care and	Sometimes
nephrology teams together.	Never
I monitor filtration fraction.	Always
	Sometimes
	Never
My primary consideration when deciding	Always
to initiate net ultrafiltration is	Sometimes
hemodynamic status.	Never
My primary consideration when deciding	Always
to initiate net ultrafiltration is fluid balance.	Sometimes
Lachiava my goal not ultrafiltration rate by	Never
I achieve my goal net ultrafiltration rate by	Always Sometimes
varying ultrafiltration rate only.	Never
I achieve my goal net ultrafiltration rate by	Always
varying replacement fluid rate only.	Sometimes
varying replacement had rate only.	Never
I achieve my goal net ultrafiltration rate by	Always
varying both the ultrafiltration rate and the	Sometimes
replacement fluid rate.	Never
What is your starting CKRT dose?	Free Text
, ,	
Do you modify the dose? If so, for what	Free Text
indication?	
Do you monitor dose delivered?	Free Text
If you dose CKRT based on body surface	Free Text
area, how do you typically dose?	
If you dose CKRT in ml/kg/hr, how do you	Free Text
typically dose?	
What solution is used for replacement	Free Text
fluid at your center?	
What solution is used for dialysate fluid at	Free Text
your center?	
What is the most common anticoagulant	Free Text
used for CKRT at your center and why?	
If you monitor filtration fraction, what	Free Text
value do you target?	

When prescribing CVVH, do you routinely administer replacement fluid pre-dilution or post-dilution?	Free Text
What coagulation parameters do you follow for heparin anticoagulation while on CKRT and what are your typical targets?	Free Text
What is machine brand do you currently use to dialyze patients < 10 kg?	Free Text
What is your most common intervention for when hemodynamic instability occurs during net ultrafiltration?	Free Text
Do you have a maximum net ultrafiltration rate in ml/kg/hr?	Free Text

CKRT Continuous Kidney Replacement Therapy

Supplemental Table 2: Round 2 Survey Questions and Statements

Question or Statement	Response Options
Where is the primary location that you	Asia
prescribe CKRT?	Canada
	Caribbean
	Central America
	Europe
	Mexico
	Oceania
	South America
	United States
What is your primary profession?	Physician
	Physician Assistant
	Nurse Practitioner
What is your primary specialty?	Critical Care Medicine
	Nephrology
	Cardiology
	Neonatology
What is your secondary specialty?	Critical Care Medicine
	Nephrology
	Cardiology
	Neonatology
	Not applicable
How many years have your worked in	0-5
your current profession (excluding trainee	6-10
time)?	11-15
	16-20
	>20
At your institution CKRT orders are	Critical Care Medicine
placed by:	Nephrology

	Cardiology
	Cardiology
	Neonatology
Latart patients on CVDT after the surrest	A combination of the above specialties
I start patients on CKRT after they reach	Always
a positive fluid balance ≥ 10% in the	Sometimes
absence of any other indications.	Never
I start patients on CKRT after they reach	Always
a positive fluid balance > 15% in the	Sometimes
absence of any other indications.	Never
I start patients on CKRT after they reach	Always
a positive fluid balance \geq 20% in the	Sometimes
absence of any other indications.	Never
I start CKRT in a patient with a urine	Always
output < 0.3 ml/kg/hour for \geq 24 hours in	Sometimes
the absence of any other indications.	Never
I prescribe dialytic dose using body	Always
surface area.	Sometimes
	Never
I use the admission weight of the patient	Always
when dosing based on weight or body	Sometimes
surface area.	Never
I use the ideal body weight of the patient	Always
when dosing based on weight or body	Sometimes
surface area.	Never
If I index dialytic dose to body surface	Always
area, I aim for a clearance of 2	Sometimes
L/hour/1.73 m ² .	Never
If I index patient dialytic dose to weight, I	Always
aim for a clearance of 20-45 ml/kg/hour.	Sometimes
	Never
I modify my standard starting CKRT	Always
dialytic dose if I am treating a patient with	Sometimes
hyperammonemia.	Never
I modify my standard starting CKRT	Always
dialytic dose if I am treating a patient for	Sometimes
drug intoxication.	Never
I modify my standard starting CKRT	Always
dialytic dose if I am treating a patient with	Sometimes
citrate accumulation.	Never
I measure delivered CKRT dose based	Always
on blood and effluent concentrations of	Sometimes
urea nitrogen.	Never
I use continuous venovenous	Always
hemodiafiltration (CVVHDF) as a mode of	Sometimes
CKRT.	Never
OIAI II.	110101

Luca CKPT rather than intermittent	Δίνωνο
I use CKRT rather than intermittent	Always
hemodialysis for hyperammonemia.	Sometimes
	Never
I change the hemofilter after 72 hours of	Always
therapy.	Sometimes
	Never
I prescribe CKRT for patients ≤ 10 kg.	Always
	Sometimes
	Never
I prescribe a blood prime when an	Always
extracorporeal circuit exceeds 10% of a	Sometimes
patient's circulating blood volume.	Never
I use citrate as a regional anticoagulant	Always
for CKRT.	Sometimes
IOI CRRT.	
Luca hamain as as satisfaction (C	Never
I use heparin as an anticoagulant for	Always
CKRT.	Sometimes
	Never
I use citrate as a regional anticoagulant in	Always
patients with liver failure.	Sometimes
	Never
When I use heparin for anticoagulation on	Always
CKRT I follow ACT values.	Sometimes
	Never
When I use heparin for anticoagulation on	Always
CKRT I follow PTT values.	Sometimes
Crace From the France.	Never
When I use heparin for anticoagulation on	Always
CKRT I follow Anti-Xa values.	Sometimes
CRRT Hollow Anti-Aa values.	
I be a in transportion florid in the florid in the	Never
I begin removing fluid in the first hour of	Always
CKRT.	Sometimes
	Never
I assess fluid removal goals at least every	Always
24 hours.	Sometimes
	Never
I assess fluid removal goals at least every	Always
12 hours.	Sometimes
	Never
I assess fluid removal goals at least every	Always
6 hours.	Sometimes
	Never
At my center goals for fluid removal are	Always
determined primarily by the critical care	Sometimes
medicine team.	Never

At my center goals for fluid removal are	Always
determined by the critical care and	Sometimes
nephrology teams together.	Never
I monitor filtration fraction.	Always
	Sometimes
	Never
My primary consideration when deciding	Always
to initiate net ultrafiltration is	Sometimes
	Never
hemodynamic status.	
My primary consideration when deciding	Always
to initiate net ultrafiltration is fluid balance.	Sometimes
	Never
I achieve my goal net ultrafiltration rate by	Always
varying ultrafiltration rate only.	Sometimes
	Never
When calculating net ultrafiltration rate, I	Always
account for enteral intake.	Sometimes
account for official intake.	Never
When homodynamic instability occurs on	Always
When hemodynamic instability occurs on	
CKRT my first intervention or	Sometimes
recommended intervention is to reduce	Never
the ultrafiltration rate.	
When hemodynamic instability occurs on	Always
CKRT my first intervention or	Sometimes
recommended intervention is to start a	Never
vasoactive agent.	
When hemodynamic instability occurs on	Always
CKRT my first intervention or	Sometimes
recommended intervention is to provide a	Never
bolus of fluid.	110101
The machine that I use for CKRT in	Always
	Sometimes
patients < 10 kg is The Cardio-Renal	
Pediatric Dialysis Emergency Machine	Never
(CARPEDIEM).	
The machine that I use for CKRT in	Always
patients ≤ 10 kg is The Prismaflex	Sometimes
System.	Never
The machine that I use for CKRT in	Always
patients < 10 kg is The Aquadex	Sometimes
SmartFlow System.	Never
How do you monitor dose delivered	Free Text
during CKRT?	. 100 10/4
•	Free Text
What do you consider to be an unsafe	I I CC CXL
amount of hourly ultrafiltration?	From Total
Do you have a quality monitoring program	Free Text
for CKRT at your institution?	

Supplemental Table 3: Solutions Used for Replacement Fluid

Solution	N (%) of 147 Responses
Primasol	33 (22.4)
Prismasate	11 (7.5)
Phoxillum	30 (20.4)
Hemosol	1 (0.7)
Aquasol	1 (0.7)
Duosol	5 (3.4)
Normal Saline	2 (1.4)
Dianeal	1 (0.7)
Byphozyl	1 (0.7)
Prismocal	2 (1.4)
Regiocit	2 (1.4)
NxtStage RFP	2 (1.4)
Not Applicable	56 (38.1)

Supplemental Table 4: Solutions Used for Dialysate Fluid

Solution	N (%) out of 147 Responses
Primasol	33 (22.4)
Prismasate	21 (14.3)
Phoxillum	22 (15.0)
Hemosol	3 (2.0)
Aquasol	1 (0.7)
Duosol	5 (3.4)
Dianeal	1 (0.7)
Byphozyl	3 (2.0)
Prismocal	3 (2.0)
NxtStage RFP	3 (2.0)
Not Applicable	52 (35.4)