Pediatric Critical Care Sedation Practices Surv	еу
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Thank you for taking the time to complete this survey! We are interested in your practices and experiences with sedation of mechanically ventilated children in the pediatric intensive care unit (PICU) as someone who cares regularly for critically ill children.
The survey should require no more than 10 minutes to complete. We will be collecting information about you from your responses to this survey. Your taking part in this survey is completely voluntary. Your information will only be seen by researchers at Johns Hopkins. We will try to make sure that the information we collect from you is kept private and used only for this research study.
Completing this questionnaire will serve as your consent to take part in this research study. This research has been approved by the Johns Hopkins Institutional Review Board (NA_00071866).
If you have any questions about the survey, please feel free to contact Sapna Kudchadkar, MD at skudcha1@jhmi.edu.
1. Do you routinely care for critically ill children (not including neonates) in your practice?
C Yes
C No
*2. Are you male or female?
○ Male
C Female
*3. Which category below includes your age?
C 18-20
C 21-29
O 30-39
C 40-49
C 50-59
© 60-69
C 69 or older
*4. Please tell us the country in which your ICU is located:
Country:

Ped	liatric Critical Care Sedation Practices Survey
*5	5. Which of the following describes your clinical role?
0	Attending physician
0	Nurse practitioner
0	Fellow or Pediatric Critical Care physician trainee
0	Critical Care Nurse
0	Other (please specify)
6. V	What is your primary practice setting?
0	Academic/University
0	Teaching Hospital/Non-University
0	Private/Community
Othe	er (please specify)
7. [Does your practice setting have a fellowship program or advanced training for pediatric
	tical care ?
0	Yes
0	No
8. [Do you take care of children AND adults?
0	Yes, I take care of both children and adults in the ICU
0	No, I only take care of children in the ICU
9. H	How many beds in your ICU can accomodate children (not including step-
dov	wn/intermediate care beds)?
# of b	beds

Pediatric (Critical Care Sedation Practices Survey
*10. How	many years have you been in practice caring for critically ill children?
O 0-5	
© 6-10	
O 11-15	
C 16-20	
C >20	
*12. Appr	roximately what percent of the children admitted to your ICU in 2011? If you don't ase leave this blank. In a second of the children admitted to your ICU are post-operative argery patients? If your unit does not care for post-operative cardiac surgery blease enter 0.
*13. Wha	t is the layout of the ICU where you primarily care for critically ill children?
All private	rooms
C Variable (s	some private, some shared rooms)
All shared	rooms
14. Does y	our ICU have windows in patient rooms?
Yes, in all	patient rooms
C Yes, in at	least 50% of patient rooms
C Yes, in les	ss than 50% of patient rooms
○ No window	vs

Pediatric Critical Care Sedation Practices Survey *15. Approximately what % of your pediatric patients are mechanically ventilated at any given time? C <20% 20-40% O 40-70% C >70% 16. Approximately what % of mechanically ventilated children in your ICU require sedative medications for safe maintenance of the endotracheal tube? C <10% 11-25% C 25-50% © 50-75% C >75% 17. Does your PICU have a WRITTEN sedation protocol that is used for all mechanically ventilated children? O yes O don't know 18. Is this sedation protocol nurse-driven (nurses independently make changes based on the protocol) or physician driven? Nurse-driven O Physician-driven We don't have a sedation protocol Other (please specify)

Pediatric Critical Care Sedation Practices Survey 19. What is the main sedation scoring system used for communicating patient sedation status between nurses and physicians? Ramsay C State Behavioral Scale RASS (Richmond Agitation and Sedation Scale) COMFORT We don't use a sedation scoring system Other (please specify) 20. Is this scoring system discussed on rounds to set a sedation goal on a daily basis for each mechanically ventilated child? Yes, all the time O Usually Sometimes Seldom Never We don't use a scoring system 21. Is the BIS (bispectral index) monitor used in your ICU for sedation monitoring in children? Yes, always O Usually Sometimes O Not sure

Pediatric Critical Care Sedation Practices Survey 22. If given the choice, regardless of institutional restrictions and cost, what would be your preferred PRIMARY medication for sedation of mechanically ventilated children with acute respiratory distress syndrome (ARDS)? O Dexmedetomidine Clonidine Opioid agonist (i.e. fentanyl, morphine, hydromorphone, etc.) O Benzodiazepine C Ketamine Barbiturates Opioid agonist-antagonist (i.e. nalbuphine, talwin, etc.) Other (please specify)

Pediatric Critical Care Sedation Practices Survey 23. Which of these medications are available for use in your ICU FOR SEDATION of children? (select all that apply) ☐ Fentanyl Remifentanil Hydromorphone ☐ Morphine Methadone Propofol Dexmedetomidine Inhaled anesthetic Pentobarbital Phenobarbital □ Ketamine Midazolam Lorazepam Clonidine Diazepam ☐ Chloral Hydrate Nalbuphine ☐ Buprenorphine ☐ Talwin Butorphanol Other (please specify)

∍n	ntilation >24 hours, this regimen/combination MOST COMMONLY consists of (select o
í	all that apply):
	Opioid agonist (i.e. fentanyl, morphine, hydromorphone, etc.)
	Benzodiazepine
	Dexmedetomidine
	Propofol
	Ketamine
	Barbiturate
	Opioid agonist-antagonist (i.e. nalbuphine, talwin, etc.)
the	er (please specify)
	Of the medications available for use, are any of them "restricted", i.e., only made all all that apply.
va	nilable for certain situations? Please check all that apply.
va _	nilable for certain situations? Please check all that apply. No restrictions
	nilable for certain situations? Please check all that apply. No restrictions Morphine
	No restrictions Morphine Remifentanil
va _	No restrictions Morphine Remifentanil Fentanyl
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam Hydromorphone
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam Hydromorphone Ketamine
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam Hydromorphone Ketamine Dexmedetomidine
	No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam Hydromorphone Ketamine Dexmedetomidine Pentobarbital
	iliable for certain situations? Please check all that apply. No restrictions Morphine Remifentanil Fentanyl Inhaled anesthetic Diazepam Lorazepam Hydromorphone Ketamine Dexmedetomidine Pentobarbital Propofol

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26. What is your most preferred opioid agonist for sedation in mechanically ventilated children in your PICU? (the drug that you start first in most cases)
© Morphine
C Hydromorphone
○ Fentanyl
© Remifentanil
○ Sufentanil
O I don't use opioid for sedation in mechanically ventilated children
Other (please specify)
27. When opioid is used, how do you prefer to deliver it for maintenance of sedation?
C A maintenance infusion
Scheduled "around-the-clock" intermittent dosing
C As needed only
C I don't use opioid for maintenance of sedation
Other (please specify)
28. What is your most preferred benzodiazepine for use in sedating mechanically ventilated children?
O Diazepam
C Lorazepam
O Midazolam
C Clonazepam
C I don't routinely use benzodiazepines for sedation
Other (please specify)

Pediatric Critical Care Sedation Practices Survey 29. When you use benzodiazepine for sedation in mechanically ventilated children, do you most prefer to administer it as... A maintenance infusion C Scheduled bolus dosing As needed only I don't use benzodiazepines 30. Do you have a written protocol for pediatric ICU patients that is followed for light exposure (i.e., dimming lights at night or with sleep) Yes O No O Not sure 31. Do you have a written protocol in place in your pediatric ICU for noise reduction (i.e., specific hours for "quiet time", alarm noise reduction)? Yes No O Not sure 32. Are earplugs used for mechanically ventilated children? Yes, always O Usually Sometimes O Never Other (please specify)

Pediatric Critical Care Sedation Practices Survey
33. Are eye masks/covers used for mechanically ventilated children?
C Yes, for every patient when appropriate
C Usually
C Sometimes
C Never
Other (please specify)
34. Do the nurses in your unit have a formal educational curriculum in pediatric sedation management?
C Yes
O No
O Not sure
35. If your pediatric ICU has a fellowship or advanced training program, do these trainees have a formal education curriculum in pediatric sedation management?
C Yes
O No
O Not sure
© We don't have fellows
36. Are you satisfied overall with how intubated children are sedated in your intensive care
unit?
C Very satisfied
○ Satisfied
O Neutral
O Not satisfied
O Very disatisfied

Pediatric Critical Care Sedation Practices Survey 37. Are children in your ICU screened specifically for delirium by nurses? O Yes, all children admitted to the PICU are assessed each shift O Yes, every child admitted to the PICU is assessed once a day Yes, but only mechanically ventilated children are assessed Yes, all children admitted to the PICU may be assessed, but only if there is clinical suspicion No, we do not screen for delirium Other (please specify) 38. Is there a protocol in place for treatment of delirium for children in your ICU? Yes, pharmacologic only (i.e. antipsychotic medications) Yes, environmental treatment (i.e. light optimization and noise reduction) protocol Yes, pharmacologic (i.e. antipsychotic medications) and environmental treatment protocol 0 O Not sure 39. If delirium screening is performed, what screening tool is used? Please specify. If no screening is done, please leave this blank. 40. If you have any other comments regarding any of the topics covered in this survey, please feel free to enter them below. 41. Thank you so much for taking the time to fill out this survey of sedation practices for mechanically ventilated children. If you would like to be notified of the results of this study when it is completed, please feel free to provide your email address. Your email address will NOT be linked to your survey responses. Thank you so much for your time and participation! Have a great day!