

Figure S1: Part of the caregiver questionnaire addressing the practices in execution of reserved procedures

Which reserved procedure do you perform (*several answers possible*)? If applicable, how often a month do you perform this procedure and what is the authorisation method (1-7)? How long does it take in minutes to perform this procedure, consultation time and order process time included?

| <b>Response categories authorisation method:</b>                       |   |  |   |  |   |                      |
|--|---|--|---|--|---|----------------------|
| <b>1</b>   | <b>2</b>                                      | <b>3</b>                                   | <b>4</b>  | <b>5</b>   | <b>6</b>  | <b>7</b>             |
| On <b>order</b> of a <b>physician</b> , according to a <b>protocol</b> | On <b>written order</b> of a <b>physician</b> | On <b>oral order</b> of a <b>physician</b> | On <b>own initiative</b> , with <b>consultation</b> of a <b>physician</b> | On <b>own initiative</b> , <b>without consultation</b> of a <b>physician</b> | On <b>own initiative</b> , <b>delegation</b> to ..... | Other, namely: ..... |

**Catheterisation**

- Bladder catherisation of men or women
- Bladder rinse with an already placed catheter
- Insertion of a intratracheal catheter
- Insertion of a duodenal catheter
- Insertion of a peripheral infusion
- Insertion of a gastric catheter
- Insertion of a suprapubis catheter
- Tube feeding with an already placed catheter
- Administration of medication via infusion
- Oral-nasal tracheal extubation
- Oral-nasal suctioning
- Replacement of a suprapubis catheter
- Other, namely .....

| Number of procedures per month | Authorisation method (1-7) | Duration of a single procedure (minutes) |
|--------------------------------|----------------------------|--|
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**Cardio version or defibrillation in case of**

- Atrial fibrillation
- Ventricular fibrillation
- Other, namely: .....

| Number of procedures per month | Authorisation method (1-7) | Duration of a single procedure (minutes) |
|--------------------------------|----------------------------|--|
|                                |                            |  |
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