Supplemental Digital Content 3, eTable 1. Clinical Outcomes for Patients Who Received Early Enteral Nutrition vs. Late Enteral Nutrition

Clinical Outcomes	Early EN (*n* = 331)	Late EN (*n* = 199)	Estimate (95% CI)[a]	*p*[b]
90-day hospital mortality, *n* (%)	25 (8)	28 (14)	OR= 0.60 (0.29-1.21)	0.15
28-day hospital mortality, *n* (%)	23 (7)	17 (9)	OR=0.93[c] (0.50-1.73)	0.83
ICU-free days (through Day 28), median (IQR)	20.2 (9.1-23.7)	16.1 (0-21.8)	HR=1.32 (1.09-1.61)	0.005
Hospital-free days (through Day 28), median (IQR)	8 (0-17)	0 (0-12)	HR=1.49 (1.09-2.05)	0.01
Ventilator-free days (through Day 28), median (IQR)	21.4 (13.2-24.8)	18.3 (5.1-23.0)	HR=1.32 (1.11-1.57)	0.002
Maximum PELOD score (Day 2 through Day 28), median (IQR)	11 (11-20)	12 (11-22)	MD=-3.2 (-4.7 to -1.6)	<0.001
Healthcare-associated infections, *n* (%)	6 (2)	10 (5)	OR=0.32[c] (0.12-0.89)	0.03[c]

CI = confidence interval, EN = enteral nutrition, HR = hazard ratio, ICU = intensive care unit, IQR = interquartile range, MD = mean difference, OR = odds ratio, PELOD = pediatric logistic organ dysfunction.

[a] OR < 1 indicates fewer events; HR > 1 indicates more ICU-free, hospital-free, and ventilator-free days; and MD < 0 indicates lower maximum PELOD scores for the early EN group compared to the late EN group.

[b] Effect estimates and *p* values comparing early EN and late EN groups were calculated with the use of logistic, proportional hazards, or linear regression, as appropriate, adjusting for age category, BMI *z*-score category, mean vasopressor-inotrope score at randomization, primary reason for ICU admission and PRISM-III score at 12 hours from ICU admission accounting for site as a cluster variable.

[c] Unadjusted odds ratio and *p* value comparing early EN and late EN groups were calculated with the use of univariate logistic regression accounting for site as a cluster variable due to low counts.