Supplemental Digital Content 4, eTable 2. Clinical Outcomes for Patients Enrolled within 48 hrs of ICU Admission By Enteral Nutrition Group

Clinical Outcomes	Early EN (n = 213)	No early EN (n = 186)	Estimate (95% CI)[a]	p[b]
90-day hospital mortality, n (%)	17 (8)	28 (15)	OR=0.64 (0.32-1.27)	0.20
28-day hospital mortality, n (%)	16 (8)	22 (12)	OR=0.81 (0.40-1.62)	0.54
ICU-free days (through Day 28), median (IQR)	21.1 (12.9-24.0)	18.1 (3.4-23.1)	HR=1.13 (0.91-1.40)	0.27
Hospital-free days (through Day 28), median (IQR)	11 (0-19)	3.5 (0-14)	HR=1.41 (1.06-1.87)	0.02
Ventilator-free days (through Day 28), median (IQR)	22.1 (15.8-25.0)	19.8 (9.0-23.4)	HR=1.17 (0.94-1.48)	0.16
Maximum PELOD score (Day 2 through Day 28), median (IQR)	11 (11-20)	12 (11-21)	MD=-1.6 (-3.4-0.2)	0.08
Healthcare-associated infections, n (%)	1 (<1)	5 (3)	OR=0.16[c] (0.02-1.21)	0.08[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 no early EN group.

[b] Effect estimates and p values comparing early EN and no early 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 no early EN groups were calculated with the use of univariate logistic regression accounting for site as a cluster variable due to low counts.