## **Supplementary Online Content**

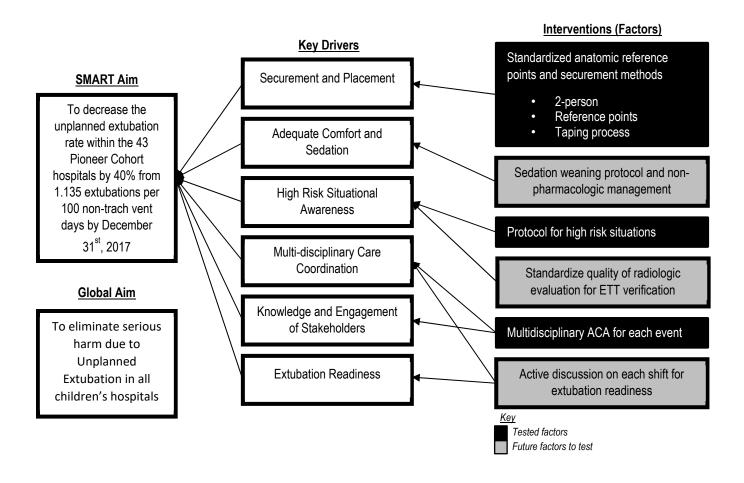
Klugman D, Melton K, Maynord PO, et al. Assessment of an unplanned extubation bundle to reduce unplanned extubations in critically ill neonates, infants, and children. *JAMA Pediatr*. Published online April 13, 2020. doi:10.1001/jamapediatrics.2020.0268

eAppendix 1. Unplanned extubations key driver diagram

eAppendix 2. Unplanned extubation real-time ACA event investigation

This supplementary material has been provided by the authors to give readers additional information about their work.

## **eAppendix 1.** Unplanned extubations key driver diagram



## eAppendix 2. Unplanned extubation real-time ACA event investigation

Date of UE event:	<u>Sedation</u>		
Was ACA captured in real-time? Yes No	Sedation:		
was nen captared in real time.	Continuous Scheduled PRN		None
Was event reviewed in one week? Yes No	Agitation (inadequate Yes No		1
	pain control/agitation)		
Unit: NICU PICU CICU Other			1
- ()-	<u>Staffing</u> 1:1: 1:2 >1:2		
Type of UE:  No reintubation within 1 hr	Contributors to UE		
		Yes	No
With reintubation within 1 hr	Inadequate restraints		
Other*	Loose tape		
History of prior UE? Yes No	Inadequate sedation		
	Inadequate staffing		
Airway/ETT:	Improper staffing handoff		
	Within 1 <sup>st</sup> hour of ICU admission		
Type of intubation Nasal Oral	Other contributor:		
HFV Yes No	Activities occurring at time of extubat		T 1
		Yes	No
Uncuffed/Cuffed Uncuffed	Kangaroo care or parent hold	<u> </u>	
	Radiology study (xray, U/S, echo, etc.)	<u> </u>	
Cuffed-Inflated	Respiratory treatment		
Cuffed-Deflated	ETT adjustment/Re-taping ETT	<u> </u>	
Tape secure Yes No	Weighing		
Tape secure Yes No	Position change		
ETT location	Transport		
Corner of mouth	Suctioning		
Center of mouth	<2 caregivers for positioning or suctioning		
Nasal	Bathing		
	Line placement		
Inline (closed) suction apparatus present	Blood draw		
Yes No N/A	Other bedside invasive procedure		
	Other activity:		<u> </u>
Phase of treatment			
	Results of UE event		<del></del> 1
Acute (care is escalating or static)		Yes	No
Weaning (patient is improving and	Arrhythmia	<b></b>	
ventilator settings are de-escalating)	BP change required intervention	<u></u>	
5 5,	Need for increased vent support or FI02		
Awaiting extubation	Heart Rate <60 (verify in central monitor)		
*With reintubation and cardiovascular collapse requiring CPR	Chest compressions		
and/or bolus epinephrine within 1 hour.	Code medications given		