Supplementary Online Content

Mahant S, Wahi G, Bayliss A, et al; the Canadian Paediatric Inpatient Research Network (PIRN). Intermittent vs continuous pulse oximetry in hospitalized infants with stabilized bronchiolitis: a randomized clinical trial. *JAMA Pediatr.* Published online March 1, 2021. doi:10.1001/jamapediatrics.2020.6141

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

eTable 1. Pulse Oximetry Monitoring Characteristics at Trial Hospital Sites

	Children's Hospitals			Community Hospitals		
Pulse Oximetry Characteristic	CHEO	McMaster	SickKids	Lakeridge	NYGH	THP
Monitor brand	Drager	Welch Allyn	GE Dash 3000	Nellcor	Masimo	Drager
Monitor available for all beds	+	+	+	+	+	-
Monitoring transmitted to central monitoring station	+	-	+	-	+	+
Dedicated individuals to monitor central monitors	-	-	+/-	-	+/-	-
Alarms transmitted to nurses device[a]	-	-	+	-	-	-

Hospital abbreviations: CHEO, Children's Hospital of Eastern Ontario; McMaster, McMaster Children's Hospital; SickKids, The Hospital for Sick Children; Lakeridge, Lakeridge Health; NYGH, North York General Hospital; THP, Trillium Health Partners

[a]for example a pager or mobile phone

eTable 2. Distribution of Participants Across Trial Hospital Sites

Trial Hospital Site	Number recruited out of 229 (%)
Children's Hospital of Eastern Ontario	39 (17.0)
Lakeridge Health	46 (20.1)
McMaster Children's Hospital	41 (17.9)
North York General Hospital	29 (12.7)
The Hospital for Sick Children	48 (21.0)
Trillium Health Partners	26 (11.4)

eMethods. Supplementary Methods

Numbers of Infants and Children Who Were Screened, Assigned a Trial Group, and Included in the Analysis

For the 619 who met greater than or equal to 1 exclusion criteria, there were 53 who had 'other reasons'. Of these 53, 2 were due to 'no telephone available', 9 were receiving a morphine infusion, and 42 were excluded because they were admitted for greater than 24 hours in the general pediatric inpatient unit. The latter was an exclusion criterion at the start of the trial that was later removed.

For one patient with an admission diagnosis of bronchiolitis consent was obtained but then before randomization the diagnosis changed from bronchiolitis to asthma. This patient is not included in Figure 1.

Additional Details on Reasons for Nonadherence to the Assigned intervention

For the intermittent group, there were 11 participants for which crossover to continuous monitoring was observed by the research staff. For 9 of 11 infants in this group, the reason for non-adherence was due to a clinical concern and/or clinical deterioration; for 2 of 11 infants the parents requested a switch to continuous monitoring.

For the continuous group, there were 6 participants for which crossover to intermittent monitoring was observed by the research staff. For 5 of 6 infants in this group, the parents requested a switch to intermittent monitoring. For 1 of 6 infants, there were not enough monitors on the inpatient unit so continuous monitoring was not possible. The infant received intermittent monitoring every 4 hours.