**Supplemental Table 1. Prioritized Topic List for Pain Group**

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| **Answer Options** | **Rating Average** |
| Special ICU patient populations (e.g. brain-injured, cognitive deficits, delirium) | 4.83 |
| Pain assessment: Patient self-report | 4.67 |
| Pain assessment in non-verbal patients: Pain behaviors (BPS/CPOT etc) | 4.67 |
| Pharmacological treatment of pain: Non-Opioids | 4.67 |
| Pharmacological treatment of pain: Analgosedation | 4.67 |
| Preemptive treatment of pain (e.g., before procedures) | 4.50 |
| Pharmacological treatment of pain: Opioids | 4.50 |
| Strategies and Barriers when improving ICU pain practices and patient pain-related outcomes | 4.50 |
| Pain prevalence & cause: Procedural pain | 4.33 |
| Pharmacological treatment of pain: Other agents (e.g. nitrous oxide, dexmedetomidine) | 4.33 |
| Pain prevalence & cause: Pain in the mechanically ventilated ICU patient | 4.17 |
| Pain and related factors: Quality of Life, PTSD | 4.17 |
| Prevention/Treatment of adverse drug events: Neurologic events (e.g., myoclonus, delirium) | 4.17 |
| Implementation strategies of pain initiatives (ie., assessment and/or management) | 4.17 |
| Pain assessment in non-verbal patients: Physiologic measures (e.g., vital signs, pupils, cerebral techniques) | 4.00 |
| Pain prevalence & cause: Pain at rest | 4.00 |
| Pharmacological treatment of pain: Routes of administration/Special administrative techniques (e.g. nerve blocks) | 4.00 |
| Non-Pharmacological treatment of pain: Physical interventions (e.g. massage, application of heat or cold, early mobilization) | 3.83 |
| Prevention/Treatment of adverse drug events: Opioid Withdrawal | 3.83 |
| Communication strategies surrounding pain (ie. between different health professionals; with patients with families etc) | 3.83 |
| Pain prevalence & cause: ICU diagnosis and population (e.g. med vs surg vs trauma) | 3.67 |
| Pain prevalence & cause: History of chronic pain, drug abuse, pain med use before ICU admission | 3.67 |
| Non-Pharmacological treatment of pain: Psychological interventions (e.g. distraction, music therapy, relaxation, education) | 3.67 |
| Prevention/Treatment of adverse drug events: Sedative-hypnotic effect | 3.67 |
| Prevention/Treatment of adverse drug events: Others (e.g. hyperalgesia, prolongation of mechanical ventilation | 3.67 |
| Pain and related factors: Emotions (e.g. anxiety, fear) | 3.50 |
| Prevention/Treatment of adverse drug events: Respiratory depression | 3.50 |
| Prevention/Treatment of adverse drug events: GI (e.g., nausea, constipation) | 3.50 |
| Pain assessment: Frequency | 3.33 |
| Pain and related factors: Transition from acute to chronic pain; persistence of chronic pain | 3.17 |
| Pain assessment in non-verbal patients: Alternative measures (e.g. proxy reporters) | 3.00 |
| Pain and related factors: Pain distress and suffering | 3.00 |
| Use of opioids for other reasons than pain (e.g. to improve respiratory mechanics, to reduce ventilator dysynchrony) | 3.00 |
| Palliative pain: Sedation and pain management | 2.50 |
| Non-Pharmacological treatment of pain: Involvement of family members in pain management interventions | 2.33 |
| Palliative pain: Comfort measures | 2.17 |
| Palliative pain: Withdrawal of life-sustaining treatments | 1.50 |