**Supplemental Table 2. Voting Results for Pain Group Questions**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recommendation** | **RESPONSE**  **(%)** | | **YES**  **(%)** | | **NO**  **(%)** | | **ABSTAIN**  **(%)** | |
| **We suggest using an opioid, at the lowest effective dose, for peri-procedural pain management in critically ill adults. (Conditional recommendation, Moderate level of evidence)** | **100** | | **100** | | **0** | | **0** | |
| **We do not suggest using either local analgesia or nitrous oxide for pain management during chest tube removal in critically ill adults.  (Conditional recommendation, Low quality of evidence)** | **100** | | **97** | | **0** | | **3** | |
| **We do not recommend using inhaled volatile anesthetics for peri-procedural pain management in critically ill adults. (Strong recommendation, Very low quality of evidence)** | **100** | | **97** | | **0** | | **3** | |
| **We suggest an NSAID may be used as an alternative to opioids for pain management during discrete and infrequent procedures in critically ill adults. (Conditional recommendation, Low quality of evidence)** | **100** | | **91** | | **6** | | **3** | |
| **We make no recommendation for the use of  an NSAID gel for peri-procedural pain management in critically ill adults.(No recommendation, Moderate quality of evidence)** | **100** | | **94** | | **6** | | **0** | |
| **We suggest offering cold therapy or music therapy for peri-procedural pain management in critically ill adults. (Conditional recommendation, Low quality of evidence)** | **100** | | **88** | | **9** | | **3** | |
| **We suggest using an assessment driven protocol-based stepwise approach for pain and sedation management in critically ill adults. (Conditional recommendation, Moderate quality of evidence)** | | **100** | | **97** | | **0** | | **3** | |
| **We suggest that adjunctive nefopam be used to reduce the opioid dose and opioid-associated nausea when treating pain in critically ill adults.  (Conditional recommendation, Very low quality of evidence)** | | **100** | | **69** | | **6** | | **29** | |
| **We suggest that adjunctive acetaminophen be used to decrease pain intensity and opioid consumption when treating pain in critically ill adults. (Conditional recommendation, Very low quality of evidence)** | | **100** | | **94** | | **0** | | **6** | |
| **We suggest using adjunctive, low-dose ketamine when seeking to reduce opioid consumption in post-surgical critically ill adults.** | | **100** | | **81** | | **3** | | **16** | |
| **#1 We recommend using neuropathic pain agents along with opioids for neuropathic pain management in critically ill adults (including those with ICU-acquired weakness). (Strong recommendation, Moderate quality ofevidence)**  **#2 We suggest using neuropathic pain agents with opioids for pain management after cardiovascular surgery in adults requiring admission to the ICU. (Conditional recommendation, Low quality of evidence)** | | **100**  **100** | | **91**  **91** | | **0**  **0** | | **9**  **9** | |
| **We do not suggest the routine use of adjunctive lidocaine along with opioids for pain management in critically ill adults. (Conditional recommendation, Low quality of evidence)** | | **100** | | **91** | | **3** | | **6** | |
| **We do not suggest the routine use of NSAIDs along with opioids for pain management in critically ill adults. (Conditional recommendation, Low quality of evidence)** | | **100** | | **94** | | **3** | | **3** | |
| **We do not suggest offering cybertherapy (virtual reality) or hypnosis for pain management in critically ill adults.  (Conditional recommendation, Very low quality of evidence)** | | **100** | | **94** | | **3** | | **3** | |
| **We suggest offering massage, music therapy or relaxation for pain management in critically ill adults.  (Conditional recommendation, Very low quality of evidence for massage and relaxation; Low quality of evidence for music therapy)** | | **100** | | **91** | | **6** | | **3** | |