Appendix 1: Complete Survey Questions With Available Responses

\* Denotes question used from Sabharwal 2011 Survey

1. Did you complete the previous POSNA survey on VTE prophylaxis in 2011?
	1. Yes
	2. No
	3. Cannot recall
2. How long have you been in practice?\*
	1. <5 years
	2. 5-9 years
	3. 10-14 years
	4. 15-19 years
	5. >20 years
3. Which of the scenarios below best describe your current practice?\*
	1. Private solo practice
	2. Private group practice
	3. University/academic group practice
	4. Hybrid of academic and private practices
	5. Other (Specify)
4. Where do you practice orthopedics? Choose all that apply.\*
5. Community hospital
6. Children’s hospital
7. University hospital (adult/children)
8. Surgicenter
9. Other
10. What percentage of your practice involves caring for children (under 18 years)?\*
11. >75% pediatric patients
12. 51-75% pediatric patients
13. 26-50%pediatric patients
14. <25% pediatric patients
15. What percentage of your pediatric surgeries (children under 18 years) do you perform at a pediatric hospital?
	1. >90% of pediatric orthopedic surgeries
	2. 75-89% of pediatric orthopedic surgeries
	3. 50-74% of pediatric orthopedic surgeries
	4. 25-49% of pediatric orthopedic surgeries
	5. <25% of pediatric orthopedic surgeries
16. What best describes your post-graduate training?
	1. No fellowship training
	2. One pediatric fellowship
	3. Two pediatric fellowships
	4. One pediatric and one adult fellowship
	5. Other combination of fellowship training
17. How many pediatric partners are in your practice?
	1. 1-3
	2. 4-6
	3. 7-10
	4. 11-15
	5. >15
18. In which US state or Canadian province do you practice?\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Approximately how many surgeries on children (under 18 years) did you perform in the last 12 months?\*
	1. <50
	2. 50-99
	3. 100-149
	4. 150-199
	5. 200-249
	6. ≥250
20. Are you aware of the 2014 BEST Guidelines for VTE prophylaxis in Children?
	1. Yes
	2. No
21. Does your hospital where you perform surgery on children (under 18 years) have a defined protocol for VTE prophylaxis?\*
	1. Yes
	2. No
	3. Uncertain
22. How is your VTE prophylaxis program initiated? Choose all that apply.
	1. My practice does not have a defined protocol for VTE prophylaxis
	2. Age
	3. Diagnosis (trauma, spine surgery, other)
	4. Risk factors
	5. Triggered by duration of surgery (Please specify time trigger =  )
	6. Unknown
	7. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. Do you follow that protocol?
	1. My practice does not have a defined protocol for VTE prophylaxis
	2. Yes, >75% of the time
	3. Yes, 50-75% of the time
	4. Yes, <50% of the time
	5. No
24. Does your hospital have an age limit beyond which all patients receive prophylaxis against VTE once admitted?
	1. Yes ( Please specify the age: )
	2. No
	3. Uncertain
25. At what age do you think prophylaxis should begin? Please specify a number (in years):
26. Which of the following are risk factors that guide decision making in prophylaxis against VTE in children (under 18 years)? Choose all that apply.\*
	1. Adolescence (ages 14 to 18)
	2. Obesity (BMI>95%)
	3. Oral contraceptives
	4. Malignancy
	5. Osteomyelitis and/or multi-organ sepsis
	6. Presence of central venous catheter
	7. Positive family history (including previous VTE)
	8. Significant change in ambulatory status
	9. Orthopedic lower extremity surgery
	10. Orthopedic spinal surgery
	11. Orthopedic trauma (long bone fracture or dislocation)
	12. Other
27. What agents of mechanical VTE prophylaxis do you use? Please check all that apply:\*
	1. I do not use mechanical VTE prophylaxis
	2. Compression device
	3. TEDs
	4. Intravenous filter
	5. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. Do you use mechanical VTE prophylaxis in addition to chemical prophylaxis?\*
	1. Always
	2. Greater than 50% of the time
	3. 50% of the time
	4. Less than 50% of the time
	5. Never
29. How frequently do you use chemical prophylaxis against VTE in children undergoing surgery?\*
	1. Always
	2. Greater than 50% of the time
	3. 50% of the time
	4. Less than 50% of the time
	5. Never
30. What agents of chemical VTE prophylaxis do you use? Choose all that apply.\*
	1. I do not use chemical VTE prophylaxis
	2. ASA (Aspirin)
	3. Low molecular weight Heparin (Lovenox/Enoxaparin)
	4. Synthetic Heparin (Fondaparinux)
	5. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
31. When do you initiate chemical VTE prophylaxis in children?\*
	1. Greater than 2 hours prior to surgery
	2. Within 2 hours of surgery
	3. During surgery
	4. Within 24 hours after surgery
	5. Greater than 24 hours after surgery
32. When do you typically discontinue chemical VTE prophylaxis in children?\*
	1. When patient is discharged from the hospital
	2. When patient is mobilizing independently
	3. A predetermined time post-surgery (e.g. 3 weeks)
33. How do you choose the duration of VTE prophylaxis? Choose all that apply.
	1. Type of surgery
	2. Period of immobility
	3. Duration of surgery
	4. Past medical history
	5. Presence of comorbid risk factors (smoking, OCP, obesity, etc.)
	6. Other
34. Do you use VTE prophylaxis after spinal fusion surgery?
	1. Yes, a combination of mechanical and chemical prophylaxis
	2. Yes, only mechanical prophylaxis
	3. Yes, only chemical prophylaxis
	4. No, I do not use prophylaxis for patients undergoing spine surgery
	5. I do not perform spinal surgery
35. Do you use VTE prophylaxis after reconstructive hip surgery?
	1. Yes, a combination of mechanical and chemical prophylaxis
	2. Yes, only mechanical prophylaxis
	3. Yes, only chemical prophylaxis
	4. No, I do not use prophylaxis for patients undergoing reconstructive hip surgery
	5. I do not perform reconstructive hip surgery
36. Do you use VTE prophylaxis for pediatric pelvis or lower extremity trauma surgery?
	1. Yes, a combination of mechanical and chemical prophylaxis
	2. Yes, only mechanical prophylaxis
	3. Yes, only chemical prophylaxis
	4. No, I do not use prophylaxis for patients undergoing lower extremity trauma surgery
	5. I do not perform pediatric pelvis or lower extremity trauma surgery
37. Do you use VTE prophylaxis in your neuromuscular population (such as Cerebral Palsy (CP)) undergoing hip and spinal surgeries?
	1. Yes, a combination of mechanical and chemical prophylaxis
	2. Yes, only mechanical prophylaxis
	3. Yes, only chemical prophylaxis
	4. No, I do not use prophylaxis for patients with neuromuscular (CP) hip and spine surgeries
	5. I do not perform neuromuscular (CP) hip and spine surgeries
38. What criteria help you make the decisin to use VTE prophylaxis in patients with osteomyelitis, septic arthritis or pyomyositis? Choose all that apply.
	1. I do not use VTE prophylaxis in this population
	2. Inflammatory indices (ESR, CRP, WBC)
	3. Presence of MRSA or PVL
	4. Presence of multi-organ involvement
	5. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
39. Do you believe that all positive VTE patients should be managed by a hematologist?
	1. Yes
	2. No
	3. I feel comfortable managing the VTE with the hematologist as a consultant
40. Have you ever had a pediatric patient in your practice who has suffered from a PE? \*
	1. Yes – if so, how many:
	2. No
41. Have you ever had a pediatric patient in your practice who has suffered from a DVT? \*
	1. Yes – if so, how many:
	2. No
42. Have you had a pediatric patient suffer from a fatal VTE in the last 5 years?
	1. Yes – if so, how many patients? \_
	2. No
43. Have you had a pediatric patient experience a complication related to VTE in your practice in the last 5 years?
	1. Yes – if so, how many patients and describe the complication(s) \_\_
	2. No
44. Have you had a patient of yours experience a complication related to VTE prophylaxis in the last 5 years?
	1. Yes if so, how many patients and describe the complication(s) ? \_
	2. No