**Appendix 1.** Questions proposed in survey.

**Laboratory Assessment**  
After joint aspirations, are the cell counts performed manually or automated?

Does your cell count for joint aspirations represent WBC or total cell count?

Are neutrophils recorded as a % value of the total cell count or % value of WBC count?

What units does your lab use for ESR?

What units does your lab use for CRP?

What units does your lab use for platelets?

**ASPIRATIONS (Responses collected individually for Hip, Knee, Ankle, Shoulder, Elbow, & Wrist)**  
What type of sedation is used for aspirations?

Who performs joint aspirations when there is a concern for septic arthritis?

What imaging modality is used to help perform joint aspirations for septic arthritis?

Who performs the imaging for joint aspirations?

Where do you perform joint aspirations for a suspected septic joint?

At your institution do aspirations for suspected septic joints occur after hours at night?

In a hemodynamically stable child do debridement’s for septic arthritis get added for the next day?

In an ideal situation, within how many hours should a clinically indicated aspiration be performed?

Are MRI’s performed routinely at your institution for suspected infections prior to aspirations or irrigation and debridement?

Does your institution have protected MRI time slots for MSK infections?