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| **SUPPLEMENTAL TABLE 1. Statements Regarding ECMO Support for Pediatric Patients with COVID-19 Related Illness.\*** |
|  **Survey Response** **Guidelines  *no./total no. (%)*** |
| Veno-venous (VV) ECMO should be offered to pediatric patients with COVID-19 related illnesses |  |
|  Strongly agree | 25/34 (74%) |
|  Agree | 9/34 (26%) |
|  Disagree | 0/34 (0%) |
|  Strongly disagree | 0/34 (0%) |
| Veno-arterial (VA) ECMO should be offered to pediatric patients with COVID-19 related illnesses |  |
|  Strongly agree | 18/34 (53%) |
|  Agree  | 12/34 (35%) |
|  Disagree | 3/34 (9%) |
|  Strongly disagree  | 1/34 (3%) |
| Indications for ECMO candidacy should be similar to other viral illnesses (RSV, Influenza) |  |
|  Strongly agree | 20/34 (59%) |
|  Agree  | 14/34 (41%) |
|  Disagree | 0/34 (0%) |
|  Strongly disagree  | 0/34 (0%) |
| Guideline restrictions that should be enacted for use of ECMO |  |
|  Terminal disease | 33/34 (97%) |
|  Severe CNS damage | 31/34 (91%) |
|  Renal failure  | 4/34 (12%) |
|  Multisystem organ failure | 24/34 (71%) |
|  Mechanical ventilation for more than 7 days | 4/34 (12%) |
|  Do not resuscitate status | 32/34 (94%) |
| Guideline precautions that should be enacted for use of ECMO |  |
|  Limitation to only essential personnel | 33/34 (97%) |
|  Use of proper PPE (ie N95 masks) | 34/34 (100%) |
|  Separation of OR team from ECMO circuit | 6/34 (18%) |
|  Supplies prepared outside the room | 23/34 (67%) |
|  Cannulation only in the ICU to minimize patient transport | 30/34 (88%) |

\* Percentages may not total 100 because of rounding.