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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.