**Supplemental Table 17. Prioritized Topic List For Delirium Group**

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| **Answer Options** | **Rating Average** |
| Non-pharmacologic prevention: Early mobility | 4.50 |
| Non-pharmacologic prevention: Environment (e.g., noise, light) | 4.50 |
| Non-pharmacologic prevention: Sleep protocols | 4.50 |
| Non-pharmacologic prevention: Music therapy | 4.50 |
| Predictors for ICU delirium (i.e., modifiable vs. non-modifiable) | 4.33 |
| Pharmacologic prevention: choice of sedative | 4.33 |
| Pharmacologic prevention: haloperidol | 4.17 |
| Pharmacologic prevention: atypical antipsychotics | 4.17 |
| Pharmacologic treatment: dexmedetomidine | 4.17 |
| Non-Pharmacologic treatment: early mobility | 4.00 |
| Non-Pharmacologic treatment: environment (e.g. noise, light etc) | 4.00 |
| Non-Pharmacologic treatment: sleep protocols | 4.00 |
| Non-Pharmacologic treatment: music therapy | 4.00 |
| Pharmacologic treatment: haloperidol | 4.00 |
| Pharmacologic treatment: atypical antipsychotics | 4.00 |
| Pharmacologic treatment: restraints | 4.00 |
| Pharmacologic treatment of acute alcohol withdrawal | 4.00 |
| Education of family of patients who develop delirium during the ICU stay | 4.00 |
| Support of patients after ICU discharge (particularly those who developed delirium) | 4.00 |
| Support of families of ICU survivors after their ICU discharge (particularly those who developed delirium) | 4.00 |
| Pharmacologic treatment: benzodiazepines | 3.83 |
| Validity and reliability of ICU delirium screening tools | 3.67 |
| Interaction of sedation in the ICU delirium assessment process | 3.67 |
| ICU delirium prognosis: long-term cognitive impairment/dementia | 3.67 |
| ICU delirium prognosis: quality of life | 3.67 |
| ICU delirium prognosis: functionality/contribution to society | 3.67 |
| ICU delirium prognosis: sleep | 3.67 |
| ICU delirium prognosis: PTSD | 3.67 |
| ICU delirium prognosis: Depression | 3.67 |
| Pharmacologic treatment: valproic acid | 3.50 |
| Experience of patients who developed delirium (e.g., qualitative means) | 3.50 |
| Experience of family of patients who developed delirium (e.g., qualitative means) | 3.50 |
| Etiologic/mechanistic relationship between level of consciousness (e.g. coma) and ICU delirium | 3.33 |
| Importance of rapidly reversible ICU delirium (CAM-ICU + when RASS = -3) | 3.33 |
| Risk factors for delirium in the critically ill | 3.33 |
| Validity of basing ICU delirium screening tools on DSM-5 criteria | 3.33 |
| Detection of delirium in the ICU using physiologic alterations (e.g., EEG, observation of patient movement, eye movements etc) | 3.33 |
| Defining the benefit(s) of systematic evaluation of delirium in the ICU | 3.33 |
| Characterization of ICU delirium in patients with acute brain injury | 3.17 |
| Characterization of severity/burden of ICU delirium (e.g., symptom score, duration etc) | 3.17 |
| Impact of ICU delirium on survival (longer-term) | 3.17 |
| Detection of delirium in the ICU among patients with baseline cognitive impairment | 3.00 |
| Impact of ICU delirium on survival (short-term) | 3.00 |
| Characterization of ICU delirium in patients with acute alcohol withdrawal | 2.83 |
| Identification/characterization of ICU delirium using EEG | 2.83 |
| Identification/characterization of ICU delirium using biomarkers | 2.67 |
| ICU delirium prognosis: Differentiating association from causality | 2.67 |
| Identification/characterization of ICU delirium using neuroimaging (e.g. MRI, PET) | 2.50 |
| Importance of motoric subtypes of ICU delirium | 2.33 |
| Development of animal models for ICU delirium | 2.17 |