**Supplemental Table 2. ICU Bundle components differ in the pediatric ICU**

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| **Bundle domain** | **Pediatric practice** | **Comments** |
| **Pain assessment** | -Numeric rating scale (NRS-11) (35)  -Faces Pain Scale-Revised (FPS-R) tool (36)  -Revised Faces, Legs, Activity, Cry, and Consolability tool (r-FLACC) (37, 38) | -r-FLACC is the closest equivalent to the CPOT and BPS  - All allow clinicians to infer patient pain through observations of movement, facial expression, activity, and verbal cues |
| **Sedation assessment** | -RASS (39).  -State Behavioral Scale (SBS) (40) | -As in adults, RASS has been validated for children as young as 2 months  -The SBS assigns a score of -3 to +2 rather than the RASS range of -5 to 4; both assign negative values to increasing depth of sedation and positive numbers to increasing degrees of agitation |
| **Increasing wakefulness** | -Nurse-driven protocolization | -SAT has limited evidence in children while nurse driven protocolization has been widely practiced (41, 42) |
| **Extubation readiness** | -Extubation Readiness Tests (ERTs) | -ERT has a positive predictive value of 92% for extubation success (43) |
| **Delirium assessment** | -ps/p-Confusion Assessment Method for the ICU tool (CAM-ICU)  -Cornell Assessment of Pediatric Delirium (CAPD) | -The ps/p-CAM-ICU tools are modified versions of the CAM-ICU and use age-appropriate images and assessment of visual tracking to screen for delirium (44, 45)  -The CAPD score is designed to detect delirium based on clinical observations over several hours  -Although not validated in adults, the CAPD score has been validated up to 18 years of age (46) |