**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) |