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Supplemental Table 1.

The full list of questions related to volume management included in the Medical Director Survey. Those included in the analysis are identified in bold.

- 1. Does your unit have a policy that limits the total amount of fluid removal during a single dialysis session?**
2. If yes, what is the total limit? ____ mL
3. Does your unit have a policy that limits the amount of fluid removal per hour (not including isolated ultrafiltration)?
4. If yes, what is the limit? ____ mL per hour
- 5. Does your unit perform isolated ultrafiltration?**
- 6. Is there a protocol in your unit that specifies how often to assess dry weight in most patients?**
7. For a typical patient in your unit, how often is dry weight usually assessed?
8. For patients with excessive weight gain, who typically determines the ultrafiltration target?

Does your unit use the following techniques when assessing dry weight?

- 9. Orthostatic blood pressure measurement**
- 10. On-line volume indicator**
- 11. Bio-impedance study**

Are the following used for the management of excessive weight gain?

12. Prolongation of treatment time (without isolated ultrafiltration)
13. Sequential dialysis and ultrafiltration
14. Extra haemodialysis session

For patients prone to intradialytic hypotension, are the following used to limit or prevent intradialytic hypotension?

15. Midodrine or other vasoactive medication
- 16. Sodium modeling/profiling**
- 17. Lower dialysate temperature**
18. On-line volume indicator
19. Prolongation of treatment time (without isolated ultrafiltration)
20. Sequential dialysis and ultrafiltration
21. Extra haemodialysis session

22. Is there a standing protocol for management of patients who develop hypotension during a haemodialysis treatment? (intradialytic hypotension)

Are the following used for the acute management of intradialytic hypotension?

23. Albumin infusion
24. Hypertonic saline
25. Mannitol
26. Dextrose infusion
27. Decreased ultrafiltration rate
28. Decreased blood flow rate
29. Other (specify)

Supplemental Table 2.

Facility characteristic	‘Yes’ to Protocol for dry weight assessment	‘No’ to Protocol for dry weight assessment
Number of patients per facility	69 [45,105]	66.5 [45,90]
Patient:Doctor ratio	19.8 [10.3,26.5]	18.6 [11.5,27.6]
Patient:Nurse ratio	4 [3,6]	4 [3.5,6]
For-profit facility	19 (32%)	47 (27%)
Fluid Volume Management		
‘Yes’ to Routine orthostatic BP measurement to assess dry weight	37 (55%)	118 (58%)
‘Yes’ to Routine on-line volume indicator to assess dry weight	16 (24%)	40 (20%)
‘Yes’ to Routine bio-impedance study to assess dry weight	4 (6%)	9 (5%)
‘Yes’ to Policy that limits fluid removal during dialysis session	32 (48%)	61 (31%)
‘Yes’ to Performs isolated ultrafiltration	49 (74%)	143 (72%)
Management of IntraDialytic Hypotension		
‘Yes’ to Protocol for managing IDH	35 (56%)	92 (49%)
‘Yes’ to Routine sodium modeling/profiling to limit or prevent IDH	22 (33%)	94 (47%)
‘Yes’ to Routine lower dialysate temperature to limit or prevent IDH	43 (64%)	106 (52%)

Values are median [interquartile range] and numbers (percentages).

The table compares characteristics and facility practices between those facilities that answered ‘Yes’ to the question ‘Is there a protocol in your unit that specifies how often to assess dry weight in most patients?’ and those that answered ‘No, done as clinically indicated’.

The percentages of facilities answering ‘Yes’ and ‘No’ have similar characteristics and do not differ substantially for other practices, indicating no interdependence of these practices.

In contrast, facilities often used two of the practices for managing intradialytic hypotension. 69% of facilities that answered ‘Yes’ to routine sodium profiling also answered ‘Yes’ to low dialysate temperature for managing hypotension, whereas 31% of facilities that answered ‘No’ to routine sodium profiling answered ‘Yes’ to low dialysate temperature for managing hypotension.