SUPPLEMENTARY MATERIAL

Intra-abdominal hypertension and abdominal compartment syndrome survey

1. What is your position?
   – Specialist
   – Fellow
   – Consultant

2. How long have you been working in a PICU?
   – 0–5 years
   – 6–10 years
   – 11–15 years
   – > 15 years

3. Classification of your facility:
   – Teaching academic hospital
   – Teaching non-academic hospital
   – Non–teaching governmental hospital
   – Private hospital

4. Type of PICU:
   – Medical
   – Surgical
   – Mixed
   – Pure cardiac

5. How many beds do you have in your PICU?
   – Less than 10 ICU beds
   – 10–20 ICU beds
   – 21–30 ICU beds
   – More than 30 ICU beds

6. Are you familiar with IAH or the effect of elevated IAP on organ function?
   – Yes
   – No

7. Are you familiar with abdominal compartment syndrome (ACS)?
   – Yes
   – No

8. Are you familiar with the concept of abdominal perfusion pressure?
   – Yes
   – No

9. Do you believe that IAH and ACS are important problems in SURGICAL/TRAUMA patients?
   – Yes
   – No

10. Do you believe that IAH and ACS are important problems in MEDICAL patients?
   – Yes
   – No

11. Approximately how many cases of ACS have you seen in the last year (2019)?
   – I don't monitor for ACS
   – 0
   – 1–5
   – 6–10
   – more than 10
   – Other (please specify)

12. What do you regard as a normal IAP in healthy children?
   – 0–10 mmHg
   – 11–12 mmHg
   – 13–15 mmHg
   – 16 mmHg
   – Other (please specify)

13. What IAP do you regard as intra–abdominal hypertension (IAH) in children?
   – > 5 mmHg
   – > 10 mmHg
   – > 12 mmHg
   – > 15 mmHg
   – > 20 mmHg
   – > 25 mmHg

14. In paediatric patients with IAH and organ dysfunction, at what IAP do you think ACS can occur?
   – > 5 mmHg
   – > 10 mmHg
   – > 12 mmHg
   – > 15 mmHg
   – > 20 mmHg
   –> 25 mmHg

15. Do you measure IAP in your patients? (If the answer is YES go to question 17)
   – Yes
   – No

16. If your answer to the previous question was NO: Please indicate reasons why you do not measure IAP (Select all that apply):
 – I don't know how to measure IAP
 – I think it has no clinical relevance
 – Costs
 – I rely on clinical/physical examination and assessment
 – I don't think it is a frequent condition in the paediatric population
 – I don't know how to interpret IAP
 – There is insufficient evidence to suggest that treatment of IAH improves the patient
 – Other (please specify)

17. What is your PREFERRED method for diagnosing IAH/ACS?
 – Abdominal perimeter/circumference
 – Clinical examination of the abdomen
 – Abdominal CT scan
 – Abdominal ultrasound
 – IAP measurement
 – Clinical examination + IAP measurement
 – Other (please specify)

18. What method(s) do you use to measure IAP? (Please select all that apply.)
 – Transvesical (bladder) measurement
 – Direct (peritoneal) measurement
 – Transgastric measurement

19. For the transvesical (bladder) technique of measuring IAP, what volume do you instil into the bladder before IAP measurement?
 – 1 mL kg^{-1}
 – 2 mL kg^{-1}
 – 3 mL kg^{-1}
 – 4 mL kg^{-1}
 – 25 mL regardless of the weight

21. In which medical patient population(s) do you measure IAP? (Please select all that apply.)
 – Sepsis
 – Mechanical ventilation
 – Organ failure
 – Massive fluid resuscitation
 – Obesity
 – Acute pancreatitis
 – Ascites secondary to liver failure
 – Burns
 – At risk for IAH
 – Other (please specify)

22. In which SURGICAL patient population(s) do you measure IAP? (Please select all that apply)
 – Intra–abdominal trauma/bleeding
 – Intra–abdominal bleeding secondary to coagulopathy
 – Gastrointestinal tract surgery
 – Bowel perforation
 – Liver transplant surgery
 – Massive fluid resuscitation
 – Other (please specify)

23. When initially setting out to monitor IAP, how often do you ROUTINELY measure it?
 – Once every 24 hours
 – Once every 12 hours
 – Once every 6 hours
 – Once every 4 hours
 – When clinically indicated
 – Continuously

Please indicate the frequency with which you use the following interventions in managing IAH and ACS.

24. Inotropes/vasopressors
 – Always
 – Usually
 – Sometimes
 – Rarely
 – Never

25. Diuretics
 – Always
 – Usually
 – Sometimes
 – Rarely
 – Never

26. Sedation/muscle relaxant
 – Always
 – Usually
 – Sometimes
 – Rarely
 – Never

27. Body positioning
 – Always
 – Usually
 – Sometimes
 – Rarely
 – Never

28. Abdominal paracentesis
  – Always
  – Usually
  – Sometimes
  – Rarely
  – Never

29. Decompressive laparotomy
  – Always
  – Usually
  – Sometimes
  – Rarely
  – Never

30. On what criteria do you commonly base your decision to request surgical decompression on a patient with ACS? (Select all that apply)
  – The IAP
  – The degree of organ dysfunction
  – The cause of ACS
  – The evolution of IAP
  – The evolution of organ dysfunction
  – I do not surgically decompress patients with ACS
  – Other (please specify)

31. Which of the following factors would affect your decision to consult a surgeon to discuss the option of a decompressive laparotomy on a patient with a known or suspected elevation in IAP? (Select all that apply)
  – Abdominal distension
  – Decreasing cardiac output
  – Increasing oxygen requirement
  – Increasing vasopressor or inotrope doses
  – Increasing ventilator pressures
  – Worsening acidosis
  – Worsening oliguria
  – Other (please specify)