

Supplement material S1

Participant Questionnaire: Survey on the Management of Pediatric Sepsis and Septic Shock among Thai Physicians

Part 1: General Information

- Gender: Male Female Prefer not to disclose Other: _____

- Years of Experience as a Physician

- 0-1 years 1-2 years 2-3 years
 3-5 years 5-10 years More than 10 years
 Prefer not to disclose

- Medical specialist

- General Practice Pediatrics
 Prefer not to disclose Other: _____

- Current Professional Role

- Intern or General Practitioner (GP) Resident or clinical fellow
 Pediatric Specialty Physician or Faculty Staff
 Prefer not to disclose Other: _____

- Hospital Type Where You Work

- Primary care center (≤ 30 beds)
 Secondary care center (> 30 beds)
 Tertiary care center
 Super tertiary care center
 Private Hospital
 Other: _____

- Geographical Region of Your Hospital

- Bangkok Central Region Northern Region
 Southern Region Eastern Region Northeastern Region
 Western Region

- Have you participated in any training or studied about the management of sepsis/septic shock in children?

- Yes No

Part 2: Survey on Practices for Treating Pediatric Sepsis and Septic Shock

Please answer the survey truthfully.

1. When was the last time you treated a child with sepsis or septic shock?

- Within the past week Within the past month
 Within the past 3 months Within the past 6 months
 Within the past year More than a year ago
 Never treated a child with sepsis or septic shock

2. On average, how many patients did you diagnose with sepsis or septic shock per month in the past year?

- 1-2 patients per month 2-5 patients per month
 5-10 patients per month 10-15 patients per month
 More than 15 patients per month

3. For a 6-year-old boy weighing 20 kg with no prior illnesses who was injured playing with friends in the park two days ago and now has a pus-filled wound on his leg,

how long did it take to screen this patient until the doctor examined him at your hospital?

- 5 minutes 15 minutes 30 minutes
 1 hour 2 hours Other: _____

4. Upon examining the patient described in question 3, a boy shows good consciousness, clear lungs, a wound with pus on the left leg, warm extremities, flash capillary refill, and bounding pulses, what do you consider the most important in the initial resuscitation of this patient?

- Broad-spectrum antibiotic Appropriate fluid bolus
 Wound dressing and sending pus for culture
 Dopamine infusion Epinephrine infusion

5. How soon after admission does a patient like the one in question 3 receive a broad-spectrum empirical antibiotic in your hospital?

- 15 minutes 30 minutes 1 hour
 2 hours More than 2 hours Other: _____

6. For the patient in question 3, which fluid for resuscitation would you choose first?

- 5% Dextrose in saline Normal saline Ringer's lactate solution
 5% human Albumin Blood component Other: _____

7. What volume of fluid would you use for loading fluid resuscitation for the patient in question 3?

- 200 ml (10 ml/kg) 300 ml (15 ml/kg) 400 ml (20 ml/kg)
 500 ml (25 ml/kg) 600 ml (30 ml/kg) Other: _____

8. How would you administer the fluid in question 7 to the patient?

- IV bolus IV in 5 min IV in 10 min

- IV in 15 min IV in 30 min IV in 1 hr
 IV in 2 hr IV in 8 hr IV in 24 hr
 Per oral Intraosseous
 Fluid not required for this patient

9. After the first fluid administration for the patient in question 3, if the BP is measured again at 75/40 mmHg and HR at 156 bpm with no signs of fluid overload, what is the maximum initial fluid resuscitation volume you would use before deciding to administer inotropic/vasoactive agents?

- 400 ml (20 mL/kg) 500 ml (25 mL/kg) 600 ml (30 mL/kg)
 800 ml (40 mL/kg) 1000 ml (50 mL/kg) 1200 ml (60 mL/kg)
 1400 ml (70 mL/kg) 1600 ml (80 mL/kg) 1800 ml (90 mL/kg)
 2000 ml (100 mL/kg) Other: ____

10. Which inotropic/vasoactive agents are available for use in your hospital? (Multiple answers possible)

- Dopamine Dobutamine Epinephrine
 Norepinephrine Milrinone Levosimendan
 Vasopressin Terlipressin Angiotensin
 Enoximone Other: ____

11. After administering the full volume of fluid in question 9, how soon after you order treatment does the patient typically receive inotropic/vasoactive agents in your hospital?

- 5 minutes 15 minutes 30 minutes
 1 hour 2 hours Other: ____

16. What is the mortality rate for pediatric patients with sepsis/septic shock in your hospital?

Less than 10%

10-20%

20-40%

40-60%

60-80%

More than 80%

Other: _____

17. Have you received training on pediatric sepsis/septic shock management during your training?

Yes

No

Other: _____

18. Do you think there should be annual training on pediatric sepsis/septic shock management?

Yes, it should be organized

No, it should not be organized

Other: _____

19. Are you able to access a central line in children (excluding umbilical vein catheters in newborns)?

Yes

No

Other: _____

20. Who do you think should be able to access a central line in children? (Multiple answers possible)

General Practitioners

Family Medicine Physicians

Emergency Medicine Physicians

General Pediatricians

Pediatric Specialists

General Surgeons

Pediatric Surgeons

Anesthesiologists

Other: _____

21. Comments or suggestions on managing pediatric sepsis/septic shock in your hospital

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22. Other comments or suggestions:

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