

Supplemental Table. Questionnaire

Sections of Questionnaire	Question Subtypes	Questions
Demographics	N/A	<ul style="list-style-type: none"> • How many beds are on your unit? (0–25, 26–50, 51–75, >75) • What is your practice area? (CICU, NICU, PICU)
Assessment	N/A	<ul style="list-style-type: none"> • When do you consider assessment for delirium? (PMA threshold, risk factors, other) • What delirium scoring system does your practice area utilize? (pCAM-ICU/psCAM-ICU, CAPD, other, unsure, no formal scoring documented) • How often is delirium scored at your institution? (every shift, every 24 hours, other, unsure)
Prevention	N/A	<ul style="list-style-type: none"> • Please indicate what preventative measures you currently take in your practice area to prevent delirium? (avoidance of physical restraints, child life involvement, discontinuing anticholinergics, early mobilization, family member involvement, “hands-off” periods/clustering care to allow for uninterrupted sleep, limitation of benzodiazepines, noise-reducing devices, scheduled labs outside of designated sleeping hours, supporting developmentally appropriate sleep-wake cycles, titrating down sedatives/utilizing light sedation) • Does your institution utilize melatonin for delirium prevention? • What is the starting dose of melatonin (mg/kg) or standard dosing based on age or body size? • What dosing formulation/method for melatonin does your institution use? (tablets/capsules, gummies, commercially available oral solution/suspension, compounded oral suspension, ODT, other)
Treatment	Delirium protocols	<ul style="list-style-type: none"> • Does your institution have a delirium treatment protocol? • Do you require a psychiatry consult prior to starting delirium treatment? • Do you or your institution’s treatment protocol treat based on delirium type (i.e. hyperactive, hypoactive, or mixed)? • Please indicate which types of delirium you or your institution’s protocol treat for? (hyperactive, hypoactive, mixed, or delirium subtype not specified)
	Antipsychotics	<ul style="list-style-type: none"> • What medications are initiated for delirium treatment in your practice? (haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, aripiprazole) • Based on the medications you selected for hyperactive, hypoactive, mixed, or delirium subtype not specified please move the names of the medications to rank them from most commonly utilized at your institution to least commonly utilized. • What dosing formulation/method does your institution use for haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole? Check all that apply. (tablets/capsules, gummies, commercially available oral solution/suspension, compounded oral suspension, ODT, IV, IM, SQ, other) • What is the starting dose for haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole (mg/kg) or standard dosing based on age or body size? • Do you titrate haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole dose based on delirium symptom control and resolution of symptoms? • How quickly do you titrate haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole up? (24–48 hours, >48 hours, other) • When do you consider titration of haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole? • What dosing increment is utilized when increasing haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole? • Do you discontinue haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole immediately at delirium resolution? • How often do you reduce the dose to taper haloperidol, risperidone, olanzapine, quetiapine, ziprasidone, OR aripiprazole off? (24–48 hours, >48 hours, other)

Supplemental Table. Questionnaire (cont.)

Sections of Questionnaire	Question Subtypes	Questions
	Adjunct therapies	<ul style="list-style-type: none"> • What adjunctive therapies do you utilize at your institution? Check all that apply. (gabapentin, ketamine, clonidine, clonidine, dexmedetomidine, other)
	Adverse event monitoring	<ul style="list-style-type: none"> • Do you have a standardized medication monitoring protocol? (yes, no, unsure, other) • What medication adverse events do you monitor for? (dyslipidemia, hyperprolactinemia, hypertriglyceridemia, QTc prolongation) • You indicated that you monitor for dyslipidemia. How often do you monitor for this adverse effect? (daily, weekly, monthly, other) • You indicated that you monitor for hyperprolactinemia. How often do you monitor for this adverse effect? (daily, weekly, monthly, other) • You indicated that you monitor for hypertriglyceridemia. How often do you monitor for this adverse effect? (daily, weekly, monthly, other) • Is there a triglyceride threshold that would cause you to discontinue delirium treatment? (No, yes—please specify) • You indicated that you monitor for QTc prolongation. Do you get a baseline EKG prior to starting delirium treatment? • How often do you monitor for QTc prolongation? (daily, weekly, monthly, other) • Is there a QTc threshold that would discourage or prevent you from adding on delirium treatment? If there is, please click yes and list measurement in free text box. • Is there a QTc threshold that would cause you to discontinue delirium treatment? If there is, please click yes and list measurement in free text box. • Does the amount of concomitant QTc-prolonging agents dissuade you from using your preferred delirium treatment? (No, yes—please enter at what number of concomitant QTc-prolonging medications do you recommend NOT initiating delirium treatment) • Do you monitor electrolyte disturbances at baseline? (No, yes—please enter how often do you monitor electrolyte abnormalities after therapy initiation)

CAPD, Cornell Assessment of Pediatric Delirium; CICU, cardiac intensive care unit; EKG, electrocardiogram; IM, intramuscular; IV, intravenous; N/A, not applicable; NICU, neonatal intensive care unit; ODT, orally disintegrating tablets; pCAM-ICU, pediatric Confusion Assessment Method; PICU, pediatric intensive care unit; PMA, post-menstrual age; psCAM-ICU, preschool Confusion Assessment Method; SQ, subcutaneous