CQ18-1 (GRADE)

- P: Pediatric patients with septic shock/ severe sepsis or organ injury due to infection I: Use of clinical algorithms for initial resuscitation C: Not use of clinical algorithms for initial resuscitation O: Mortality, resolution of shock

	Certainty assessment							№ of patients		t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
1	observational study	very serious	not serious	not serious	serious	Residual confounding indicated pseudo effect.	2/27 (7.4%)	24/64 (37.5%)	OR 0.13 (0.03 to 0.61)	303 fewer per 1,000 (from 357 fewer to 107 fewer)	⊕⊕⊖ Low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ18-7 (GRADE and unGRADE)

- P: Pediatric patients with septic shock
- I: Dopamine
- C: Adrenaline/ Noradrenaline
- O: Mortality, resolution of shock, length of ICU stay, serious adverse event

Dopamine vs Adrenaline

			Certainty a	ssessment			№ of p	atients	Effec	t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality (28	day)											
2	randomized study	not serious	not serious	not serious	very serious	none	31/94 (33.0%)	18/86 (20.9%)	RR 1.65 (0.71 to 3.82)	136 more per 1,000 (from 61 fewer to 590 more)	⊕⊕⊖⊖ Low	CRITICAL
esolution o	f shock within 1 h	our										
1	randomized study	not serious	not serious	not serious	serious	none	4/31 (12.9%)	12/29 (41.4%)	RR 0.31 (0.11 to 0.86)	286 fewer per 1,000 (from 368 fewer to 58 fewer)	⊕⊕⊕○ Moderate	CRITICAL
asoactive d	rug free-days											
1	randomized study	not serious	not serious	not serious	very serious	none	63	57	-	MD 4.80 day lower (from 8.44 lower to 1.16 lower)	⊕⊕⊖⊖ Low	CRITICAL
ength of IC	U stay											
1	randomized study	not serious	not serious	not serious	serious	none	31	29	-	MD 1.00 day lower (from 3.95 lower to 1.95 lower)	⊕⊕⊕○ Moderate	CRITICAL
Serious adve	erse event								•			
2	randomized study	not serious	not serious	not serious	very serious	none	25/94 (26.6%)	10/86 (11.6%)	RR 2.08 (0.57 to 7.57)	126 more per 1,000 (from 50 fewer to 764 more)	⊕⊕⊖⊖ _{Low}	CRITICAL

Dopamine vs Adrenaline (GRADE)

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

Dopamine vs Noradrenaline (unGRADE)

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ18-8 (GRADE)

- P: Pediatric patients with septic shock/ vasodilation shock
- I: Vasopressin
- C: Noradrenaline or placebo
 O: Mortality (hospital), Duration of resolution of shock, length of ICU stay, serious adverse events

			Certainty a	ssessment			№ of p	atients	Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
2	randomised trials	serious	not serious	serious	very serious	none	30/63 (47.6%)	25/60 (41.7%)	RR 1.17 (0.60 to 2.26)	60 more per 1,000 (from 130 fewer to 250 more)	⊕⊖⊖⊖ Very low	CRITICAL
Duration of r	esolution of shock	(
1	randomised trials	serious	not serious	serious	very serious	none	33	32	-	MD 2.60 h higher (from 49.95 lower to 55.15 higher)	⊕⊖⊖ Very low	CRITICAL
Length of IC	U stay											
2	randomised trials	serious	not serious	serious	very serious	none	63	60	-	MD 3.64 day lower (from 9.82 lower to 2.53 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Serious adve	erse events					_	_			•		
2	randomised trials	serious	not serious	serious	very serious	none	8/63 (12.7%)	5/60 (8.3%)	RR 1.52 (0.53 to 4.36)	40 more per 1,000 (from 60 fewer to 140 more)	⊕⊖⊖⊖ Very low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ18-9 (GRADE)

- P: Pediatric patients with septic shock (initial fluid resuscitation and catecholamines did not archive resolution of shock)
- I: Steroid
- C: Not use of steroid
- O: Mortality (ICU), length of hospital stay, Duration of resolution of shock, length of mechanical ventilation, complication

	Certainty assessment						Nº of p	patients	Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
3	randomised trials	serious	not serious	not serious	very serious	none	22/74 (29.7%)	27/81 (33.3%)	RR 0.88 (0.50 to 1.39)	40 fewer per 1,000 (from 167 fewer to 130 more)	⊕⊖⊖⊖ Very low	CRITICAL
Length of ho	spital stay											
2	randomised trials	serious	not serious	not serious	not serious	none	EI-Nawawy 2017: 11.4 \pm 8.2 vs 8.2 \pm 5.3 days Menon 2017: 10.7 [5.4, 25.9] vs 9.6 [7.1, 20.9] days				⊕⊕⊕○ Moderate	CRITICAL
Duration of r	esolution of shocl	k										·
2	randomised trials	serious	not serious	serious	serious	none		wawy 2017: 60.0 ± 21 . enon 2017: 49.5 [26, 144		S	⊕⊖⊖ Very low	CRITICAL
Secondary in	nfection			•	•	· · · · · · · · · · · · · · · · · · ·	-				· ·	
2	randomised trials	serious	serious	not serious	very serious	none	7/42 (16.7%)	6/45 (13.3%)	RR 1.31 (0.45 to 3.13)	41 more per 1,000 (from 73 fewer to 284 more)	⊕⊖⊖⊖ Very low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ18-10 (GRADE)

- P: Hemodynamically stable pediatric critically ill patients I: Lower red blood cell transfusion threshold
- C: Higher red blood cell transfusion threshold
- O: Mortality (hospital), length of ICU stay, length of hospital stay, length of mechanical ventilation, complication due to transfusion

			Certainty a	ssessment			№ of p	atients	Effec	t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
2	randomised trials	not serious	not serious	serious	very serious	none	17/391 (4.3%)	21/406 (5.2%)	RR 0.89 (0.46 to 1.74)	6 fewer per 1,000 (from 28 fewer to 30 more)	⊕⊖⊖⊖ Very low	CRITICAL
Length of ICL	J stay											
2	randomised trials	not serious	serious	not serious	very serious	none	391	406	-	MD 0.62 day lower (from 1.76 lower to 0.51 higher)	⊕⊖⊖ Very low	CRITICAL
Length of me	chanical ventilati	on										
2	randomised trials	not serious	serious	not serious	very serious	none	391	406	-	MD 0.00 day higher (from 0.84 lower to 0.84 higher)	⊕⊖⊖ Very low	CRITICAL
Complication	due to transfusion	on				_			_	•	_	
1	randomised trials	not serious	not serious	not serious	very serious	none	97/320 (30.3%)	90/317 (28.3%)	RR 1.10 (0.78 to 1.54)	28 more per 1,000 (from 62 fewer to 153 more)	⊕⊕⊖⊖ Low	CRITICAL

				JUDGEMENT			
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ18-11 (GRADE)

- P: Pediatric patients with sepsis
 I: Blood purification therapy
 C: Not use of blood purification therapy
 O: Mortality, length of ICU stay, length of mechanical ventilation, duration of resolution of shock, serious adverse events

	Certainty assessment							№ of patients		Effect		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
1	randomised trials	serious	not serious	not serious	very serious	none	10/25 (40.0%)	4/23 (17.4%)	RR 3.17 (0.83 to 12.13)	377 more per 1,000 (from 30 fewer to 1000 more)	⊕⊖⊖⊖ Very low	CRITICAL

	JUDGEMENT									
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know			
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know			
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know			
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies			
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability						
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know			
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			

CQ18-12 (unGRADE)

- P: Pediatric patients with severe sepsis/ septic shock or organ injury due to infection
- I: Use of IVIG
- C: Use of placebo or not use of IVIG
- O: Mortality, duration of resolution of shock, length of mechanical ventilation, length of ICU stay, adverse effect

	JUDGEMENT									
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know			
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know			
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know			
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies			
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability						
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know			
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			

CQ18-13 (GRADE)

- P: Pediatric patients in intensive care unit
 I: Strict glycemic management
 C: Standard glycemic management
 O: Mortality, length of ICU stay, length of mechanical ventilation, hypoglycemia

Certainty assessment						№ of patients		Effect				
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Mortality												
5	randomised trials	not serious	serious	not serious	serious	none	98/1928 (5.1%)	107/1995 (5.4%)	RR 0.98 (0.73 to 1.31)	1 fewer per 1,000 (from 14 fewer to 17 more)	⊕⊕⊖⊖ Low	CRITICAL
Length of ICU	J stay											
3	randomised trials	not serious	serious	not serious	not serious	none	1533	1516	-	MD 0.50 day lower (from 0.52 lower to 0.48 lowerr)	⊕⊕⊕ Moderate	CRITICAL
Length of me	chanical ventilation	on										_
3	randomised trials	not serious	serious	not serious	not serious	none	1533	1516	-	MD 0.30 day lower (from 0.32 lower to 0.27 lower)	⊕⊕⊕○ Moderate	CRITICAL
Hypoglycem	Hypoglycemia											
5	randomised trials	not serious	serious	not serious	serious	none	185/1931 (9.6%)	39/2002 (1.9%)	RR 6.37 (4.41 to 9.21)	105 more per 1,000 (from 66 more to 166 more)	⊕⊕⊖⊖ _{Low}	CRITICAL

	JUDGEMENT									
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know			
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know			
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know			
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies			
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability						
BALANCE OF EFFECTS	Probably favors the		Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know			
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know			