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| --- | --- | --- |
| **Question** | **Responses available** | **Response type** |
| ***Respondent details*** |  |  |
| Contact details for respondenta | Clinician name  Email  Institution | Free text |
| Are patients within your centres provided with any of the following | A written steroid replacement and management plan  Medic-Alert bracelet  Steroid-aware emergency cards  App with details on how to manage adrenal crisis  One to one patient/parent education (specify how often)  Patient/family information and support events (specify how often)  Website for your service  Contact details of a nurse or doctor | Select all responses that apply |
| ***Sick day episodes*** |  |  |
| Are patients advised to increase glucocorticoids (‘sick day dosing’) if any of the following events occur | Mild intercurrent illness, afebrile  Fever (please specify temperature threshold)  Severe infection, e.g. Pneumonia  Major emotional or mental stress, e.g. death of relative  School examination  Exhaustive strenuous exercise  Vaccinations  Minor surgery, including hospital dental procedures  Major surgery  Dental procedures in community  Other, please specify | Select all responses that apply |
| The sick day dose will be | The largest daily hydrocortisone dose doubled and administered 3 times daily  The largest daily hydrocortisone dose tripled and administered 3 times daily  The largest daily hydrocortisone dose may be doubled or tripled depending on the nature of the trigger and administered 3 times daily  The total daily dose tripled and administered 3 times daily  The total daily dose tripled and administered 4 times daily  The total daily dose as 30 mg/m2/day administered 4 times daily  Other, please specify | For each response available, select one option from a choice of: Moderate stress, Severe stress, All stress, Not applicable |
| Do you advise parenteral hydrocortisone if any of the following events occur | Vomiting  Diarrhoea  Minor surgery including dental procedures in hospital  Major surgery  Dental procedures in community  Other, please specify | For each response available, select all that apply from a choice of: Subcutaneous (SC) injection, intramuscular (IM) injection, intravenous (IV) injection, intravenous (IV) infusion |
| How long are patients advised to continue on an increased glucocorticoid dose ('sick day dose') prior to returning to a normal dose after the end of the following events | Mild intercurrent illness, afebrile  Fever  Severe infection, e.g. Pneumonia  Major emotional or mental stress, e.g. death of relative  School examination  Exhaustive strenuous exercise  Vaccinations  Minor surgery, including hospital dental procedures  Major surgery  Dental procedures in community  Other, please specify | For each response available, select one option from a choice of: At the time of event only, for 24 hours, for 48 hours, for >48 hours, not applicable |
| ***Adrenal Crises*** |  |  |
| In your opinion, the essential or desirable criteria for an 'adrenal crisis' should include the following | A. Clinical symptoms  Abdominal pain  Back and leg cramps  Confusion  Reduced conscious level  Fatigue  Nausea, vomiting  B. Physical examination  Fever  Low blood pressure  Skin pigmentation  Weight loss    C. Lab findings  Hyponatraemia  Hyperkalaemia  Hypoglycaemia  Normochromic anaemia  Elevated serum creatinine  D. Other  Clinical improvement following parenteral glucocorticoid administration  Other, please specify: | For each response available, select one option from a choice of: Essential, desirable, not applicable |
| What measures are routinely checked and recorded on history, examination and investigations in a child with an 'adrenal crisis' who presents to your centre | A. Clinical symptoms  Abdominal pain  Back and leg cramps  Confusion  Reduced conscious level  Fatigue  Nausea, vomiting    B. Physical examination  Temperature  Blood pressure  Skin pigmentation  Weight  Capillary refill time  Hydration status    C. Lab findings  Hyponatraemia  Hyperkalaemia  Hypoglycaemia  Normochromic anaemia  Elevated serum creatinine    D. Other  Clinical improvement following parenteral glucocorticoid administration  Other, please specify: | For each response available, select one option from a choice of: Always, sometimes, never |
| In the event of an adrenal crisis, are the majority of your patients | Managed at home and do not attend hospital  Attend emergency room only  Attend hospital and stay for less than 1 day  Attend hospital and stay for less than 2 days  Attend hospital and stay for less than 3 days  Attend hospital and stay for more than 3 days | Select one response |
| For management of adrenal crisis in the hospital, what medication are patients likely to receive at your centre | Bolus injection (IV or IM) of hydrocortisone  Continuous infusion of hydrocortisone  IV isotonic saline solution  Antihypoglycaemic drugs e.g. glucagon  Glucose infusion  Prednisolone  Sodium supplementation  Other, please specify: | For each response available, select one option from a choice of: Always, sometimes, never |
| Are there any other issues related to acute adrenal insufficiency related adverse events (sick day episodes and adrenal crisis) that you would like to comment on? |  | Free text |
| We would like to form a working group that informs the development of a consensus on the definition and management of adrenal insufficiency related adverse events in children. Are you interested in joining this group and receiving further information? | Yes  No | Select one response |

**Supplementary Table 1. Survey items and the responses available**

aMandatory fields