

SUPPLEMENTARY SECTION

Survey Questions

Demographics

1. For how many years have you practiced in intensive care?
2. How many level 3 beds is your unit staffed for?
3. On average what % of level 3 beds are occupied by intubated, mechanically ventilated patients at any time? (include patients ventilated via tracheostomy)
4. Case Mix: For each specialty listed below indicate as a percentage (%) approximately what proportion of your admissions they account for. If you do not admit such patients record 0. (Acute medical, acute surgical, elective surgical, specialist cardiothoracic, specialist neurology/neurosurgery, trauma, burns, other (please specify)).

Ventilator-associated pneumonia

1. Please tick ONE option that best reflects your current practice. When VAP is suspected...
 - a. ...an endotracheal aspirate should be taken, then empirical antibiotics started and amended according to microbiology.
 - b. ...a bronchoalveolar lavage (BAL) or protected specimen brush should be taken then empirical antibiotics started and amended according to microbiology.
 - c. ...empirical antibiotics should be commenced and a respiratory sample taken for culture at the earliest convenience.
 - d. ...empirical antibiotics should be commenced, no microbiological confirmation is required.
 - e. Other (please specify)

2. Which empirical antibiotics do you usually prescribe for suspected VAP? (Please state AND/OR where required)
3. What duration of antibiotics do you typically use for suspected VAP (days)?
4. If a diagnostic test were available to rapidly exclude VAP, in patients in whom it was suspected, what post test probability (false negative rate) would you consider acceptable when withholding antibiotics? (e.g. a post test probability of 15% would mean that in the case of a negative result there would still be a 15% chance that the patient did have VAP).
5. Please tick the ONE option that best describes the microbiology service within your hospital.
 - a. Qualitative microbiology only
 - b. Semi-quantitative microbiology
 - c. Quantitative microbiology
 - d. Don't know
6. What do you consider to be the commonest organisms isolated in VAP cases on your unit?
(Please list commonest first).
7. Please list the criteria you consider are mandatory to make a diagnosis of ventilator-associated pneumonia (VAP).

Chest Radiography

1. Except in the immediate post-intubation period (i.e. for tube confirmation) please tick the scenario that best describes how often you request a CXR in a ventilated patient.
 - a. Every day whilst intubated and whenever clinically indicated
 - b. Every other day whilst intubated and whenever clinically indicated
 - c. Every 3-4 days whilst intubated and whenever clinically indicated
 - d. Once a week and whenever clinically indicated
 - e. Only when clinically indicated
 - f. Other (please specify)

2. For each clinical feature listed below, arising in an intubated, mechanically ventilated patient, please indicate the frequency with which you would consider it an indication for a CXR. (Never, rarely, seldom, often, always)
 - a. New temperature $> 38^{\circ} \text{C}$
 - b. New purulent secretions on endotracheal aspiration
 - c. New or increasing inotrope requirement
 - d. New leukocytosis $> 11 \times 10^9/\text{L}$
 - e. New rise in FiO_2
 - f. New signs on auscultation
 - g. Other (please specify)

3. Please tick the one scenario that best describes interpretation/ reporting of CXRs performed on intubated and mechanically ventilated patients on your ICU.
 - a. All CXRs are reported by radiologists
 - b. Interpretation is done entirely by ICU staff
 - c. A radiologist will report on CXRs when requested to do so
 - d. All CXRs are interpreted by ICU staff but difficult/interesting CXRs are discussed with a radiologist in person/ at an x-ray meeting.

4. Please indicate your level of confidence in interpreting CXRs in intubated, mechanically ventilated patients. Please score 0-10 (0=not at all confident, 10= fully confident).

Bronchoscopy

1. Approximately how many bronchoscopies are performed on your unit each month?

2. Who performs bronchoscopies in your ICU and what proportion of the total number does this represent (as %).
 - a. ICU consultant
 - b. ICU registrar
 - c. Respiratory consultant
 - d. Respiratory registrar
 - e. Other (please specify)

3. If you personally perform diagnostic bronchoscopy please answer the following.
 - a. Approximately how many have you performed?
 - b. Do you feel adequately trained?
 - c. Who trained you in bronchoscopy? (specialty/grade)

4. If you perform bronchoalveolar lavage...
 - a. What volume of saline do you instil? (mls)
 - b. What volume do you typically retrieve? (mls)
 - c. Which lobe/segment would you sample in a patient with diffuse shadowing throughout both lungs?

5. Please rate your confidence in performing each of the following bronchoscopic techniques (out of 10). 0= no confidence, 10= fully confident.
 - a. Bronchoalveolar lavage
 - b. Endobronchial biopsy
 - c. Recognition of a tumour if one were present
 - d. Clearance of impacted mucous

6. Thank you for taking part in this survey. Please add any comments you may have in relation to the survey content.