Figure: Ascertainment of shock-reversal in various participant clinical scenarios in SQUEEZE

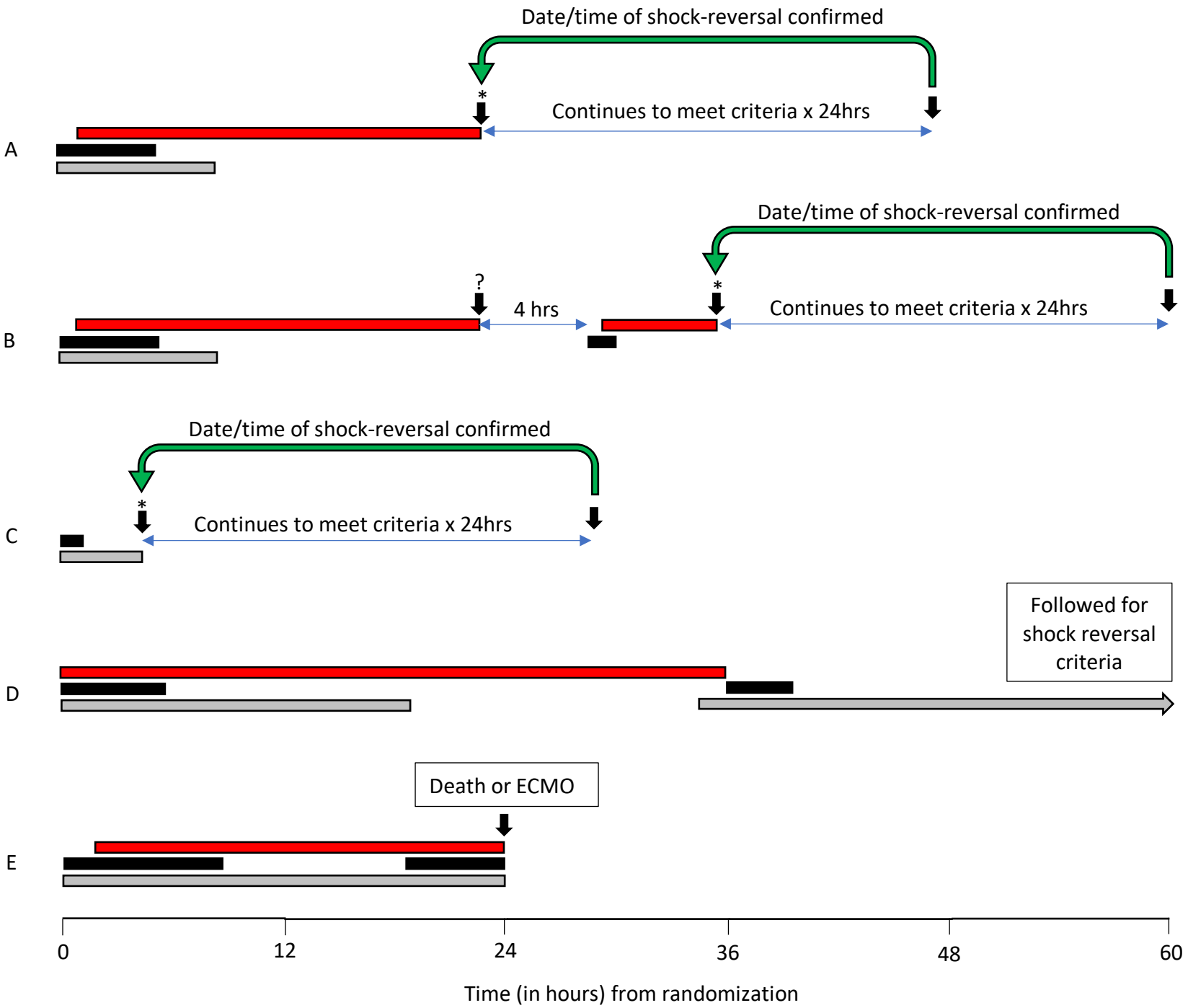

Figure Legend

Vasoactive medication infusion for treatment of shock

Hypotension

Abnormal heart rate and/or capillary refill

Figure Caption

Scenarios A-E illustrate 5 different clinical circumstances and how the date and time of shock-reversal is ascertained in each.
Scenario A – After the clinical team discontinues the last vasoactive medication infusion, the participant maintains normal blood pressure and heart rate for age, and normal capillary refill. After 24 hours of continuously meeting these criteria, the date/time of shock-reversal can be confirmed retrospectively as having been the point at which the last vasoactive medication was discontinued.
Scenario B – The clinical care team discontinues vasoactive medication support and it appears that shock *may* be reversed because blood pressure, heart rate, and capillary refill time are also within normal limits. The date and time of shock-reversal cannot be confirmed yet because 24 hours has not yet elapsed. The participant subsequently has a hemodynamic deterioration 4 hours after vasoactive medications were discontinued, which necessitates restarting vasoactive medication support. This is subsequently weaned off and after 24 hours of the shock-reversal criteria being continuously met, the date and time of shock reversal can then be confirmed.
Scenario C - Not all participants in shock are placed on vasoactive medication support. The date and time of shock reversal in these instances is when hypotension is resolved, and there is normalization of heart rate and capillary refill time.
Scenario D - Where abnormal vital signs (blood pressure and/or heart rate and/or capillary refill time) persist, the participant is followed for these to return to normal. If these vital signs do not normalize within 48 hours, the endpoint is adjudicated in discussion with the site principal investigator and/or the trial principal investigator. In such situations, premorbid vital signs are reviewed (if available) to determine whether the participant's baseline vital signs fall outside of the normal range for age, as may be the case for children with underlying chronic medical conditions.
Scenario E – if death occurs while the participant is in shock, or if the participant is placed on mechanical circulatory support while still in shock e.g. rescue extracorporeal membrane oxygenation (ECMO), shock is determined to be never reversed. In instances where mechanical circulatory support (most commonly ECMO) is initiated, participants are still followed for 90-day outcomes.