**Supplementary Table 1: PALICC definition of PARDS.** (22)

|  |  |
| --- | --- |
| Age | Exclude patients with peri-natal related lung disease |
| Timing | Within 7 days of known clinical insult |
| Origin of Edema | Respiratory failure not fully explained by cardiac failure or fluid overload |
| Chest Imaging | Chest imaging findings of new infiltrate(s) consistent with acute pulmonary parenchymal disease |
| Oxygenation | Non -invasive mechanical ventilation | Invasive mechanical ventilation |
|  | PARDS (No severity stratification) | Mild | Moderate | severe |
|  | Full face-mask bi-level ventilation or CPAP ≥5cm H2O2PF ratio ≤300SF ratio ≤2641 | 4≤ OI <85≤ OSI <7.51 | 8≤ OI <167.5 ≤OSI <12.31 | OI >16OSI>12.31 |
|   | 1-Use PaO2-based metric when available. If PaO2 is not available, wean FiO2 to maintain SpO2 ≤97% to calculate oxygen saturation index (OSI: [FiO2 × mean airway pressure × 100]/SpO2) or SpO2: FiO2 (SF) ratio.2-For non-intubated patients treated with supplemental oxygen or nasal modes of noninvasive ventilation |

**Supplementary Table 1: Pediatric acute respiratory distress syndrome (PARDS) definition** (CPAP: continuous positive airway pressure, PF ratio: partial pressure of arterial oxygen ratio to Fractional Index of Inspired Oxygen, SF ratio SpO2:FiO2, OI: oxygenation index, OSI: oxygen saturation index)

**Reference**

22. Khemani RG, Smith LS, Zimmerman JJ, Erickson S (2015) Pediatric Acute Lung Injury Consensus Conference Group. Pediatric acute respiratory distress syndrome. Pediatr Crit Care Med 16(5):23–40