

## Supplementary Materials

Table 1. Items' frequencies, percentages, and median scores/self-reported practice of sepsis and Septic Shock (SS) treatment as reported by nurses and physicians (N=119).

Item Number	Item Question	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)	The median score for nurses (n=104)	Median score for physicians (n=15)
1	Rapid administration of crystalloid intravenous fluid (for example, normal saline) at a rate of 30 mL/Kg in case of hypotension (within the first hour).	9 (7.6)	10 (8.4)	32 (26.9)	27 (22.7)	41 (34.5)	4	4
2	Following initial fluid resuscitation, administering additional fluids is guided by frequent reassessment of hemodynamic status and fluid balance.	-	11 (9.2)	25 (21.0)	36 (30.3)	47 (39.5)	4	4
3	Administering vasopressors if the patient still hypotensive to maintain mean arterial pressure above 65 mm/Hg when hypovolemia is ruled out.	2 (1.7)	6 (5)	17 (14.3)	39 (32.8)	55 (46.2)	4	5
4	Using norepinephrine (for example, levophed) as the first-choice vasopressor to treat hypotension.	2 (1.7)	8 (6.7)	23 (19.3)	42 (35.3)	44 (37.0)	4	4
5	Using Hydroxyethyl Starches (HESs) (a colloid solution) for intravascular volume replacement in	24 (20.2)	32 (26.9)	32 (26.9)	22 (18.5)	9 (7.6)	3	2

	patients with sepsis or SS.							
6	Appropriate routine microbiologic cultures (including blood culture) are obtained before starting antibiotic therapy in patients with suspected sepsis or SS.	2 (1.7)	13 (10.9)	15 (12.6)	29 (24.4)	60 (50.4)	4.5	5
7	Intravenous broad-spectrum antibiotics are initiated within one hour of sepsis or SS recognition.	2 (1.7)	6 (5.0)	24 (20.2)	48 (40.3)	39 (32.8)	4	4
8	Identifying, controlling, or removing the source of sepsis as rapidly as possible.	2 (1.7)	8 (6.7)	23 (19.3)	51 (42.9)	35 (29.4)	4	4
9	Administration of erythropoietin for treatment of anemia associated with sepsis.	25 (21.0)	39 (32.8)	26 (21.8)	23 (19.3)	6 (5.0)	2	2
10	Using prone over supine position in adult patients with sepsis-induced Acute Respiratory Distress Syndrome (ARDS) and a PaO <sub>2</sub> /FiO <sub>2</sub> ratio <150	32 (26.9)	24 (20.2)	30 (25.2)	22 (18.5)	11 (9.2)	3	2
11	Using a weaning protocol in mechanically ventilated patients with sepsis-induced respiratory failure who can tolerate weaning.	2 (1.7)	9 (7.6)	32 (26.9)	45 (37.8)	31 (26.1)	4	4
12	Using a specific protocol for blood glucose management (for example, sliding scale) and starting insulin dosing when two consecutive blood glucose levels are >180 mg/dL.	1 (0.8)	11 (9.2)	27 (22.7)	36 (30.3)	44 (37.0)	4	5

13	Administering venous thromboembolism pharmacologic prophylaxis [unfractionated heparin or low-molecular-weight heparin], in the absence of contraindications.	3 (2.5)	9 (7.6)	25 (21.0)	35 (29.4)	47 (39.5)	4	5
14	Administering stress ulcer prophylaxis to patients with sepsis or SS who have risk factors for gastrointestinal bleeding.	3 (2.5)	8 (6.7)	19 (16.0)	33 (27.7)	56 (47.1)	4	5
15	Initiating early enteral nutrition in critically ill patients with sepsis or SS who can be fed enterally.	5 (4.2)	7 (5.9)	36 (30.3)	44 (37.0)	27 (22.7)	4	4
16	Measuring serum lactate (lactic acid) level within one hour of diagnosing patients with sepsis or SS.	6 (5.0)	16 (13.4)	45 (37.8)	27 (22.7)	25 (21.0)	3	3

PaO<sub>2</sub>, Partial Pressure of Oxygen; FiO<sub>2</sub>, Fraction of Inspired Oxygen