**Supplementary Table 1 –** Evaluation questionnaire 1.

**Evaluation questionnaire 1**

**Assessment of general features of AEDs for IHED**

Please rate the following ergonomic and appropriateness features of AEDs for in-hospital early defibrillation. Answers should refer to non-intensive care areas and to the organizational context of Bambino Gesù Children’s Hospital.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | **Notes** |
| **Manual features** | Manual mode defibrillation | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| Manual start of rhythm analysis | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| **Display** | Presence of a display | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| ECG waveform shown | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| HR shown | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| Delivered energy shown | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| **Electrodes** | Paediatric electrodes | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| Adapter for paediatric defibrillation | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| **Instructions, messages and alarms** | Indication of electrodes connection | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of type of connected electrodes | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of rhythm analysis phase | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of results of rhythm analysis | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of the ready for discharge condition | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of shock delivered | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of no. of delivered shocks | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| CPR instructions | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| CPR countdown | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| CPR feedback | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Indication of time elapsed since power-on | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |
| Battery status | 🞎 Required 🞎 Not required 🞎 Not advisable |  |
| 🞎 Audio prompt or alarm 🞎 Vocal message 🞎 Visual message or alarm |