Supplementary Table 2. Final Assessment of Statements by RAND Panel: Appropriateness of management in paediatric acute severe colitis (ASC) in the context of the COVID-19 pandemic. *Denotes questions where all panelists voted the same appropriateness category as the final outcome category (i.e. level of appropriateness was agreed unanimously). ◆Denotes disagreement index >1.

91 Statements	Median	Disagreement Index	Standard Deviation	Category
	Admission			
All paties	nts admitted	with ASUC		
Perform a SARS-CoV-2 swab on admission	9*	0.24	0.55	Appropriate
Perform a chest X-ray within 24 hours of admission	3.5	0.18	1.85	Uncertain
Isolate them in a side room throughout their admission regardless of COVID status	8	0.01	1.56	Appropriate
Expedite pathway timings with early biologic screen on admission.	8	0.24	0.80	Appropriate
Perform a	a flexible sign	_	0.00	
Within 24 hours of admission in all patients admitted with ASUC (as per BSG guidance)	3	0.00	0.76	Inappropriate
In all patients failing IV corticosteroids who have not had a flexible sigmoidoscopy on admission	7*	0.16	0.78	Appropriate
In all patients failing intravenous corticosteroid therapy who have already had a flexible sigmoidoscopy on admission	3	0.04	1.32	Inappropriate
In all patients being referred for colectomy who have not had a flexible sigmoidoscopy on admission, to confirm the diagnosis prior to surgery (excluding patients who have toxic megacolon or perforation)	8.5	0.13	1.14	Appropriate
In all patients being referred for colectomy who have already had a flexible sigmoidoscopy on admission, to assess the degree of ongoing inflammation (excluding patients who have toxic megacolon or perforation)	2	0.24	1 52	Inappropriate
	ine medical t		1.52	
First line medical therapy				

Negative swab and no symptoms or signs of COVID-19 infection

Follow standard ECCO/ESPGHAN		1	1	
guidelines and start intravenous				Appropriate
methylprednisolone daily as an inpatient	9*	0.00	0.28	
Start IV methylprednisolone daily as an				Inannronriato
outpatient				Inappropriate
	1*	0.00	0.77	
Ctart hudasanida/haslamatasana dailu as				
Start budesonide/beclometasone daily as an inpatient				Inappropriate
	1*	0.00	0.28	
Start IV steroids concurrently with				Inannranriata
infliximab	2*	0.13	0.75	Inappropriate
Start infliximab without steroids	2*	0.15	0.86	Inappropriate
Start IV steroids concurrently with				Incompanieta
ciclosporin	1.5	0.13	0.95	Inappropriate
Start ciclosporin and discontinue steroids	1*	0.00	0.60	Inappropriate
Start IV steroids concurrently with				
tacrolimus	1*	0.13	0.65	Inappropriate
Start IV steroids and discontinue				la a company de la company de
tacrolimus	1*	0.01	0.78	Inappropriate
Start oral "MADoV" antibiotic combination				
alongside immunosuppressive therapy				Inappropriate
(metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	3	0.65	1.93	
Start oral "MADoV" antibiotic combination	3	0.03	1.55	
alone (metronidazole, amoxicillin,				Inappropriate
doxycycline, vancomycin or equivalent)	2	0.18	0.99	
Start prophylactic anticoagulation	7	0.40	1.50	Appropriate
Discuss with COVID-19 specialist				Inappropriate
	3	0.52	1.77	
Positive swab but no sy	mptoms or si	gns of COVID-19	infection	
Follow standard ECCO/ESPGHAN				
guidelines and start intravenous				Appropriate
methylprednisolone daily as an inpatient	8*	0.13	0.73	
Start IV methylprednisolone daily as an				Inappropriate
outpatient				тарргортисс
	1*	0.00	0.00	
Start budesonide/beclometasone daily as				
an inpatient				Inappropriate
an inpution	1*	0.00	0.60	
Start IV steroids concurrently with				Inappropriate
infliximab	1	0.13	1.48	Парргорпасе
Start infliximab without steroids	2	0.29	1.39	Inappropriate
Start IV steroids concurrently with				Inappropriate
ciclosporin	1	0.13	0.96	парргорпасе

1	I	1	1	
Start ciclosporin and discontinue steroids	1*	0.00	0.44	Inappropriate
Start IV steroids concurrently with				Inappropriate
tacrolimus	1*	0.01	0.44	Парргорпасе
Start IV steroids and discontinue				Inappropriato
tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination				
alongside immunosuppressive therapy				Uncertain
(metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	4.5	0.57	1.89	
Start oral "MADoV" antibiotic combination	4.5	0.57	1.05	
alone (metronidazole, amoxicillin,				Inappropriate
doxycycline, vancomycin or equivalent)	2	0.15	1.76	
Start prophylactic anticoagulation	8	0.31	1.39	Appropriate
Discuss with COVID-19 specialist				Appropriate
	8.5*	0.29	1.08	
Positive swab with sym	nptoms or sig	ns of COVID-19	infection	
Follow standard ECCO/ESPGHAN				
guidelines and start intravenous				Appropriate
methylprednisolone daily as an inpatient	7	0.16	1.13	
Start IV methylprednisolone daily as an				Inannranriata
outpatient				Inappropriate
	1*	0.00	0.00	
Start budesonide/beclometasone daily as				Inappropriate
an inpatient	1*	0.00	0.63	
Start IV steroids concurrently with				
infliximab	1.5	0.29	1.38	Inappropriate
Start infliximab without steroids	3	0.52	1.56	Inappropriate
Start IV steroids concurrently with				
ciclosporin	1*	0.13	0.65	Inappropriate
,				
Start ciclosporin and discontinue steroids	1*	0.00	0.38	Inappropriate
Start IV steroids concurrently with	_			
tacrolimus	1*	0.13	0.65	Inappropriate
Start IV steroids and discontinue	_			
tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination	_	0.00	0.00	
alongside immunosuppressive therapy				Uncertain
(metronidazole, amoxicillin, doxycycline,	_	0.50	2.00	Officertain
	5	0.56	2.06	
				Inappropriate
	2	0.31	1.80	парргорпасе
Start prophylactic anticoagulation	8*	0.29	0.91	Appropriate
Discuss with COVID-19 specialist	9*	0.00	0.38	Appropriate
alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent) Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent) Start prophylactic anticoagulation Discuss with COVID-19 specialist	8* 9*	0.29	0.91	Appropri

Repeat a SARS-CoV-2 swab in patients		0.40	1.00	Appropriate	
with a negative first swab	7.5	0.18	1.86		
Repeat stool test for Clostridium difficile in patients with a negative first sample					
who, in the context of COVID-19 have				Appropriate	
been treated with broad spectrum				Appropriate	
antibiotics	7	0.52	2.43		
	ts with a PUC	AI 35-65			
Negative swab and no sy	mptoms or s	igns of COVID-19	9 infection		
Follow standard standard guidelines					
and continue IV steroids for a further	8*			Appropriate	
2-5 days.		0.01	0.69		
Expedite second line therapy and treat		0.01	0.09		
all patients as per the guidelines for					
patients with a PUCAI>65	4.5			Uncertain	
		0.97	2.15		
Positive swab but no sy	mptoms or si	gns of COVID-19	infection		
Follow standard standard guidelines					
and continue IV steroids for a further				Appropriate	
2-5 days.	_	0.46	4.47	7.66.06.000	
Expedite second line thereasy and treat	7	0.16	1.17		
Expedite second line therapy and treat all patients as per the guidelines for					
patients with a PUCAI>65				Uncertain	
patients with a 1 OCAI>03	5.5	0.97	2.34		
Positive swab with sym	nptoms or sig	ns of COVID-19	infection		
Follow standard standard guidelines					
and continue IV steroids for a further	7			Appropriate	
2-5 days.	,			Appropriate	
		0.16	1.28		
Expedite second line therapy and treat					
all patients as per the guidelines for	5			Uncertain	
patients with a PUCAI>65		0.94	2.38		
Rescue	therany: PU		2.50		
Rescue therapy: PUCAL >65 Negative swab and no symptoms or signs of COVID-19 infection					
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate	
Start infliximab and continue steroids	8.5*	0.13	0.52	Appropriate	
Start infliximab and discontinue steroids	3	0.02	0.87	Inappropriate	
			1.0.		
Start ciclosporin and continue steroids	5.5	0.56	2.03	Uncertain	
	3.3	2.55			
Start ciclosporin and discontinue steroids	2*	0.15	0.90	Inappropriate	
	_	0.13	0.50		
Start tacrolimus and continue steroids	2	0.29	2.15	Inappropriate	
		0.23	2.13		
Start tacrolimus and discontinue steroids	1*	0.13	0.65	Inappropriate	
		1 0.13	0.03		

Start oral "MADoV" antibiotic combination			I	
alongside immunosuppressive therapy				Uncertain
(metronidazole, amoxicillin, doxycycline,	_	0.45		Officertain
vancomycin or equivalent)	5	0.45	2.11	
Start oral "MADoV" antibiotic combination				
alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)		0.20		Inappropriate
<u> </u>	1*	0.29	0.95	
Colectomy	1	0.29	1.94	Inappropriate
Discuss with COVID-19 specialist				Uncertain
	6	0.98	2.60	
Positive swab but no sy		Ť	T	
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate
Start infliximab and continue steroids	8*	0.01	0.71	Appropriate
Start infliximab and discontinue steroids	3	0.00	1.75	Inappropriate
Start ciclosporin and continue steroids				Uncertain
Start ciclosporm and continue steroids	5	0.97	2.10	Oncertain
Start ciclosporin and discontinue steroids				Inappropriate
Start ciclosporiir and discontinue steroids	2*	0.13	0.65	Парргорпасе
Start tacrolimus and continue steroids				Inappropriate
Start tacroninas and continue steroids	2	0.31	1.66	Шарргорпасе
Start tacrolimus and discontinue steroids				Inappropriato
Start tacroninas and discontinue steroids	1*	0.13	0.66	Inappropriate
Start oral "MADoV" antibiotic combination				
alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline,				Uncertain
vancomycin or equivalent)	5	0.39	1.80	
Start oral "MADoV" antibiotic combination	-			
alone (metronidazole, amoxicillin,				Inappropriate
doxycycline, vancomycin or equivalent)	2*	0.15	0.83	арр. ор. асс
Colectomy	1.5	0.29	1.38	Inappropriate
Colectonly	1.5	0.23	1.56	Парргорпасс
Discuss with COVID-19 specialist				Appropriate
Discuss with COVID 13 specialist	9	0.01	0.97	Арргорпасс
Positive swab with sym				
Continue intravenous steroids alone		0.00	1.20	Inappropriate
Start infliximab and continue steroids	8	0.00	1.03	Appropriate
Start infliximab and discontinue steroids		+		
Start minisman and discontinue steroids	3	0.20	1.89	Inappropriate
Start ciclosporin and continue steroids	A	A 1 04	2.60	Uncertain
	4	♦1.04	2.69	
Start ciclosporin and discontinue steroids		0.13	4.15	Inappropriate
	1	0.13	1.12	
Start tacrolimus and continue steroids		0.10		Inappropriate
	1	0.13	1.18	
Start tacrolimus and discontinue steroids				Inappropriate
	1*	0.13	0.48	

Start oral "MADoV" antibiotic combination					
alongside immunosuppressive therapy				Uncertain	
(metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.85	1.81	0.1001.00.11	
Start oral "MADoV" antibiotic combination	3	0.03	1.01		
alone (metronidazole, amoxicillin,				Inappropriate	
doxycycline, vancomycin or equivalent)	2	0.29	1.22		
Colectomy	1	0.13	1.19	Inappropriate	
Discuss with COVID-19 specialist				Appropriate	
	9*	0.00	0.38		
	uing medical				
Negative swab and no sy	mptoms or s	igns of COVID-19	infection		
Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over				Appropriate	
8-10 weeks	8*	0.01	0.60	Appropriate	
Use an accelerated steroid taper over 4-8		0.01	0.00		
weeks	3	0.04	1.72	Inappropriate	
Switch to poorly absorbed bioavailable					
steroids	1*	0.01	0.78	Inappropriate	
Taper steroids and initiate thiopurine				Appropriate	
therapy at or soon after discharge	7.5	0.16	1.05	Арргорпасе	
Taper steroids and initiate anti-TNF					
therapy at or soon after discharge				Uncertain	
	6	0.35	2.32		
Taper steroids and initiate vedolizumab at	2	0.20	2.22	Inappropriate	
or soon after discharge	3	0.29	2.22		
Continue prophylactic anticoagulation for a period after discharge	3	0.26	1.85	Inappropriate	
Positive swab but no syr	<u> </u>				
Follow standard ECCO/ESPGHAN	iiptoilis or sig	5113 01 00 112 13			
guidelines for tapering oral steroids over				Appropriate	
8-10 weeks	8*	0.16	0.63		
Use an accelerated steroid taper over 4-8				Uncertain	
weeks	5.5	0.56	2.06	Oncertain	
Switch to poorly absorbed bioavailable				Inappropriate	
steroids	1*	0.13	0.78		
Taper steroids and initiate thiopurine	_	0.02	4.24	Appropriate	
therapy at or soon after discharge	7	0.02	1.24		
Taper steroids and initiate anti-TNF				Uncertain	
therapy at or soon after discharge	6	0.35	2.03	Officertain	
Taper steroids and initiate vedolizumab at		0.55	2.03		
or soon after discharge	4	0.65	2.03	Uncertain	
Continue prophylactic anticoagulation for	•				
a period after discharge	3.5	0.57	2.25	Uncertain	
Positive swab with sym	ptoms or sig	ns of COVID-19 i	nfection		
, ,					

Follow standard ECCO/ESPGHAN				
guidelines for tapering oral steroids over	_			Appropriate
8-10 weeks	7	0.22	1.45	
Use an accelerated steroid taper over 4-8				Uncertain
weeks	6	0.24	2.03	
Switch to poorly absorbed bioavailable				Inappropriate
steroids	1	0.00	0.97	Парргорпасе
Taper steroids and initiate thiopurine				l la contain
therapy at or soon after discharge	6	0.24	1.61	Uncertain
Taper steroids and initiate anti-TNF				Uncertain
therapy at or soon after discharge	6	0.52	2.10	
Taper steroids and initiate vedolizumab at				
or soon after discharge	3	0.65	2.06	Inappropriate
Continue prophylactic anticoagulation for				
a period after discharge	5	♦ 1.70	2.58	Uncertain
	Surgery			
In patients with a SARS-CoV-2 positive				
swab who have failed medical therapy,				Inappropriate
surgery should be delayed	3	0.69	2.48	аррхорхаас
Patients with a negative swab on	3	0.03	2.10	
admission should have a repeat swab	8	0.18	1.73	Appropriate
<u> </u>	O	0.10	1./3	
Patients should have a CT chest prior to				
surgery regardless of swab status,				Appropriate
respiratory symptoms examination				
findings and observations	7	0.16	1.21	