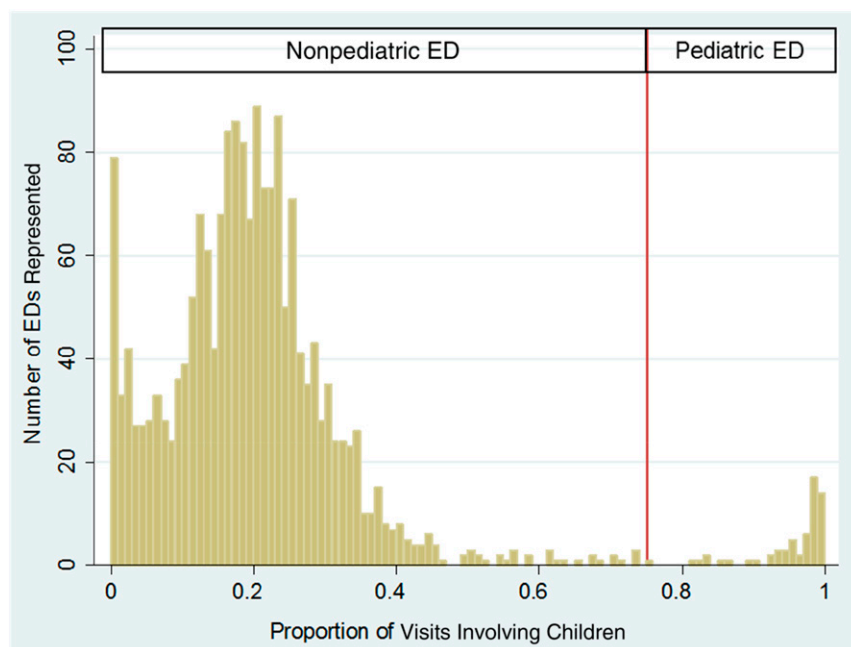
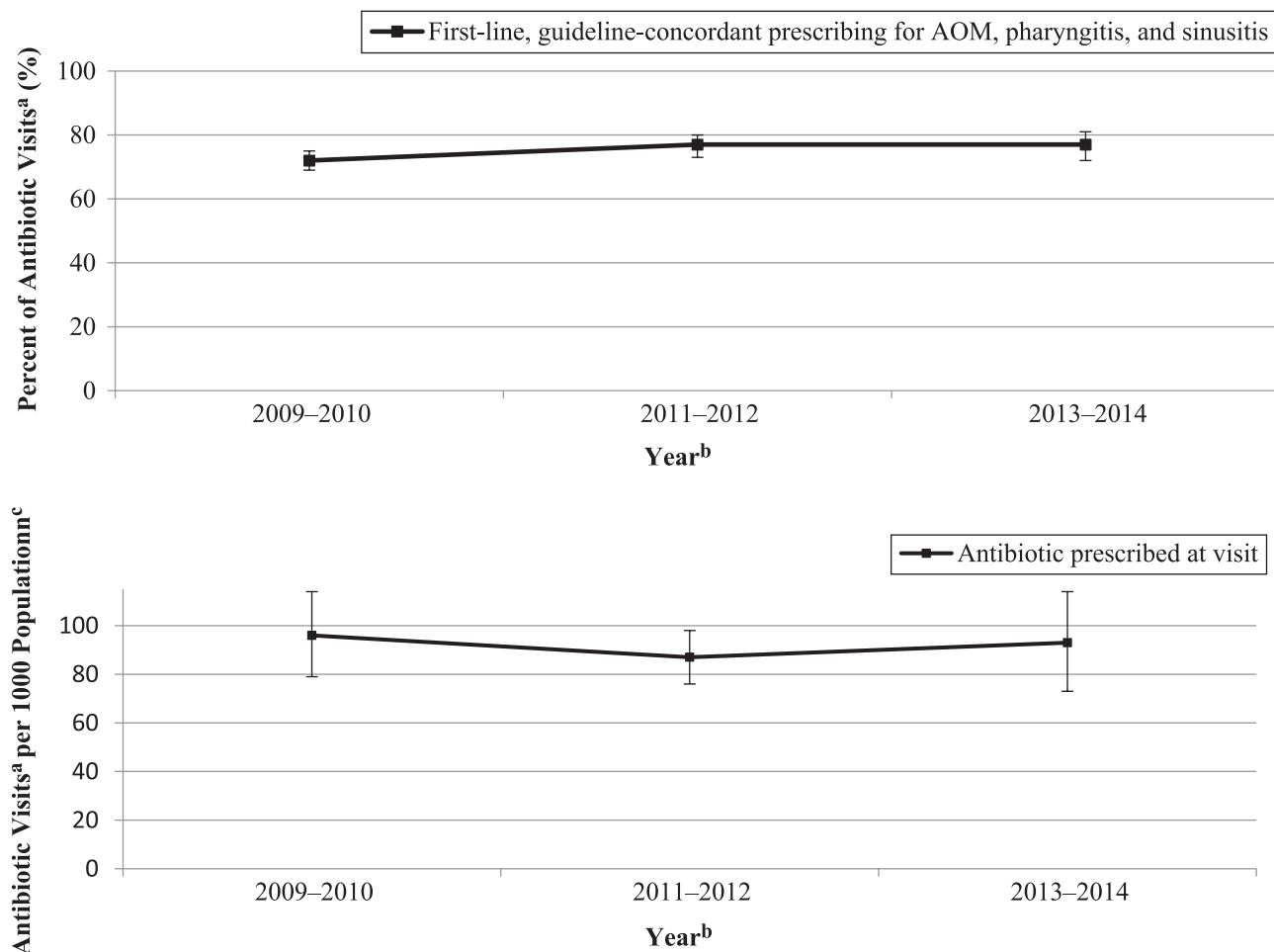


Supplemental Information



SUPPLEMENTAL FIGURE 3

Proportion of visits by children by EDs in NHAMCS, United States, 2009–2014. ED type was defined as pediatric if >75% of all visits to that ED were by patients aged 0 to 17 years or defined as nonpediatric otherwise (Bourgeois FT, Shannon MW. Emergency care for children in pediatric and general emergency departments. *Pediatr Emerg Care*. 2007;23[2]:94–102; Neuman MI, Shah SS, Shapiro DJ, Hersh AL. Emergency department management of childhood pneumonia in the United States prior to publication of national guidelines. *Acad Emerg Med*. 2013;20[3]:240–246; Bekmezian A, Hersh AL, Maselli JH, Cabana MD. Pediatric emergency departments are more likely than general emergency departments to treat asthma exacerbation with systemic corticosteroids. *J Asthma*. 2011;48[1]:69–74).



SUPPLEMENTAL FIGURE 4

A, Percentage of antibiotic visits prescribing first-line, guideline-concordant antibiotics for AOM, pharyngitis, and sinusitis in ED visits by children. B, Percentage of ED visits by children prescribed an antibiotic in the United States from 2009 to 2014. First-line, guideline-concordant prescribing was defined as amoxicillin or amoxicillin-clavulanate for AOM and sinusitis and as penicillin or amoxicillin for pharyngitis. There was no significant change in percentages over the study period. ^a Antibiotic visits were defined as visits in which antibiotics were continued, administered, or prescribed. ^b Change in antibiotic prescriptions over time was assessed in 2-year increments. ^c Population denominators were based on the 2009–2014 set of estimates of the civilian, noninstitutionalized population of the United States, as developed by the Population Division, US Census Bureau.²¹