INSTRUCTIONS FOR TABLE CREATION

Tables should include as editable text and should appear after the reference section (end of the paper). They should not be incorporated in the body of the paper to align with where they will appear. Number tables consecutively in the order of their callouts in the text. Create tables using a word processing table function. Use the tab function to align information—do not use manual spaces. Each table must include a succinct but complete title. If specific references are cited within the table, includes the first author's name and superscripted reference number. Do not use et al or date. if there are footnotes, use the following symbols for designations in the order indicated:

SYMBOLS FOR TABLES	
First appearing	*
Second appearing	†
Third appearing	‡
Fourth appearing	§
Fifth appearing	¶
Sixth appearing	#
Seventh appearing	**
Eighth appearing	†† (Dagger repeated)

Examples:

Table 3. Univariate Analysis of Variables Associated With Escalation in Therapy

Variable	Escalation in Therapy (n = 18)	No Escalation in Therapy (n = 130)	OR (95% CI)	p value
Diagnosis of status asthmaticus, n (%)	9 (50.0)	40 (30.5)	2.3 (0.8–6.2)	0.106
Male sex, n (%)	14 (77.8)	78 (59.5)	0.4 (0.1–1.4)	0.145
Continuous albuterol, n (%)	11 (61.1)	86 (65.7)	0.8 (0.3–2.3)	0.705
Intravenous steroid administration, n (%)	17 (94.4)	91 (69.5)	7.5 (0.9–58.1)	0.055
Oxygen saturation, median (IQR), %	95.5 (90–100)	95 (90–97)	0.9 (0.9–1.1)	0.878
Pediatric Asthma Score, n (%)				
O_2 saturation,* n (%)				
1	11 (61.1)	96 (73.3)	Reference†	—
2	4 (22.2)	27 (20.6)	1.3 (0.4–4.4)	0.680
3	3 (16.7)	8 6.1)	3.3 (0.8–14.2)	0.113
RR,‡ n (%), bpm				
1	3 (16.7)	35 (26.7)	Reference†	—
2	5 (27.8)	14 (10.7)	4.2 (0.9–19.8)	0.073
3	10 (55.6)	82 (62.6)	1.4 (0.4–5.5)	0.609

bpm, breaths per minute; RR, respiratory rate

* Oxygen saturation categorized as 1 for >90% in room air; 2 for 85% to 90% in room air, and 3 for <85% in room air.

† The score of 1 served as a reference for the O_2 saturation and respiratory rate, the OR for scores of 2 or 3 are compared to the reference.

‡ RR categorized as 1 for patients 2 to 3 years of age with RR ≤34, 4 to 5 years of age with RR ≤30, 6 to 12 years of age with RR ≤26, and >12 years of age with ≤ 23; RR categorized as 2 for patients 2 to 3 years of age with RR of 35–39, 4 to 5 years of age with RR 31–35, 6 to 12 years of age with RR 27–30, and >12 years of age with RR 24–27; RR categorized as 3 for patients 2 to 3 years of age with RR ≥40, 4 to 5 years of age with RR ≥36, 6 to 12 years of age with RR ≥31, and >12 years of age with RR ≥28.

Table 1. Patient Characteristics and Chemotherapy Response (N = 186)*

Variable	ADE	AD	Total	p value
Patients, n (%)	105 (56.5)	81 (43.5)	186 (100)	
Age, mean ± SD, yr	6.08 ± 3.65	5.98 ± 3.45	6.04 ± 3.55	0.877
Age groups, n (%)				0.250
<5 yr	40 (38.1)	39 (48.1)		
5–10 yr	46 (43.8)	26 (32.1)		
10–15 yr	19 (18.1)	16 (19.8)		
Sex, n (%)				0.082
Male	61 (58.1)	56 (69.1)	117 (62.9)	
Female	44 (41.9)	25 (30.9)	69 (37.1)	
WBC count, mean ± SD, $\times 10^9$/L	56.16 ± 71.59	51.56 ± 63.47	54.15 ± 68.04	0.433
Hemoglobin, mean ± SD, g/dL	7.44 ± 2.76	7.62 ± 2.15	7.52 ± 2.51	0.029
Platelets, mean ± SD, $\times 10^9$/L	51.54 ± 71.76	52.71 ± 55.70	52.05 ± 65.09	0.449
WBC count >50 × 10^9/L	38 (36.2)	29 (35.8)	67 (36.0)	0.540
WBC count <50 × 10^9/L	67 (63.8)	52 (64.2)	119 (64.0)	0.433
French–American–British classification, n (%)				0.189
AML-M0	10 (9.5)	6 (7.4)	16 (8.6)	
AML-M1	13 (12.4)	4 (4.9)	17 (9.1)	
AML-M2	42 (40.0)	50 (61.7)	92 (49.5)	
AML-M4	15 (14.3)	8 (9.9)	23 (12.4)	
AML-M5	6 (5.7)	3 (3.7)	9 (4.8)	
AML-M6	3 (2.9)	1 (1.2)	4 (2.2)	
AML-M7	2 (1.9)	2 (2.5)	4 (2.2)	
AML-NOS	14 (13.3)	7 (8.6)	21 (11.3)	
Total	105	81	186	
Status after first induction chemotherapy (N = 186), n (%)				0.767
Treatment-related mortality	25 (23.8)	16 (19.8)	41 (22.0)	
Complete remission	63 (60.0)	52 (64.2)	115 (61.8)	
Partial remission	12 (11.4)	9 (11.1)	21 (11.3)	
Resistant/refractory disease	5 (4.8)	4 (4.9)	9 (4.8)	
Totals, n (%)	105 (100)	81 (100)	186 (100)	
Status after second induction chemotherapy (N = 135), n (%)				0.714
Treatment-related mortality	5 (6.8)	2 (3.2)	7 (5.2)	
Complete remission	63 (86.3)	57 (91.9)	120 (88.9)	
Partial remission	4 (5.5)	2 (3.2)	6 (4.4)	
Resistant/refractory disease	1 (1.4)	1 (1.6)	2 (1.5)	
Totals, n (%)	73 (100)	62 (100)	135 (100)	

AD, daunorubicin and cytarabine; ADE, daunorubicin and cytarabine with etoposide; AML, acute myeloid leukemia; WBC, white blood cell

* All values are n (%) unless otherwise indicated

Table 5. Reports on the Application and Use of ICG in the Pediatric Population

Reference	Cohort Demographics	Summary of Intraoperative Care and Outcome
Fernández-Bautista[8]	Five pediatric patients for varicocele ligation, nephrectomy, cholecystectomy, and aortocoronary fistula closure.	Surgical dissection facilitated by the use of ICG. No adverse systemic effects.
Calabro[9]	Twenty-nine patients, 6–18 yr of age, operated for laparoscopic cholecystectomy.	ICG fluorescent cholangiography was used intraoperatively to define the extrahepatic biliary anatomy and the bile ducts. Average surgical time was reduced by 16 min with use of ICG.
Esposito[10]	ICG was used in 46 minimally invasive surgical procedures in children and adolescents.	Varicocele repairs (n = 30), cholecystectomies (n = 5), tumor excisions (n = 3), nephrectomies (n = 3), partial nephrectomies (n = 2), and lymphoma excisions (n = 3). ICG solution was administered intravenously in all cases except for varicocelectomy in which it was injected into the testicle. The ICG injection was performed intraoperatively in all cases except for cholecystectomy in which it was injected 18 hr prior to the procedure. No adverse or allergic reactions to ICG were reported.
Quintero[11]	A prospective study of 48 patients <18 yr of age with ALF.	ICG-PDR was measured to assess hepatic function every 24 hr until ALF resolution, liver transplantation, or death. The ICG-PDR was found to successfully predict the evolution of pediatric patients with ALF and improve their categorization.
Esposito[12]	Retrospective review of 215 children undergoing laparoscopic cholecystectomy over a 25-yr period.	ICG-enhanced fluorescence technology was adopted intraoperatively in 15 cases to visualize and identify the gallbladder and biliary tree. The operative time after its implementation was reported to decrease by 17 min.
Yamamichi[13]	Three pediatric patients with hepatoblastoma.	ICG fluorescence imagining used intraoperatively in all 3 cases to help visualize the anatomy and guide tumor resection. The technique allowed identification of nodules as small as 3 mm.

ALF, acute liver failure; ICG, indocyanine green; PDR, plasma disappearance rate

Table 6. Transition Phases

Variable	Phase				
	DEX Baseline	Clonidine Transition	Clonidine Maintenance	Clonidine Taper	Post α-2 Agonist
Evaluable, n (%)	24 (100)	24 (100)	24 (100)	24 (100)	24 (100)
Phase duration, median (Q1, Q3), hr	24 (24, 24)	18.2 (12.5, 21.7)	29.5 (21.3, 73.4)	60.3 (44.5, 75.9)	24 (24, 24)
Elevated WAT-1 score, n (%)*	4 (16)	6 (25)	12 (50)	8 (33)	1 (4)
Median highest WAT-1 scores	1.5	1.5	4	3	1
Opioid, n (%)†	16 (66)	14 (58)	12 (50)	4 (17)	2 (8)
Morphine equivalents, median (Q1, Q3), mg/kg/24 hrs‡	0.32 (0.19, 0.97)	0.24 (0.12, 0.27)	0.17 (0.06, 0.28)	0.08 (0.02, 0.16)	0.3 (0.17, 0.43)
Benzodiazepine, n (%)§	13 (50)	8 (33)	7 (27)	2 (8)	1 (4)
Lorazepam equivalents, median (Q1, Q3), mg/kg/24 hrs†	0.33 (0.1, 0.38)	0.09 (0.04, 0.15)	0.05 (0.03, 0.14)	0.33 (0.3, 0.37)	0.21 (0.21, 0.21)
Methadone, n (%)	1 (4)	1 (4)	2 (8)	0 (0)	0 (0)
Phenobarbital, n (%)	1 (4)	0 (0)	1 (4)	1 (4)	1 (4)

DEX, dexmedetomidine; WAT-1, Withdrawal Assessment Tool-1

* Elevated WAT-1 score is defined as score ≥3.

† Morphine, oxycodone, hydromorphone, or fentanyl.

‡ Only for those patients who received an opioid, or benzodiazepine.

§Lorazepam, or midazolam.