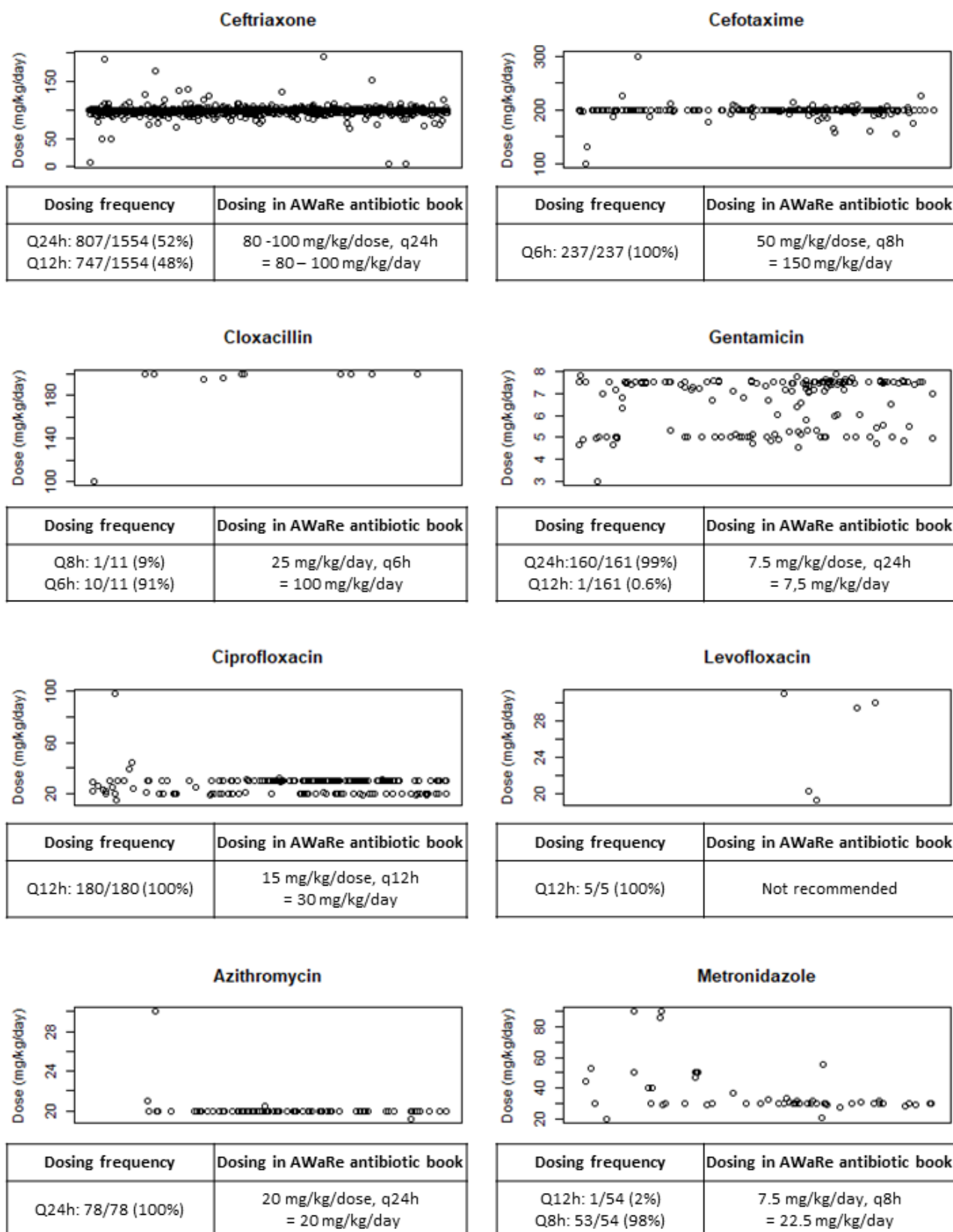


Supplementary Materials

Supplementary Table S1. Criteria defining suspected bloodstream infection. If children fulfilled both criteria when they arrived at the hospital, bloodstream infection was suspected and a blood culture was sampled and worked up

CRITERIUM 1: Fever or Hypothermia			
	Rectal	Axillary	Tympanic
Fever upon presentation	> 38.0 °C	> 37.5°C	> 37.5°C
Hypothermia upon presentation	< 36.0 °C	≤ 35.5°C	≤ 35.5°C
Subjective fever in the past 48 hours (as reported by the caretaker)			
CRITERIUM 2: Minimum 1 Severity Sign Present			
Quick SOFA score ≥ 1	Hypotension		
	Confusion		
	Increased respiratory rate		
Suspicion of severe localized infection	Pneumonia		
	Meningitis		
	Osteomyelitis		
	Complicated urinary tract infection		
	Abscess		
	Severe skin or soft tissue infection		
	Abdominal infection		
Suspicion of other severe systemic infection	Severe malaria		
	Typhoid fever		

Supplementary Figure S1. Prescribed daily dose and dose frequency of antibiotics that were prescribed to minimum five children. Dosage regimens recommended in the WHO AWaRe antibiotic book were added for comparison. Each dot in the plot represents one prescription. Abbreviations: q6h – q24h = every 6 – 24 hours.



Supplementary Figure S2. Boxplot displaying the differences between prescribed and administered doses of ciprofloxacin according to dosage regimen (20 mg/kg/day: $n = 45$, 30 mg/kg/day: $n = 103$) and administration technique.

