Age	Exclude patients with peri-natal related lung disease		
Timing	Within 7 days of known clinical insult		
Origin of Edema	Respiratory failure not fully explained by cardiac failure or fluid overload		
Chest Imaging	Chest imaging findings of new infiltrate(s) consistent with acute pulmonary parenchymal disease		
Oxygenation	**Non Invasive mechanical ventilation**		**Invasive mechanical Ventilation**
	Nasal mask CPAP or BiPAP	Oxygen via mask, nasal cannula or High Flow	Oxygen supplementation to maintain $SpO_2 \geq 88\%$ but $OI < 4$ or $OSI < 5$[1]
	$FiO_2 \geq 40\%$ to attain SpO_2 88-97%	SpO_2 88-97% with oxygen supplementation at minimum flow[2]: < 1 year: 2 L/min 1 – 5 years: 4 L/min 5 – 10 years: 6 L/min >10 years: 8 L/min	

Figure 3. At risk of pediatric acute respiratory distress syndrome definition. [a]Given lack of available data, for patients on an oxygen blender, flow for at-risk calculation = Fio_2 × flow rate (L/min) (e.g., 6 L/min flow at 0.35 Fio_2 = 2.1 L/min). [b]If Pao_2 not available, wean Fio_2 to maintain $Spo_2 \leq 97\%$ to calculate oxygen saturation index.

*** Consensus Recommendations From the Pediatric Acute Lung Injury Consensus Conference (PALISI)**