

Appendix 3: List of questions for which the experts' position was in opposition with the research group's position in Delphi round 1

Delphi questions	First version of the tool	Modification of the tool
In the event of a discrepancy between the assessors (e.g. a difference of more than 30%), what would be the most appropriate procedure (C)? - Use the average intensity (0) - Achieve a consensus after discussion (13) - Request an additional assessment (3) - Does not know (2)	Not specified	Accepted. In the event of a discrepancy between assessors (e.g. a difference of more than 30%), achieve a consensus after discussion.
Do you think it is appropriate to routinely co-prescribe a proton pump inhibitor (PPI) with an NSAID for patients with risk factors for ulcers? (B) - Yes (13) - No (3) - Does not know (2)	Not specified	Accepted. After review of the Swiss guidelines, we added: In case of ibuprofen treatment: If two risk factors are present (age > 65 years; history of peptic ulcer disease; concomitant treatment with anticoagulants, antiaggregants or glucocorticoids), prevention with PPIs.
Do you think it is appropriate to routinely co-prescribe a proton pump inhibitor (PPI) with an NSAID for patients with a co-prescription of a drug that may cause bleeding? (B) - Yes (13) - No (3) - Does not know (2)	Not specified	Accepted. After review of the Swiss guidelines, we added: In case of ibuprofen treatment: If two risk factors are present (age > 65 years; history of peptic ulcer disease; concomitant treatment with anticoagulants, antiaggregants or glucocorticoids), prevention with PPIs.
Do you think it is useful to use PRN prescriptions in that population (knowing that these patients often have communication problems)? (B) - Yes (15) - No (2) - Does not know (1)	Not specified	Rejected. In a non-verbal population, we believe that it is not useful to plan PRN prescriptions knowing that patients cannot request them.
In case of opioid treatment, do you think the re-evaluation of pain should be done: (C) - at 12 hours (11) - at 24 hours (2) - at 48 hours (2) - Does not know (3)	24 hours	Accepted. Reevaluate pain after 12 hours in case of opioid treatment.
Do you think we should propose a withdrawal plan per molecule? (C) - Yes (12) - No (6) - Does not know (0)	Not specified	Rejected. There is not enough basis to develop withdrawal guidelines per molecule. This tool is not deemed to address this problem.

