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List of Exclusions and Reasons for Exclusions.

Abate 2020[1]	Inappropriate study design and appropriate control was not available
Adam 1954 [2]	Inappropriate Study Design
Adem 2020[3]	Inappropriate Patient Population. Study was a cohort study and only included children 6-59 months of age
Ahmed 1999[4]	Inappropriate Patient Population. Even though all the children were severely malnourished, all of them had diarrhea. Also, the study was not a randomized study.
Ahmed 2001 [5]	Inappropriate Study Design. Authors discuss a protocol for treatment of severe acute malnutrition. The study was a descriptive review
Akbani 1977[6]	Inappropriate study population. Children with SAM who were infected with tuberculosis.
AmorelliGonzaga 1989[7]	Inappropriate study population. Study investigated miomycin and included both well-nourished and malnourished children.
Amza 2013[8]	Inappropriate study population. Study investigated mass azithromycin distribution and included children irrespective of the nutritional status.
Amza 2014[9]	Inappropriate study population. Study investigated mass azithromycin distribution and included children irrespective of the nutritional status.
Angelakis 2014[10]	Inappropriate study population. Study included patients with Q fever endocarditis patients treated with doxycycline and hydroxychloroquine
Ashorn 2018[11]	Inappropriate study population. Study included children with diarrhea, dysentery and malnutrition.
Ashraf 2012[12]	Inappropriate Comparator. Children aged 2-59 months having severe pneumonia with SAM were randomized to day-care or hospital-care. All the children received antibiotics.
Autret 1989[13]	Inappropriate study Design. Study to assess the pharmacokinetics of gentamicin.
Ayelign 2018[14]	Inappropriate study population. Children with urinary tract infections.
Ayiyi 1987[15]	Inappropriate study Design. The study was a systematic review
Aziz 2015[16]	Inappropriate Intervention. Study investigated vitamin K supplementation.
Berkley 2009 [17]	Wrong comparator
Berkley 2016[18]	Inappropriate Comparator. Both the intervention and comparison group were treated according to the WHO

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	protocol and then randomized to Co-trimoxazole vs. placebo.
Berkowitz 1992[19]	Inappropriate Study Design. Review article.
Bhatnagar 1992[20]	Inappropriate patient population. All the patients had diarrhea. All of them were given gentamicin
Bhatnagar 1996[21]	Inappropriate Study Design. Observation study in children with persistent diarrhea
Birindwa 2020[22]	Inappropriate Study Design. Observational study in children with severe pneumonia
Bleakly 2014[23]	Inappropriate Study Design. Before and after study to assess the effectiveness of a protocol to treat SAM.
Boesen 1953[24]	Inappropriate Indication. Antibiotics were given for treatment of gastroesophageal reflux.
Bolme 1980[25]	Inappropriate Study Design: Pharmacokinetic study for Penicillin in children
Bolme 1988[26]	Inappropriate Study Design: Pharmacokinetic study for streptomycin in children with Tuberculosis.
Bolme 1995[27]	Inappropriate Study Design. Pharmacokinetic study in malnourished children for Penicillin.
Bravo 1982[28]	Inappropriate study design: Study to assess the pharmacokinetics
Bravo 1984[29]	Inappropriate study design: Study to assess the pharmacokinetics
Bredow 1994[30]	Inappropriate Study Design. Observational study
Brodwall 2016[31]	Inappropriate Study Design. Letter to editor
Bruhn 2016[32]	Inappropriate Study Design. Observational study
Brunozi 2019[33]	Inappropriate Study Design. Observational study
Buchanan 1977[34]	Inappropriate Study Design. Letter to editor
Buchanan 1978[35]	Inappropriate Study Design. Observational study
Buchanan 1979 [36]	Inappropriate Study Design. Observational study
Bunn 2009[37]	Inappropriate Study Design. Commentary
Cakir 2012[38]	Inappropriate Patient Population. Children studied leukemia
Caksen 2000[39]	Inappropriate Study Design. Observational study
Caksen 2000[40]	Inappropriate Study Design. Observational study
Cedrato 1974[41]	Inappropriate Study Design. Observational study
Chisti 2015[42]	Inappropriate Patient Population. Children with respiratory symptoms only
Church 2015[43]	Inappropriate Study Design. Observational study
Cochlovius 1953[44]	Inappropriate intervention. Observational study
Dicko 2016[45]	Inappropriate study population. Intervention was given to all the children irrespective of nutritional status at the time of chemoprophylaxis for malaria.
Dieng 2014[46]	Inappropriate Study Design. Observational study
Dubray 2008[47]	Inappropriate study population. Both the study groups received antibiotics and these were given to children 6-59 months of age
Duffau 1990[48]	Inappropriate study population. Children with diarrhea

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Dutta 2006[49]	Inappropriate study design: Observational study
Eriksson 1983[50]	Inappropriate Patient Population. Also, observational study
Eriksson 1988[51]	Inappropriate Patient Population. Also, observational study
Ford 1976[52]	Inappropriate Study Design. Observational study
Friedrich 2016[53]	Inappropriate Study Design. Commentary
Garcia 1974[54]	Inappropriate Study Design. Observational study
Gardner 2011[55]	Inappropriate Study Design. Commentary
Gennaro 2017[56]	Inappropriate Study Design. Commentary
Gensch 1957[57]	Inappropriate Study Design. Observational study
Gernaat 1998[58]	Inappropriate Study Design. Observational study
Ghosh 1995[59]	Inappropriate Patient Population. Children with persistent diarrhea
Girma 2018[60]	Inappropriate Study Design. Observational study
Gore Langton 2020[61]	Inappropriate Patient Population. The antibiotics were given irrespective of nutritional status and study included children beyond six months of age. The comparison group was not appropriate.
Hecht 2015 [62]	Inappropriate Patient Population. The study included children beyond six months of age up to 18 years.
Heikens 1993 [63]	Inappropriate Patient Population, mean age of children at 1.2years.
Heikens 1993 [64]	Inappropriate Comparator, antibiotics compared with receiving health care from community healthcare aids
Hirschhorn 1971 [65]	Inappropriate Study Design, paper is a commentary on the current state of research.
Howard 1967 [66]	Inappropriate Study Design, all infants studied had acute diarrhea
Isaack 1992 [67]	Inappropriate Study Design, investigates nosocomial infections.
Isanaka 2020 [68]	Inappropriate Patient Population. All patients are above 6 months of age.
Islam 2021 [69]	Inappropriate Outcomes. Antibiotic usage was outcome not treatment group. Also all patients have diarrhea.
ISRCTN 2017 [70]	Wrong patient population. Patient age ranged from 2 months to 13 years, unable to obtain subgroup data for under 6 months.
Kabalo 2017 [71]	Inappropriate Patient Population. Patients aged over 6 months.
Lares-Asseff 1999 [72]	Inappropriate Study Design. Study evaluated blood levels for antibiotic not mortality outcome.
Lares-Asseff 2016 [73]	Inappropriate Comparator. Compared different doses of antibiotics to look for toxicity, not mortality.
Lattes 1954 [74]	Inappropriate Study Design and lack of full text.
Lebl 2001 [75]	Inappropriate Patient Population, age range 2 years to 18 years.

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Lelijveld 2021 [76]	Inappropriate Patient Population, age range 6 months to 59 months.
Lepage 1984 [77]	Inappropriate Study Design, patients all have bacterial infection treated with antibiotics.
Lewis 1956 [78]	Inappropriate Patient Population, patients all over 1 year old.
Maataoui 2020 [79]	Inappropriate Patient Population. Patients all over 6 months of age.
Macdougall 1957 [80]	Inappropriate Patient Population. Average age is 2 years.
MacLean 1980 [81]	Inappropriate Comparator. Antibiotic usage compared to enteral feeding.
Maitland 2006 [82]	Inappropriate Patient Population. Median age of 25 months.
Martischnig 1952 [83]	Inappropriate Intervention and lack of full text.
Mathew 2016 [84]	Wrong Patient Population. Patient all aged over 6months.
Mathew 2016 [85]	Wrong Patient Population. Patient all aged over 6months.
Melaku 1999 [86]	Inappropriate Patient Population. Patient median age 5.9 years.
Moschovis 2014 [87]	Inappropriate Study Design. Patients treated for pneumonia.
Mtango 1986 [88]	Inappropriate Intervention. Patients given antibiotics to treat acute respiratory infections.
Muhammad 2020 [89]	Inappropriate Comparator. Compares nutritional treatment with antibiotics usage
Mulholland 1995 [90]	Inappropriate Patient Population. All patients have pneumonia to treat.
Muller 1953 [91]	Inappropriate Study Design and lack of full text.
Murce 1955 [92]	Lack of Full Text.
Muwanguzi 2021 [93]	Inappropriate Patient Population. Children aged 1 year and above.
Nalwanga 2020 [94]	Inappropriate Patient Population. Mean age 14 months.
Nalwanga 2020 [95]	Inappropriate Patient Population. Mean age 14 months.
Nansumba 2018 [96]	Inappropriate Study Design. observational study
Nantanda 2008 [97]	Inappropriate patient population. paediatric patients with pneumonia
NCT 2009 [98]	Inappropriate patient population. paediatric patients with pneumonia
NCT 2009 [99]	Inappropriate Patient Population. children age 6 months to 5 years
NCT 2020 [100]	Inappropriate outcome. studied the effect of prophylactic azithromycin has on the microbiome
NCT 2015 [101]	Inappropriate patient population . hospitalized patients (not necessarily patients with diarrheal illness) receiving prophylactic course of azithromycin (not antibiotics to treat diarrheal illness) at the time of discharge, outcomes of malnourished patients not published
NCT 2012 [102]	Inappropriate patient population . age 6 months to 5 years
Nuzhat 2005 [103]	Inappropriate study design . observational study

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List of Exclusions and Reasons for Exclusions.

	Inappropriate population . children with a skin disease
O'Brien 2021 [104]	Inappropriate Patient Population . children age 6 to 59 months
O'Brien 2020 [105]	Inappropriate intervention . studied the effect on biannual prophylactic azithromycin (not antibiotics to treat a diarrheal illness) on the mortality rate of malnourished children
O'Brien 2020 [106]	Inappropriate study design . observational study Inappropriate intervention . biannual prophylactic azithromycin (not antibiotics for diarrheal illness)
Page 2013 [107]	Inappropriate Patient Population . children age 6 to 59 months
Pai 1985 [108]	Inappropriate Study Design
Parpia 2020 [109]	Inappropriate Study Design . antibiotics were given prophylactically to the children in the study (not in the treatment of diarrheal illness) Inappropriate patient population: children did not start receiving the prophylactic antibiotics until after 6 months of age
Pinto 2012 [110]	Inappropriate Setting . PICU Inappropriate study design . observational study
Polster 1954 [111]	Lack of Full Text
Pombo 2017 [112]	Inappropriate patient population . patients were hospitalized with pneumonia, not diarrheal illness Inappropriate study design . observational study
Prentice 2013 [113]	Inappropriate Study Design . this paper is a review of various studies on the management of malnutrition in children
Rasul 2006 [114]	Inappropriate Study Design . randomized control trial but no placebo control, controls were admitted to the hospital prior to the study and thus did not receive the WHO protocol Inappropriate patient population . malnourished children age 1 month to 5 years, included hospitalizations for many reasons not just diarrheal illness Inappropriate intervention . compared WHO protocol vs no WHO protocol, so patients in both groups may have received antibiotics and the difference between the groups includes many interventions other than antibiotics
Rawson 2016 [115]	Inappropriate Study Design . letter to the editor
Reed 1996 [116]	Inappropriate Intervention . desired outcome was the difference in incidence of bacteremia and the difference in mortality rate among bacteremic patients between malnourished and adequately nourished children Inappropriate study design . observational study Inappropriate patient population . age 0 to 5 years
Roboz 1955 [117]	Lack of Full Text
Rogawski 2015 [118]	Inappropriate Study design . observational study

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List of Exclusions and Reasons for Exclusions.

Rokstad 2013 [119]	Inappropriate Patient Population . this paper is a brief review of a study done by Trehan in 2013, which studied a population of children age 6 to 59 months
Rosenberg 1974 [120]	Inappropriate Study Design . review/opinion paper
Roy 2010 [121]	Inappropriate Patient Population . children age 5 to 12 years Inappropriate indication . desired outcome as whether there was a difference in the pharmacokinetics of isoniazid in malnourished children vs adequately nourished children
Sala 1955 [122]	Inappropriate Intervention and lack of full text
Samotra 1985 [123]	Inappropriate Indication . desired outcome was whether or not there was a difference in the pharmacokinetics of gentamicin in malnourished children vs adequately nourished children
Samotra 1986 [124]	Inappropriate Indication . desired outcome was whether there was a difference in the pharmacokinetics of chloramphenicol in malnourished children vs adequately nourished children
Sanogo 2018 [125]	Inappropriate Indication . desired outcome was the level of adherence among healthcare providers to WHO guidelines regarding management (antibiotics, oral rehydration therapy, and zinc) of paediatric diarrheal illness in Bamako, Mali.
Santoro 2002 [126]	Inappropriate Study Design . observational study. Inappropriate indication . desired outcome was to see how many children admitted to the PICU for lower respiratory tract infections needed ICU level care
Schapira 1971 [127]	Lack of Full Text
Sepehr 2009 [128]	Inappropriate Patient population . age 2 to 94 years Inappropriate study design . observational study Inappropriate indication . desired outcome was optimal length of post-operative antibiotic prophylaxis as well as risk factors associated with post-operative infection
Shahira 2002 [129]	Inappropriate Patient Population . population was all pediatric patients at a teaching hospital Inappropriate study design . observational study Inappropriate indication . desired outcome was risk factors for nosocomial infections
Soheir 1981 [130]	Inappropriate Indication . desired outcome was the appropriate dose of chloramphenicol for malnourished children, not mortality
Standing 2018 [131]	Inappropriate indication . studied the proper dose of IV ceftriaxone and PO metronidazole needed to achieve a therapeutic level in malnourished children
Tan 2020 [132]	Inappropriate Indication . studied the use of anthropometric measurements as opposed to clinical signs to identify malnourished children
Taubenslag 1950 [133]	Inappropriate Study Design .
Thame 2001 [134]	Inappropriate Study Design . observational study

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List of Exclusions and Reasons for Exclusions.

Thorson 1989 [135]	Inappropriate Indication .
Tilg 2013 [136]	Inappropriate Study Design . this paper is a review of a few different studies. Inappropriate patient population . Of interest, it discusses the results from Trehan 2013, which has a patient population of children age 6 months to 59 months
Tornberg-Belanger 2017 [137]	Inappropriate Study Design . observational study Inappropriate topic . studied adherence to antibiotic guidelines of various hospitals
Trehan 2010 [138]	Inappropriate Patient Population . was children age 6 to 59 months Inappropriate study design . observational study
Trehan 2013 [139]	Inappropriate Patient Population . children age 6 to 59 months
Trehan 2016 [140]	Inappropriate Study Design . same exact study as trehan 2013 Inappropriate patient population . children age 6 to 59 months
Trehan 2016 [141]	Inappropriate Patient Population . letter to editor
Usman 2019 [142]	Inappropriate Study Design . observational study
Uzan-Yulzari 2021 [143]	Wrong patient population. Age of patients range from birth to 2 years.
Vather 2018 [144]	Inappropriate Study Design . observational study
Verani 2019 [145]	Inappropriate Study Design . observational study.
Viso Gurovich 2003 [146]	Inappropriate study design . observational study. Inappropriate Intervention . studied the outcomes of paediatric patients who received antibiotics to treat various infections, most commonly bronchopneumonia, complicated pneumonia, and conjunctivitis.
Vygen 2013 [147]	Inappropriate Study Design . case series (descriptive study design) looking at the outcomes of malnourished infants who received care at a nutritional rehab center
Walsh 2018 [148]	Inappropriate Intervention . tested the effectiveness of a lactose free legume based nutritional feed to promote the resolution of diarrhea
Weingaertner 1961 [149]	Lack of Full Text
Wittmann 1967 [150]	Inappropriate Patient Population. age rage was 2 months to 2 years and not all were malnourished
Woodd-Walker 1972 [151]	Inappropriate Study Design, inappropriate patient population . age range was from 1 year to 4 years
Zecca 1951 [152]	Lack of Full Text and study is from 1951
BMJ 2013 [153]	Wrong study design. Research news article.
Langdon 2018 [154]	Wrong patient population. Patient ages ranged from 6 weeks to 60 weeks with no subgroup data available for under 6 months.
Journal of Agricultural and Food Chemistry 1954 [155]	Wrong study design. News report article.
Akush 1951 [156]	Wrong indication. Patients all treated for pneumonia.

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List of Exclusions and Reasons for Exclusions.

Alam 2020 [157]	Wrong study design. All patients treated for diarrhea.

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List of Exclusions and Reasons for Exclusions.

1. Abate BB, Tilahun BD, Kassie AM, Kassaw MW. Treatment outcome of Severe Acute Malnutrition and associated factors among under-five children in outpatient therapeutics unit in Gubalafto Wereda, North Wollo Zone, Ethiopia, 2019. PLoS One 2020;15(9):e0238231. DOI: 10.1371/journal.pone.0238231.
2. Adam A. [Antibacterial and symbiontic nutrition of infants; a contribution to the problem of dysbacteria]. Arztl Forsch 1954;8(4):I/168-74. (In und).
3. Adem F, Edessa D, Bayissa B, Mohammed Hassen M, Mohammed MA. Treatment Outcomes and Associated Factors in Hospitalised Children with Severe Acute Malnutrition: A Prospective Cohort Study. Pediatric Health Med Ther 2020;11:235-243. DOI: 10.2147/PHMT.S253396.
4. Ahmed T, Ali M, Ullah MM, et al. Mortality in severely malnourished children with diarrhoea and use of a standardised management protocol. The Lancet 1999;353(9168):1919-1922. DOI: https://doi.org/10.1016/S0140-6736(98)07499-6.
5. Ahmed T, Begum B, Badiuzzaman, Ali M, Fuchs G. Management of severe malnutrition and diarrhea. The Indian Journal of Pediatrics 2001;68(1):45-51. DOI: 10.1007/BF02728857.
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7. Amorelli Gonzaga M, Alce M, Mesquita da Cunha MO, Da Sil va Peres PR. The efficacy of miocamycin in eutrophic and malnourished children. Jornal de Pediatria 1989;65(6):223-230.
8. Amza A, Kadri B, Nassirou B, et al. A cluster-randomized controlled trial evaluating the effects of mass azithromycin treatment on growth and nutrition in Niger. Am J Trop Med Hyg 2013;88(1):138-143. (In eng). DOI: 10.4269/ajtmh.2012.12-0284.
9. Amza A, Yu SN, Kadri B, et al. Does mass azithromycin distribution impact child growth and nutrition in Niger? A cluster-randomized trial. PLoS Negl Trop Dis 2014;8(9):e3128. (In eng). DOI: 10.1371/journal.pntd.0003128.
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11. Ashorn P. Empirical antibiotic treatment for children suffering from dysentery, cholera, pneumonia, sepsis or severe acute malnutrition. Paediatrics and International Child Health 2018;38(sup1):S1-S2. DOI: 10.1080/20469047.2018.1443546.
12. Ashraf H, Alam N, Gyr N. 126 Randomized Controlled Trial of Day-Care and Hospitalized Management of Severe Pneumonia with Severe Acute Malnutrition in Children in Bangladesh. Archives of Disease in Childhood 2012;97(Suppl 2):A35-A35. DOI: 10.1136/archdischild-2012-302724.0126.
13. Autret E, Gendrel D, Breteau M. [Digestive absorption of gentamicin in malnourished children]. Presse Med 1989;18(15):776. (In fre).
14. Ayelign B, Abebe B, Shibeshi A, et al. Bacterial isolates and their antimicrobial susceptibility patterns among pediatric patients with urinary tract infections. Turk J Urol 2018;44(1):62-69. (In eng). DOI: 10.5152/tud.2017.33678.
15. Ayiyi B, Hazoume FA, Dan V. A review of purulent meningitis in children in Benin. Revue de Pediatrie 1987;23(4):156-160.
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List of Exclusions and Reasons for Exclusions.

18. Berkley JA, Ngari M, Thitiri J, et al. Daily co-trimoxazole prophylaxis to prevent mortality in children with complicated severe acute malnutrition: a multicentre, double-blind, randomised placebo-controlled trial. Lancet Glob Health 2016;4(7):e464-73. DOI: 10.1016/S2214-109X(16)30096-1.
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List of Exclusions and Reasons for Exclusions.

33. Brunozi NA, David FL. Antibioticoterapia em crianças indígenas e não indígenas desnutridas. ABCS health sci 44(2):85-91.
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