

SUPPLEMENTARY MATERIAL

Table S1. Sepsis and septic shock clinical criteria according to the Third International Consensus Definitions for Sepsis and Septic Shock, modified from [1] :

	<i>Sepsis</i>	<i>Septic shock</i>
	Suspected or	Sepsis
	documented infection	and
2015 Clinical criteria	and	vasopressor therapy needed to
	an acute increase of ≥ 2	elevate MAP ≥ 65 mm Hg
	SOFA points (a proxy	and
	for organ dysfunction)	lactate > 2 mmol/L (18 mg/dL)
		despite adequate fluid
		resuscitation

Abbreviations: MAP=Mean Arterial Pressure; SOFA Sequential Organ Failure Assessment

Table S2. Proposed staging for acute kidney injury according to KDIGO criteria, modified from [26]:

STAGE	<i>Serum Creatinine</i>	<i>Urine output</i>
1	1.5–1.9 times baseline or ≥ 0.3 mg/dl (≥ 26.5 mol/l) increase	< 0.5 ml/kg/h for 6–12 h
2	2.0–2.9 times baseline	< 0.5 ml/kg/h for ≥ 12 h
3	3 times baseline or ≥ 4.0 mg/dl (≥ 353.6 mol/l) increase or initiation of RRT or in patients	< 0.3 ml/kg/h for ≥ 24 h or anuria ≥ 12 h

Abbreviations: RRT=Renal Replacement Therapy