

## Supplementary Methods

### Continuous renal replacement therapy protocol

In patients with sepsis and acute kidney injury (AKI), the primary reasons for initiating continuous renal replacement therapy (CRRT) included medically refractory volume overload, electrolyte imbalances, metabolic acidosis, progressive azotemia with oliguria, and hemodynamic instability. Determinations regarding the commencement or discontinuation of CRRT, as well as the settings for CRRT parameters (target clearance, blood flow, dialysate/replacement fluid rate, and anticoagulation), were made through consultations and discussions with attending nephrologists or intensivists. All patients underwent continuous venovenous hemodiafiltration using Prisma or Prismaflex systems (Baxter), equipped with an AN-69 polyacrylonitrile membrane dialyzer. A venous catheter for CRRT was placed in either the internal jugular or femoral veins. The initiation of CRRT involved gradual increments in blood flow, eventually reaching 150 mL/min. A prescribed CRRT dose of 35–40 mL/kg/hr was targeted to achieve a delivered CRRT dose of  $\geq 35$  mL/kg/hr.

### Definition

Sepsis was defined in accordance with the criteria outlined

by the American College of Chest Physicians/Society of Critical Care Medicine consensus conference [1]. Diagnosis of sepsis required the presence of a confirmed or highly suspected bacterial infection, coupled with a minimum of two of the following systemic inflammatory response syndrome criteria: body temperature,  $>38$  °C or  $<36$  °C; heart rate,  $>90$  beats/min; respiratory rate,  $>20$  breaths/min; PaCO<sub>2</sub>,  $<32$  mmHg or the use of mechanical ventilation; white cell count,  $>12,000/\text{mm}^3$  or  $<4,000/\text{mm}^3$ ; or immature neutrophils,  $>10\%$ . The identification of AKI was based on the KDIGO (Kidney Disease: Improving Global Outcomes) clinical practice guidelines, encompassing an increase in serum creatinine of  $\geq 0.3$  mg/dL within 48 hours, an increase in serum creatinine of  $\geq 1.5$  times the baseline value, or urine volume of  $<0.5$  mL/kg/hr for 6 hours [2].

### References

1. Bone RC, Balk RA, Cerra FB, et al. Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. The ACCP/SCCM Consensus Conference Committee. American College of Chest Physicians/Society of Critical Care Medicine. *Chest* 1992;101:1644–1655.
2. Kellum JA, Lameire N; KDIGO AKI Guideline Work Group. Diagnosis, evaluation, and management of acute kidney injury: a KDIGO summary (Part 1). *Crit Care* 2013;17:204.