

Table S1 Reasons for clinical failure on adequate and inadequate antibiotic treatment in patients referred to intensive care unit

Clinical failure	Causes (n)	Mortality (n)	Aetiology (n)
<i>Early failure on adequate treatment</i>			
PDT, n=7	Persistence of fever (3)	No	<i>Legionella pneumophila</i> (2); <i>Streptococcus pneumoniae</i> (1)
	Persistence of fever and septic shock (4)	Yes (4)	<i>S pneumoniae</i> (4)
EAT, n=5	Persistence of fever (1)	No	<i>L pneumophila</i> (1)
	Persistence of fever and respiratory insufficiency (1)	Yes (1)	<i>Escherichia coli</i> (1)
	Persistence of fever and septic shock (2)	Yes (2)	<i>Haemophilus influenzae</i> (1); <i>L pneumophila</i> (1)
	Respiratory insufficiency (1)	Yes (1)	<i>S pneumoniae</i> (1)
<i>Early failure on inadequate treatment</i>			
PDT, n=1	Respiratory insufficiency (1)	Yes (1)‡	<i>Moraxella catarrhalis</i> + <i>L pneumophila</i> (1)†
EAT, n=2	Respiratory insufficiency (2)	Yes (2)	<i>Staphylococcus aureus</i> (1); unknown aetiology (1)
<i>Late failure</i>			
EAT, n=4	Exacerbation of pulmonary or cardiac co-morbidity (3)	Yes (3)	<i>S pneumoniae</i> (2); unknown aetiology (1)
	Nosocomial infection (1)	Yes (1)	Unknown aetiology (1)

PDT, pathogen directed treatment group; EAT, empirical antibiotic treatment group.

†Mixed infection.

‡Treatment initially consisted of amoxicillin-clavulanate.