Table T1: Cox proportional hazards models investigating predictors of 'all cause' mortality on day 7-28

	Unadjusted analysis		Multivariable analysis	
Variable	**Hazard ratio (95% CI)**	**P-value**	**Hazard ratio (95% CI)**	**P-value**
Gender (Male vs. Female)	1.31 (0.99, 1.75)	0.06	1.30 (0.97, 1.73)	0.08
Age (≥65 years vs. <65 years)	1.90 (1.41, 2.55)	<0.0001	1.78 (1.31, 2.42)	<0.0001
APACHE II score (≥25 vs. <25)	1.67 (1.24, 2.25)	0.001	1.29 (0.94, 1.76)	0.12
Severe Sepsis/septic shock vs. Milder or no infection)	1.29 (0.97, 1.72)	0.08	1.31 (0.97, 1.76)	0.08
Surgical patient (Yes vs. No)	0.58 (0.41, 0.82)	0.002	0.54 (0.38, 0.77)	0.001
Cancer (Yes vs. No)	1.19 (0.79, 1.79)	0.41	NI	-
Charlson score (≥2 vs. <2)	1.69 (1.28, 2.24)	<0.0001	1.68 (1.22, 2.30)	0.001
eGFR <60 mL/min/1.73 m^2 on day 7 (Yes vs. No)	2.20 (1.66, 2.92)	<0.0001	2.29 (1.58, 3.34)	<0.0001

eGFR: estimated glomerular filtration rate; APACHE II: Acute Physiology And Chronic Health Evaluation II; NI: Not Included. Only patients who survived until day 7 were included in this analysis. Forward censoring was applied and variables with $p<0.2$ in the univariate analysis were entered into the multivariate model. If a creatinine measurement was not available on day 7, the last measured creatinine on day 1-6 was used. To not let hydration influence the eGFR estimations, baseline body weight was used for all daily eGFR estimations (so eGFR was a first degree function of measured creatinine for each patient). The analysis was stratified for baseline eGFR (<30 mL/min/1.73 m^2, 30-60 mL/min/1.73 m^2, >60 mL/min/1.73 m^2). In a sensitivity analysis, not stratifying for baseline eGFR did not alter the signal.