

**Table S1: Descriptions and definitions for candidate predictors**

candidate predictor	class	description and definition
female gender	yes/no	
age	continuous (years)	
risk factor for a polyneuropathy in medical history	yes/no	history of diabetes, alcohol abuse, previous treatment with chemotherapy, kidney transplant or dialysis
pre-existing polyneuropathy prior to ICU admission	yes/no	any pre-existing polyneuropathy
systemic corticosteroid use prior to ICU admission	yes/no	chronic (>1 month) systemic corticosteroid use
suspected sepsis	yes/no	2 or more SIRS criteria present and a suspected infection[1] in the first two ICU days*
unplanned admission	yes/no	
presence of shock	yes/no	SOFA cardiovascular score of 4 in the first two ICU days
RASS score	ordinal scale (-5 to 4)	assessment at two days after ICU admission
average urine production	continuous (ml/h)	in the first two ICU days
highest glucose	continuous (mg/dl)	in the first two ICU days
lowest glucose	continuous (mg/dl)	in the first two ICU days
lowest pH	continuous	in the first two ICU days
lowest P/F ratio	continuous	in the first two ICU days
lowest platelet count	continuous ( $\times 10^9/L$ )	in the first two ICU days
highest lactate	continuous (mmol/L)	in the first two ICU days
lowest ionized $Ca^{2+}$	continuous (mmol/L)	in the first two ICU days
treatment with any corticosteroid	yes/no	in the first two ICU days
repeated treatment with any neuromuscular blocker	yes/no	more than one administration of any neuromuscular blocker in the first two ICU days
treatment with any aminoglycoside	yes/no	in the first two ICU days

\*originally coded as no SIRS, SIRS or suspected sepsis but because of low number of patients no SIRS (N:4)  
recoded into suspected sepsis yes/no

SIRS: systemic inflammatory response syndrome; SOFA: Sequential Organ Failure Assessment; RASS:  
Richmond Agitation and Sedation Scale; ICU: Intensive Care Unit.

## **Literature for Table S1**

1. American College of Chest Physicians/Society of Critical Care Medicine  
Consensus Conference: definitions for sepsis and organ failure and guidelines  
for the use of innovative therapies in sepsis. (1992). Crit Care Med 20: 864–  
874.