Table 1 Baseline characteristics, treatments, and outcomes in patients with COVID-19 admitted to intensive care units. ICU = intensive care unit, IQR = inter-quartile range, n = number, NYHA = New York Heart Association, Q1 = quartile 1, Q3 = quartile 3, % = percent

	n	%	Median	Q1	Q3
n patients (n)	1464	100.0%			
Age (median, IQR)			67.00	57.00	76.00
Sex (n, %)					
female	439	30.0%			
male	1025	70.0%			
ICU length of stay [days] (median, IQR)			8.00	3.00	15.00
Hospital length of stay [days] (median, IQR)			17.00	9.00	26.00
SAPS 3 (median, IQR)			54.00	46.00	62.00
ICU mortality (n, %)	393	26.9%			
Hospital mortality (n, %)	501	34.2%			
Admission diagnosis (n, %)					
Metabolic disease	6	0.4%			
Respiratory disease	1042	71.2%			
Cardiovascular disease	40	2.7%			
Shock	6	0.4%			
Renal disease	10	0.7%			
Neurologic disease	30	2.0%			
Sepsis	3	0.2%			
Trauma (not operated)	24	1.6%			
Gastrointestinal disease	7	0.5%			
Cardiovascular surgery	7	0.5%			
Neurosurgery	8	0.5%			
Trauma surgery	14	1.0%			
Abdominal surgery	25	1.7%			
Surgery, not otherwise specified	7	0.5%			
Other	212	14.5%			
Comorbidities (n, %)					
COPD	190	13.0%			
Steroid treatment	58	4.0%			
Radiotherapy	9	0.6%			
Chemotherapy	17	1.2%			
Chronic heart failure NYHA 2	164	11.2%			
Chronic heart failure NYHA 3	79	5.4%			
Chronic heart failure NYHA 4	18	1.2%			
Arterial Hypertension	849	58.0%			
Diabetes, no Insulin treatment	294	20.1%			
Diabetes, Insulin treatment	116	7.9%			
Haematologic disease	29	2.0%			
Solid Cancer, metastasising	24	1.6%			
Solid Cancer, non-metastasising	62	4.2%			
Immunosuppression	43	2.9%			
Chronic renal failure	200	13.7%			
Chronic respiratory failure	83	5.7%			
Liver cirrhosis	21	1.4%			
Alcoholism	29	2.0%			

Treatment [received at least once] (n, %)					
Mechanical ventilation. Any form of mechanical ventilation/assisted ventilation with or without positive end-expiratory pressure, with or without muscle relaxants; spontaneous breathing with positive end-expiratory pressure	1206	82.4%			
Supplementary ventilatory support. Breathing spontaneously through endotracheal tube without positive end-expiratory pressure, supplementary oxygen by any method, except if mechanical ventilation parameters apply	791	54.0%			
Care of artificial airways. Endotracheal tube or tracheostoma.	736	50.3%			
Treatments for improving lung function. Thorax physiotherapy, incentive spirometry, inhalation therapy, intratracheal suctioning.	1403	95.8%			
Enteral nutrition. Through gastric tube or other gastrointestinal route (e.g., jejunostomy)	752	51.4%			
Parenteral nutrition. Intravenous hyperalimentation.	790	54.0%			
Kidney replacement therapy. Haemofiltration techniques, dialytic techniques.	150	10.2%			
Treatment of complicated metabolic acidosis/alkalosis	201	13.7%			
Active diuresis (e.g., furosemide >0.5mg/kg/day for overload)	682	46.6%			
Intravenous replacement of large fluid losses. Fluid administration >3l/m^2/day, disregarding type of fluid administered	213	14.5%			
Single specific intervention in the ICU. Naso- or orotracheal intubation, introduction of pacemaker, cardioversion, endoscopies, emergency surgery in the past 24 hrs, gastric lavage.	629	43.0%			
Multiple specific interventions in the ICU. More than one, as described above.	292	19.9%			
Specific interventions outside the ICU. Surgery or diagnostic procedures.	291	19.9%			

Figure 2 “Calibration belt” assessment of goodness of fit for the original SAPS 3 prediction formula.

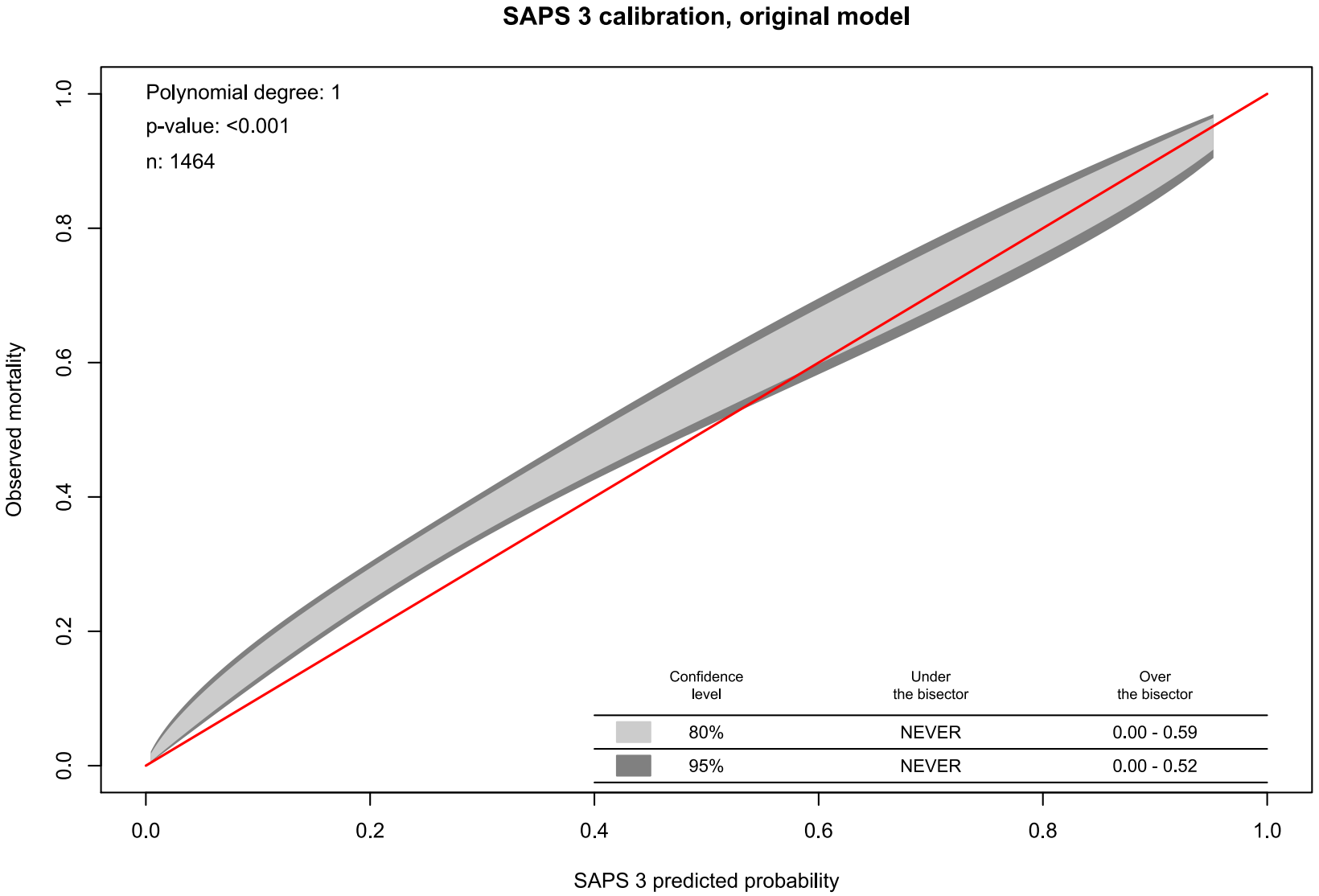

Figure 3 “Calibration belt” assessment of goodness of fit for the dedicated COVID-19 prediction formula.