

S4 Table. Post-infectious and post-acute complications of COVID-19 patients transferred out of critical care units

Clinical Outcome	No. (%)		
	All adults (N= 71)	HDU admission (n= 33)	ICU admission (n= 38)
Length of stay^a, mean, days (SD)	12.4 (5.29)	13.4 (4.53)	12.3 (5.29)
Renal	68 (95.8%)		
Electrolytes Imbalance	49 (69.0%)	14 (42.4%)	35 (92.1%)
Acute Kidney Injury ^b	11 (15.5%)	2 (6.1%)	9 (23.7%)
Renal Replacement Therapy	8 (11.3%)	0 (0.0%)	8 (21.1%)
Hepatic			
Acute Hepatic Injury ^c	11 (15.5%)	6 (18.2%)	5 (13.2%)
Cardiac			
Acute Cardiac Injury ^d	1 (1.4%)	0 (0.0%)	1 (2.6%)
Pulmonary			
Post-acute supplemental oxygen	48 (67.6%)	22 (66.7%)	26 (68.4%)
Hematologic			
VTE	1 (1.4%)	0 (0.0%)	1 (2.6%)
Musculoskeletal	44 (62.0%)		
Myopathy ^e /muscle weakness	22 (31.0%)	1 (3.0%)	21 (55.3%)
Pressure ulcer/wound	22 (31.0%)	1 (3.0%)	21 (55.3%)
Neurologic	39 (54.9%)		
Delirium/confusion ^f	13 (18.3%)	0 (0.0%)	13 (34.2%)
Ataxia/gait imbalance	4 (5.6%)	0 (0.0%)	4 (10.5%)
Swallowing impairment	22 (31.0%)	1 (3.0%)	21 (55.3%)

Footnotes Table 4

Abbreviations: HDU, high dependency unit; ICU, intensive care unit; SD, standard deviation; VTE, venous thromboembolism

^aLength of stay begins with admission time and ends with discharge time, days

^bAcute kidney injury was identified as an increase in serum creatinine by ≥ 0.3 mg/dL (≥ 26.5 mol/L) within 48 hours or an increase in serum creatinine to ≥ 1.5 times baseline within the prior 7 days compared with the preceding 1 year of data in acute care medical records. Acute kidney injury is calculated only for patients with record of baseline kidney function data available and without a

diagnosis of end-stage kidney disease.