Supplemental Table 1
Algorithm for abstraction of clinical adverse outcomes from electronic health records

All outcomes were abstracted from the electronic health record. All clinical notes (physician, nursing, physical and occupational therapy, and respiratory therapy), laboratory values, vitals, and diagnostic procedures were reviewed for descriptors of adverse effects. Dates on which new or worsening adverse effects occurred were recorded.

Adverse effect	Descriptors
Delirium	“delirium”, “encephalopathy”, “agitation”, “restraints”, “confusion”, “psychosis”, “hallucinations”, “altered mental status”; initiation of the following drugs : “quetiapine”, “ziprasidone”, “Seroquel”, “haloperidol”, “risperidone”
Sedation	“sedation”, “somnolence”, “drowsiness”, “depressed arousal”; initiation of stimulants : “amantadine” , “ritalin” ; “no eye opening” “does not open eyes” “eyes closed” “opens eyes to sternal rub” “no eye opening to voice” “no eye opening to sternal” number of CT heads or MRI brains
rash	“rash”, “drug rash”
Hepatotoxicity	“transaminitis”, “hepatotoxicity”, “liver dysfunction”, “acute liver failure”, “elevated ammonia”, “hyperammonemia”, lab reports with elevated liver enzymes
Hyponatremia	“hyponatremia”, “low sodium”, “decreased sodium”, “SIADH”, lab reports with low sodium
Cardiac events	“hypotension”, “PR prolongation”, “QT prolongation” , “cardiac arrest” “arrhythmias”, “NSTEMI” , “afib”, documented HR< 60, documented BP < 90/60, review of EKGs
GI events	“ileus”, “constipation, “nausea”, “vomiting”, initiation of : “erythromycin”, “reglan”, “ondansetron”, “zofran”, “metoclopramide”.
Blood dyscrasias	“thrombocytopenia”, “neutropenia”, “agranulocytosis”, “leukopenia”, review of lab reports

Supplemental Table 2. Outcomes and loss to follow up (90-day mortality)

	Overall population N=94	**ASM prophylaxis only N=54**	**ASM treatment continuation N=40**
Mortality outcome (%)	14 (15%)	5 (9%)	9 (23%)
Follow-up, mean (SD), days	71 (32)	79 (25)	61 (38)
Follow-up, median (25^{th}, 75^{th} IQR), days	90 (51-90)	90 (90-90)	90 (15 -90)
Censoring reasons (%):			
Loss to follow up	13 (14%)	6 (11%)	7 (18%)
End of 90-day follow up period	67 (72%)	43 (78%)	24 (60%)
Loss to follow-up time, mean (SD) days	33 (23)	38 (27)	28 (20)
Loss to follow-up time, median (25^{th}, 75^{th} IQR), days	40 (6-52)	47 (4-56)	27 (7-51)

Loss to follow up rate and time were not significantly different between both groups.

Supplemental Table 3. Outcomes and loss to follow up (90-day functional outcome)

	Overall population N=94	**ASM prophylaxis only N=54**	**ASM treatment continuation N=40**
Good functional outcome (%)	50 (53%)	38 (70%)	12 (30%)
Follow-up, mean (SD), days	33 (30)	24 (24)	44 (34)
Follow-up, median (25^{th}, 75^{th} IQR), days	22 (7-52)	14 (6-34)	42 (9-90)
Censoring reasons (%):			
Loss to follow up	18 (19%)	9 (17%)	9 (23%)
Mortality	14 (15%)	5 (9%)	9 (23%)
End of 90-day follow up period	12 (19%)	2 (4%)	10 (25%)
Loss to follow-up time, mean (SD) days	33 (23%)	24 (22)	36 (24)
Loss to follow-up time, median (25^{th}, 75^{th} IQR), days	40 (6-52)	11(9-45)	40 (11-57)

Loss to follow up rate and time were not significantly different between both groups.

Supplemental Table 4. Frequency of clinical adverse outcomes

	Prophylaxis only N=54	ASM treatment (low + intense) N=40	P value
Delirium	3 (5.5%)	4 (10%)	0.423
Sedation	7 (12.9%)	9 (22.5%)	0.237
Cardiac events	6 (11.1%)	8 (20%)	0.237
GI events	4 (7.4%)	4 (10%)	0.657
Blood dyscrasia	4 (7.4%)	3 (7.5%)	0.987
Hepatotoxicity	7 (12.9%)	9 (22.5%)	0.229
Number of head CT scans and MRIs performed, median [IQR]	1 [0-3]	3 (2-4)	0.004