Multimedia Appendix 2 Witte *et al.*, 2022: JMIR Form Res 2022;6(6):e36176 (doi: 10.2196/36176; PMID: 35526139)

Variable	1	Type (values)		Rat	ionale for variab	ble use	
Patient i	information						
	age weight height	integer numeric numeric		patient attributes may for decompensation		influence the susceptibility	
	administrative sex	factor (m, f)					
	language	factor		langu	age barrier may	influence treatment in hospital	
	civil status	factor		civil s nutrit for de	tatus may have a ion etc. and thus ecompensation	an influence on lifestyle, s indirectly the susceptibility	
	stay in intensive care unit	binary (0 = no, yes)	1=	meas dysgl disea	ure for overall se vcemia as freque se)	everity of case (with ent consequence of severe	
Diagnosi	is history						
	diagnosis information for twenty listed in the inclusion criteria (E10 R81), one variable per code sum of all diabetes(-related) diagr	ICD-10-codes bin 0, E11,, pre pre noses in the int		ary (0 = not diagnosed viously, 1 = diagnosed viously) eger (e.g. diagnoses of		diagnoses of diabetes and / or comorbidities may increase risk of decompensation	
	patient's past (variable increase of 1 per positive	1 per positive diagnosis)		E11, E66 and K85 => feature value of 3)			
	binary indicator variable for one of ICD-10-codes listed in the inclusion the patient's past	or more of the o on criteria in a 1		inary (0 if no diagnoses, 1 therwise, e.g. E11, E66 nd K85 => feature value of .))			
	binary indicator for one or more of ICD-10-codes for diabetes (E10 th the patient's past	of the main rough E16) in	binary (0 = no, 1 = yes, e.g. E10 => 1, E11 and E14 => 1))		no, 1 = yes, e.g. 11 and E14 =>		
	decompensation during previous hospitalizations		binar		no, 1 = yes)	knowledge about previous decompensation may reduce risk	
	number of previous hospitalizatio	ons of patient	integ	ger		measure for severity of case	
Medicat	ion (antidiabetic drugs ADD)						
	History of anti-diabetic drug (ADD Have ADDS been administered in current case)?	y of anti-diabetic drug (ADD) prescription ADDS been administered in the past (before nt case)?			binary (0 = no, 1 = yes)	Patients know to have received ADDs may be more or less susceptible to decompensation	
	Anti-diabetic drug (ADD) administ time window before (!) decomper discharge)	ration within cunsation event (o	irrent or patio	case, ent	binary (0 = no, 1 = yes)	potential measure for severity of case or risk of decompensation	
Laborato	ory information						
	total number of laboratory analys during stay	ratory analyses carried out		eger	indirect measure for severity of case		
	total number of laboratory analys during stay, normalized to length until decompensation	es carried out of stay or time	int	eger	indired	ect measure for severity of case	
	number of extreme measurement unlikely (by outlier detection)	ts flagged as	int	eger	indired	ct measure for severity of case	
	time of last measurement before decompensation or discharge in h	iours	int	eger	The lo non-de may be contex	nger a patient may remain ecompensated the less likely it ecome to happen in the clinical A	

Multimedia Appendix 2: List of variables used for model setup.

decompensation of opposite type has happened	binary (0 = no, 1	If a patient has suffered from hyperglycemia within the case, he
before within case	= yes)	might be more susceptible for
		hypoglycemia and vice versa

Features extracted from laboratory analysis history of current case (before decompensation or patient discharge, for each analyte)

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	mean	numeric	average measure of analyte value (intentionally, the mean is favored over the median as it is less robust to outliers)
	standard deviation	numeric	measure of fluctuation of values
	analysis count	integer	measure for severity of case and importance of analyte
	interquartile range (IQR)	numeric	robust measure of fluctuation of values
	value of last measurement (before decompensation or final measurement)	numeric	"current" status
	value deviating most from analysis median of whole patient population	numeric	most extreme value of analyte within case
	data range (difference of minimum and maximum)	numeric	measure for range of values
	data trend between second-last and last measurement before decompensation or patient discharge	numeric	trend of values (up / down, strong increase/decrease or rather constant)