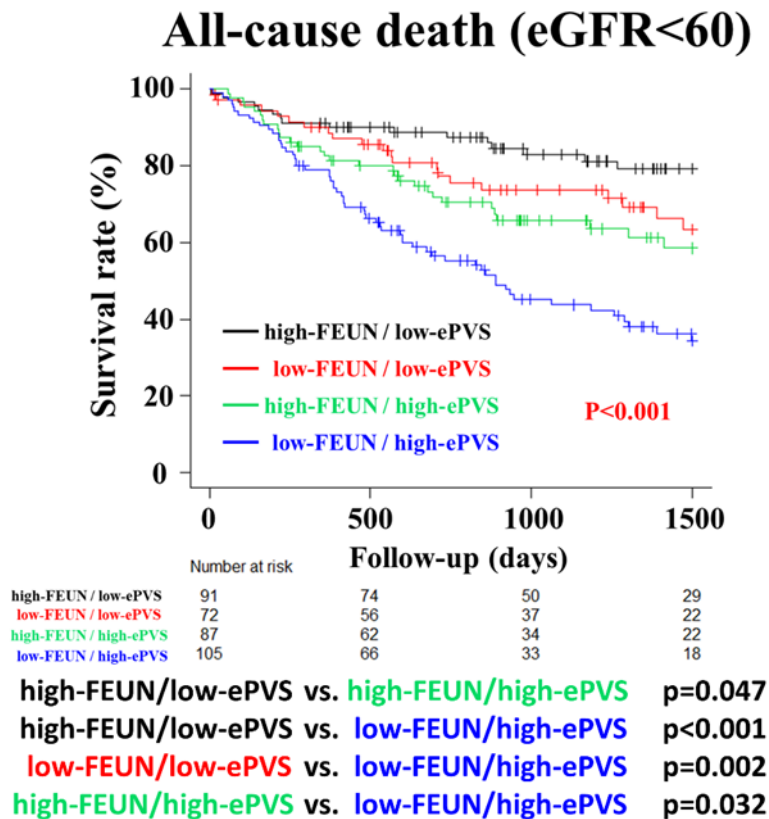


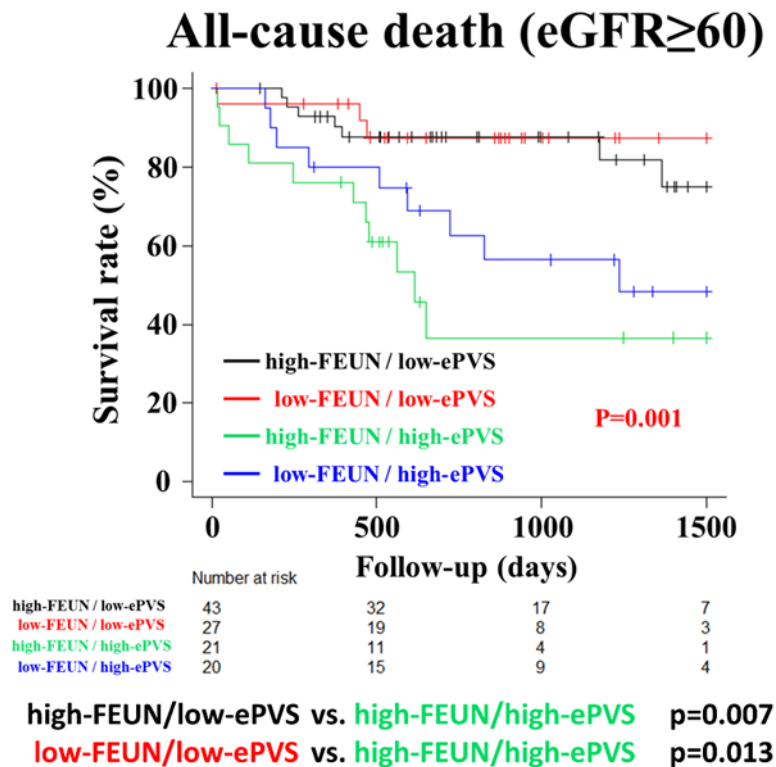
SUPPLEMENTAL MATERIAL

Figure S1A. Kaplan–Meier analyses of the four hemodynamic profiles based on the combined assessment of FEUN and ePVS values at discharge for post-discharge all-cause mortality in patients with eGFR < 60 mL/min/1.73 m².



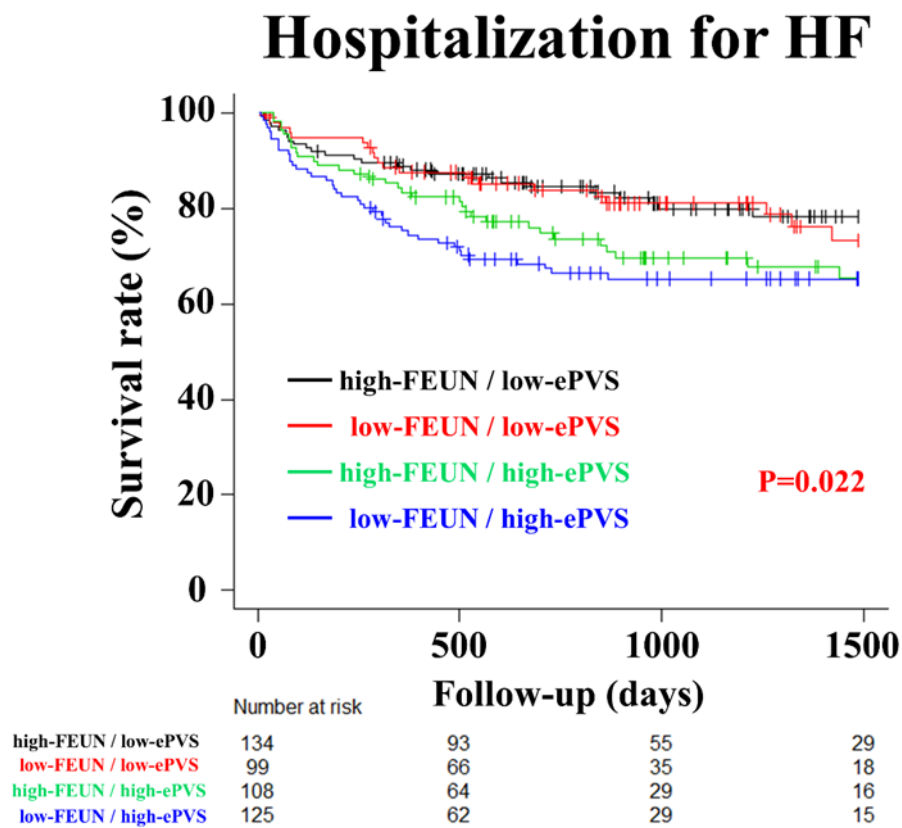
In patients with eGFR<60 mL/min/1.73 m², the Kaplan–Meier curve analyses showed that the low-FEUN/high-ePVS group had much higher rates of all-cause death than the other three groups (log-rank test with Bonferroni post hoc analysis, vs. the high-FEUN/low-ePVS group : $P < 0.001$, vs. the low-FEUN/low-ePVS group : $P = 0.002$, vs. the high-FEUN/high-ePVS group : $P = 0.032$).

Figure S1B. Kaplan–Meier analyses of the four hemodynamic profiles based on the combined assessment of FEUN and ePVS values at discharge for post-discharge all-cause mortality in patients with $eGFR \geq 60$ mL/min/1.73 m².



In patients with $eGFR \geq 60$ mL/min/1.73 m², the Kaplan–Meier curve analyses showed that there were no significant differences in the all-cause death between the low-FEUN/high-ePVS group and the other three groups.

Figure S2. Kaplan–Meier analyses of the four hemodynamic profiles based on the combined assessment of FEUN and ePVS values at discharge for HF readmission without death (Competing-risk analysis).



A competing-risk analysis was performed to assess the effect of death as a competing risk and similar result was observed (Gray test, $P=0.022$) (Figure S1).

Abbreviations: FEUN, fractional excretion of urea nitrogen; ePVS, estimated plasma volume status; HF, heart failure