



Acute Kidney Injury-Epidemiology in ICU Patients 2

CRF Completion Guidelines

Study title: AKI-EPI 2

Sponsor: Ghent University Hospital, Belgium

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1 STUDY AND SPONSOR INFORMATION

Study title	Acute Kidney Injury – Epidemiology in ICU patients 2
Acronym	AKI-EPI 2
Sponsor	Ghent University Hospital, Belgium
Coordinating Investigator	Dr Eric Hoste, Ghent

Study chairs

Name and institution	Address, Phone, Mail
Eric Hoste MD, PhD Intensive Care Unit Department of Internal Medicine and Pediatrics Ghent University Hospital Ghent University	C. Heymanslaan 10 9000 Ghent Belgium Phone: +32 9 332 4197 Mobile: +32 475 96 96 39 E-mail: Eric.hoste@uzgent.be
Antoine Schneider MD, PhD Adult Intensive Care Unit Centre Hospitalier Universitaire Vaudois	Rue du Bugnon 46 1011 Lausanne Switzerland Phone: +41 21 314 46 32 Mobile: +41 79 556 19 02 E-mail: antoine.schneider@chuv.ch

Study coordination

Daisy Vermeiren ICU Ghent University Hospital Phone: +32 9 332 0508 E-mail: daisy.vermeiren@uzgent.be
Isabelle Cristiani Adult Intensive Care Unit, Centre Hospitalier Universitaire Vandois (CHUV), Lausanne, Switzerland Phone: +41 79 556 8460 E-mail: Isabelle.Cristiani@chuv.ch
Dawn Opgenorth Department of Critical Care Medicine Phone: +1 780 264-0742 E-mail: dawno@ualberta.ca

For data management related questions and technical questions concerning the eCRF, please contact:
daisy.vermeiren@uzgent.be.

For medical questions, please contact:

- Dr Eric Hoste (eric.hoste@uzgent.be - +32 9 332 2769)
- or Dr Antoine Schneider (antoine.schneider@chuv.ch - +41 79 556 19 02)

2 ABBREVIATIONS

CRF	Case Report Form
eCRF	electronic Case Report Form
EDC	Electronic Data Capture
FAQ	Frequently Asked Questions
HIRUZ	Health, Innovation and Research Institute of the Ghent University Hospital
ISF	Investigator Site File
PI	Principal Investigator
REDCap	Research Electronic Data Capture (i.e. Electronic Data Capture software provided and maintained by Vanderbilt University)
TMF	Trial Master File

3 DOCUMENT SCOPE

The aim of this document is to provide guidance on the usage of the Electronic Data Capture (EDC) system, for CRF completion in general as well as for the AKI-EPI 2 study specifically.

4 DOCUMENT FILING AND ARCHIVING

The document will be stored in the Investigator Site File (ISF) at each participating site. The Sponsor will save this document in the Trial Master File (TMF).

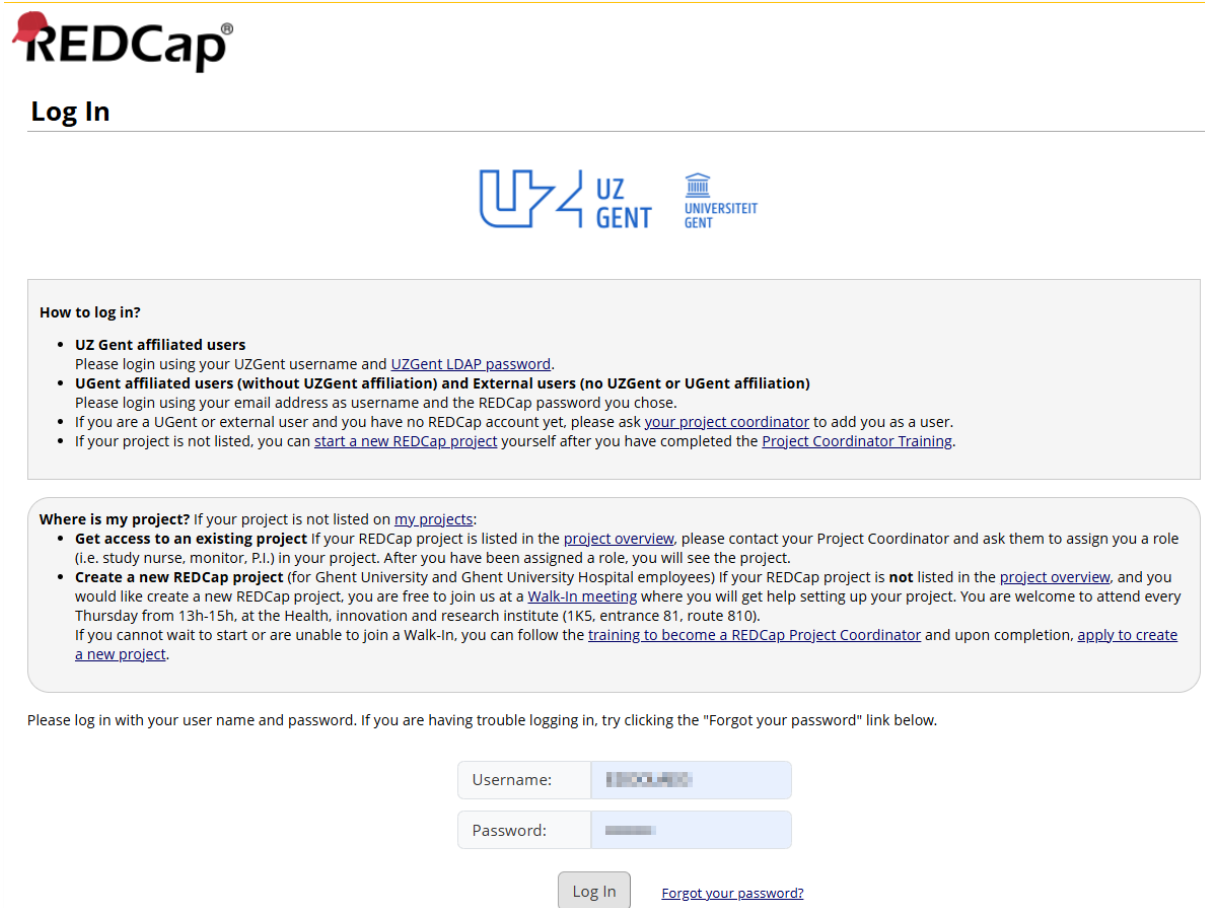
5 ELECTRONIC DATA CAPTURE IN REDCap

Electronic Data Capture (EDC) in this trial is done through the Research Electronic Data Capture system (REDCap), provided by Vanderbilt University and installed and maintained by the Health, Innovation and Research Institute UZ Gent (HIRUZ).

REDCap is available via the following link <https://openredcap.uzgent.be>
Each study staff member will have his own unique username and password.

5.1 Getting access to REDCap & the AKI-EPI 2 study

1. Visit <https://openredcap.uzgent.be>.



REDCap®

Log In

How to log in?

- **UZ Gent affiliated users**
Please login using your UZGent username and [UZGent LDAP password](#).
- **UGent affiliated users (without UZGent affiliation) and External users (no UZGent or UGent affiliation)**
Please login using your email address as username and the REDCap password you chose.
- If you are a UGent or external user and you have no REDCap account yet, please ask [your project coordinator](#) to add you as a user.
- If your project is not listed, you can [start a new REDCap project](#) yourself after you have completed the [Project Coordinator Training](#).

Where is my project? If your project is not listed on [my projects](#):

- **Get access to an existing project** If your REDCap project is listed in the [project overview](#), please contact your Project Coordinator and ask them to assign you a role (i.e. study nurse, monitor, P.I.) in your project. After you have been assigned a role, you will see the project.
- **Create a new REDCap project** (for Ghent University and Ghent University Hospital employees) If your REDCap project is **not** listed in the [project overview](#), and you would like create a new REDCap project, you are free to join us at a [Walk-in meeting](#) where you will get help setting up your project. You are welcome to attend every Thursday from 13h-15h, at the Health, innovation and research institute (1K5, entrance 81, route 810). If you cannot wait to start or are unable to join a Walk-in, you can follow the [training to become a REDCap Project Coordinator](#) and upon completion, [apply to create a new project](#).

Please log in with your user name and password. If you are having trouble logging in, try clicking the "Forgot your password" link below.

Username:

Password:

[Forgot your password?](#)

- UZ Gent employees
 - Users log in using their UZ Gent username and password.
 - Study staff members at other sites
 - External user accounts are created with a table-based login based on the user's email address. The Data Manager will contact the HIRUZ REDCap team to request the creation of new users.
 - The Data Manager will assign the new users to the correct role and institution.
2. On the next screen, check the box "Don't prompt me with two-step login on this computer for 20 hours", to avoid being asked for 2FA information at every login for the next 20 hours. Then, select the "Google Authenticator or Microsoft Authenticator" option.


Two-step verification for REDCap login
✕

Select an option below to complete the second half of REDCap's two-step verification login process. You will not be able to access REDCap until you have completed this verification step.

☒
Don't prompt me with two-step login on this computer for 20 hours

☐


Google Authenticator or Microsoft Authenticator: Open the Google Authenticator or Microsoft Authenticator app on your mobile device to get the verification code associated with your REDCap user account.

Cancel

4. **If you have not yet set up 2FA** for <https://openredcap.uzgent.be> for your account:
 - If you have not yet downloaded an Authenticator app, download & install the Authenticator app of your preference on your mobile device.

Android

 Microsoft Authenticator	Google Play Store	
 Google Authenticator	Google Play Store	



	Apple App Store	
	Apple App Store	

- Click the “How do I set up Google Authenticator or Microsoft Authenticator?” link in the popup and follow the on-screen instructions.
- Attention: these instructions will only be shown once. If the instructions are no longer available to you, please contact the UZ Gent REDCap admin team at redcap@uzgent.be.

Enter your verification code

Enter the verification code that you obtained from

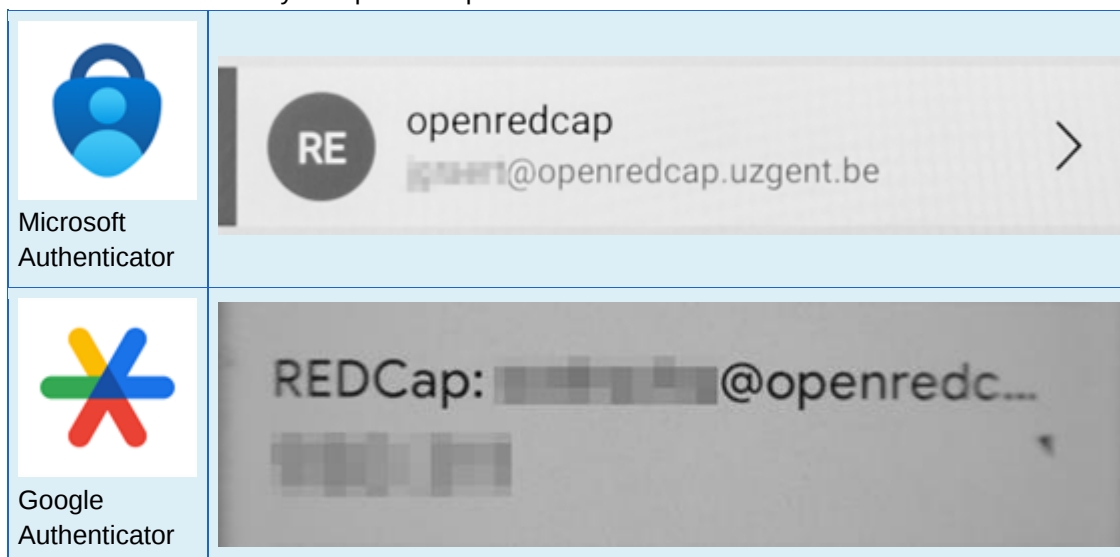

Google Authenticator or Microsoft Authenticator

[Cancel](#)

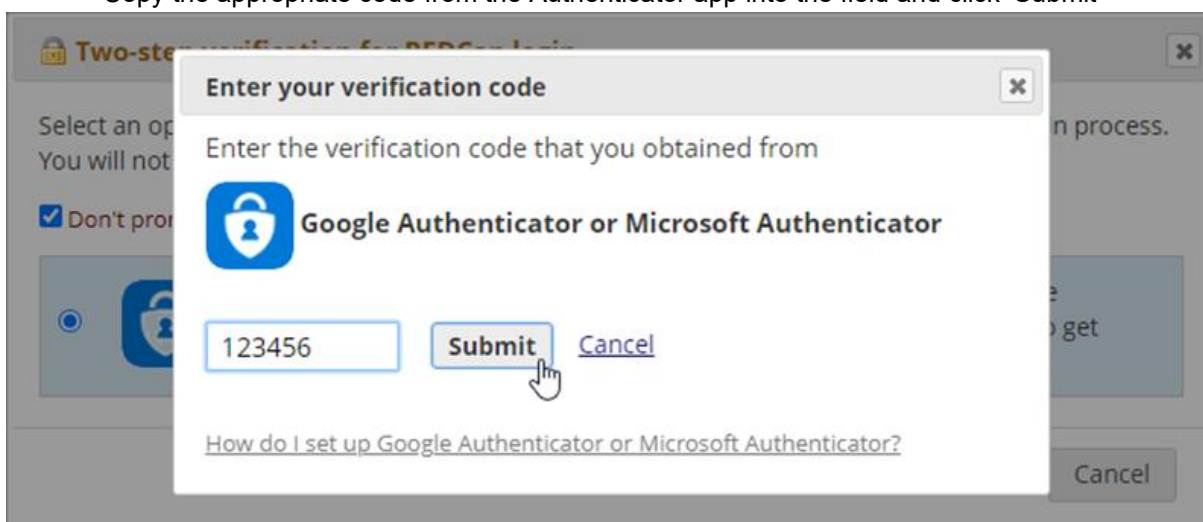
[How do I set up Google Authenticator or Microsoft Authenticator?](#)

- App-specific instructions on how to add an entry into the Microsoft/Google Authenticator app can be found below:
 - Microsoft Authenticator
 - Click the plus (+) sign.
 - In the ‘Add account’ page, choose ‘Other account’.
 - Scan the QR code displayed on the account site sign in page.
 - Google Authenticator
 - Click the plus (+) sign.
 - Select ‘Scan a QR code’.
 - Scan the QR code displayed on the account site sign in page.

5. If you have successfully set up 2FA on <https://openredcap.uzgent.be> for your account, the verification code can be obtained as follows:
 - Open the Authenticator app on your mobile device.
 - Locate the entry for openredcap:



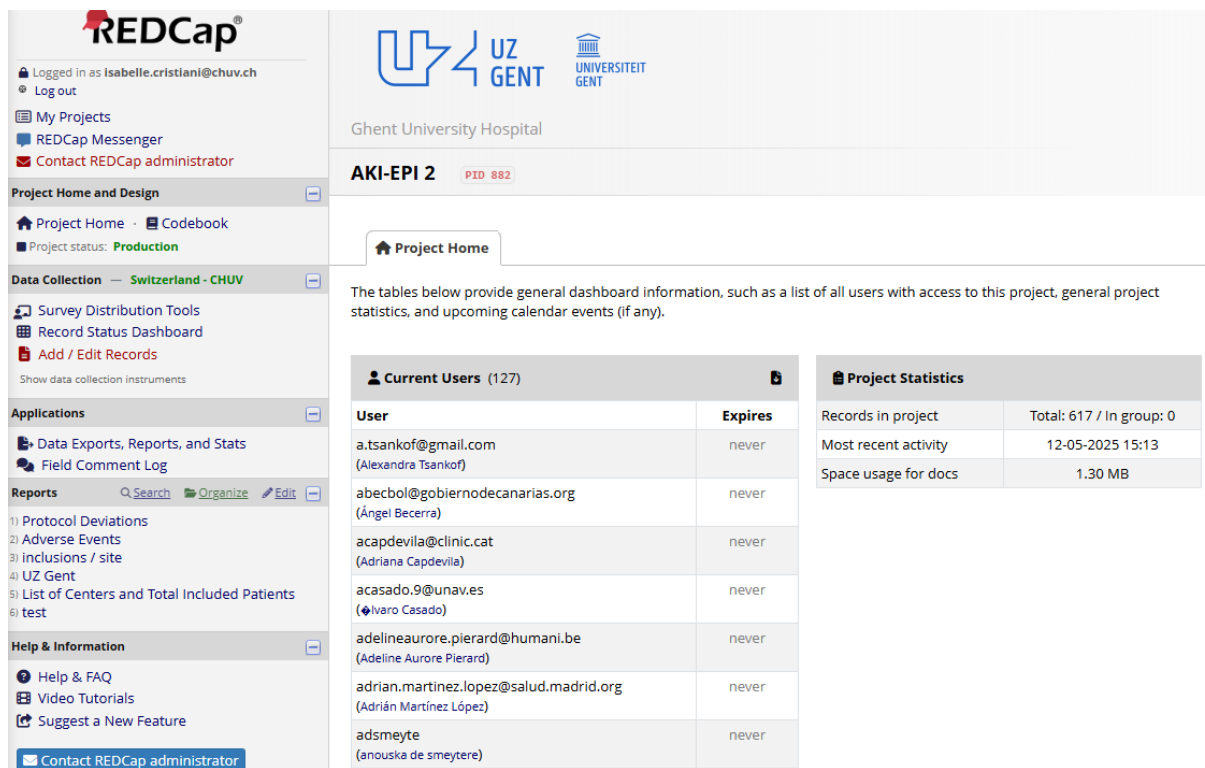
- Copy the appropriate code from the Authenticator app into the field and click 'Submit'



6. **That's it!** You are now logged in using 2FA for the duration of the working day.
7. You will be taken to the 'My Projects' webpage, which contains an overview of all projects you currently have access to.
8. Select the AKI-EPI 2 project. You will be taken to the 'Project Home Page'

6 GUIDANCE ON THE STRUCTURE OF REDCAP

6.1 Project Home Page



REDCap®

Logged in as [Isabelle.cristiani@chuv.ch](#)
Log out

My Projects
REDCap Messenger
Contact REDCap administrator

Project Home and Design

Project Home · Codebook
Project status: **Production**

Data Collection — Switzerland - CHUV

Survey Distribution Tools
Record Status Dashboard
Add / Edit Records
Show data collection instruments

Applications

Data Exports, Reports, and Stats
Field Comment Log

Reports [Search](#) [Organize](#) [Edit](#)

1) Protocol Deviations
2) Adverse Events
3) Inclusions / site
4) UZ Gent
5) List of Centers and Total Included Patients
6) test

Help & Information

Help & FAQ
Video Tutorials
Suggest a New Feature
Contact REDCap administrator

UZ GENT
UNIVERSITEIT GENT

Ghent University Hospital

AKI-EPI 2 **PID 882**

Project Home

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Current Users (127)

User	Expires
a.tsankof@gmail.com (Alexandra Tsankof)	never
abecbol@gobiernodecanarias.org (Ángel Becerra)	never
acapdevila@clinic.cat (Adriana Capdevila)	never
acasado.9@unav.es (Ivar Casado)	never
adelineaurora.pierard@humani.be (Adeline Aurore Pierard)	never
adrian.martinez.lopez@salud.madrid.org (Adrián Martínez López)	never
adsmeyte (anouska de smeytere)	never

Project Statistics

Records in project	Total: 617 / In group: 0
Most recent activity	12-05-2025 15:13
Space usage for docs	1.30 MB

The menu on the left-hand site of the 'Project Home Page' provides quick links to different sections (you may not have access to all of them). The sections that will be useful to you are described below.

6.2 Record Status Dashboard

The 'Record Status Dashboard' page displays a table, listing all existing subjects and their status for every CRF and timepoint. You may click any of the colored buttons to open a new tab/window in your browser and view this particular form for this specific record. Alternatively, you can go to the subject's 'Record Home Page' by clicking the Subject ID.

Record Status Dashboard (all records)

Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form-level user privileges are restricted for certain data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.

Legend for status icons:

- Incomplete
- Incomplete (no data saved)
- Unverified
- Partial Survey Response
- Complete
- Completed Survey Response

Dashboard displayed: [\[Default dashboard\]](#) [+ Create custom dashboard](#) [Multi-record actions](#)

Displaying Data Access Group: [-- ALL --](#)

Displaying record: [Page 1 of 1: "1" through "2"](#) of 2 records [ALL \(2\)](#) records per page

[+ Add new record](#)

Displaying: [Instrument status only](#) | [Link status only](#) | [All status types](#)

Subject ID	Center Characteristics	Patient Inclusion	Alerts	Baseline Characteristics	Charlson Comorbidity Index Score at admission	ICU Adm Characteristics	SOFA score at admission	ICU Day 0	ICU Day 1	ICU Day 2	ICU Day 3	ICU Day 4	ICU Day 5	ICU Day 6	ICU discharge (truncated @90d)	Hospital discharge (truncated @90d)	D90 post ICU admission (± 14 days)	1 year post ICU admission (± 30 days)	RRT termination	Post ICU readmission
1																				
2																				

The colors of the buttons are based on the Form Status that is collected at the bottom of every CRF (see section 6.4.5).

6.3 Add / Edit Records

'Add/Edit Records' provides a different way to find existing subjects (besides through the 'Record Status Dashboard'). You may view an existing record by selecting it from the drop-down list:

AKI-EPI2_CH

PID 334

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 179 / In group: 179

Choose an existing Subject ID

-- select record --

-- select record --

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

Data Search

Choose a field to search

(excludes multiple choice fields)

All fields

Search query

Begin typing to search the project data, then click an item in the list to navigate to that record.

To create a new record, click the green 'Add new record' button:

AKI-EPI2_CH

PID 334

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 179 / In group: 179

Choose an existing Subject ID

-- select record --

+ Add new record

Alternatively, if the Subject ID is unknown, it is possible to find a subject by searching through a field for which you know the value for that particular subject (e.g. subject's birth year).

Data Search

Choose a field to search (excludes multiple choice fields)	All fields ▼
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	

6.4 Record Home Page

After selecting a subject (by clicking the Subject ID on the 'Record Status Dashboard', selecting an existing subject on the 'Add / Edit Records' page, or adding a new record on the 'Add / Edit Records' page), you are taken to the 'Record Home Page'. The grid displays the form-by-form progress of data entry for the selected record. You may click on the colored buttons to access a specific CRF for a specific timepoint. The colors of the buttons are based on the Form Status that is at the bottom of every form (see section 6.4.5).

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

 Choose action for record ▼

Legend for status icons:

-  Incomplete  Incomplete (no data saved) ?
-  Unverified  Partial Survey Response
-  Complete  Completed Survey Response

Subject ID 1

 Data Collection Instrument	Status
Center Characteristics (survey)	
Patient Inclusion	
Alerts	
Baseline Characteristics	
Charlson Comorbidity Index Score at admission	
ICU Adm Characteristics	
SOFA score at admission	
ICU Day 0	
ICU Day 1	
ICU Day 2	
ICU Day 3	
ICU Day 4	
ICU Day 5	
ICU Day 6	
ICU discharge (truncated @90d)	
Hospital discharge (truncated @90d)	
Consent Form for Long Term Substudy	
D90 post ICU admission (± 14 days)	
1 year post ICU admission (± 30 days)	
RRT termination	
Post ICU readmission	
Study Termination	

6.5 CRF structure

6.5.1 Form header

Every form has a header, which contains the following information:

- The name of the form
- The name of the participating site the subject is part of (called 'Data Access Group' in REDCap)
- The Subject ID (either displayed as 'Adding new' or 'Editing existing Subject ID x-y')

ICU Day 0

 Editing existing Subject ID 1.	
Subject ID	1

6.5.2 Sections

Every CRF is divided into smaller sections of related questions.

Each CRF is set up in such a way that only relevant sections are shown. Irrelevant sections will be hidden depending on answers to other questions. In case an irrelevant section is shown, or a relevant section is not shown, please check your previous answers.

In case an answer is modified, causing other fields with previously completed data to be hidden, your web browser will show one pop-up per field requesting to erase the values from these fields. Clicking 'OK' will erase the field's value. Clicking 'Cancel' will not erase the value. Please erase data that is no longer applicable.

×

ERASE CURRENT VALUE OF THE FIELD " " ?

The current field for which you just entered data requires that the field named " " be hidden from view. However, that field already has a value, so its value might need to be reset back to a blank value.

Click OK to HIDE this field and ERASE its current value. Click CANCEL if you DO NOT wish to hide this field or erase its current value.

OK

Annuleren

6.5.3 Required fields

Fields that must be completed on a particular CRF are marked with *** must provide value**. If a required field on a form is not completed, a warning will be displayed upon saving the CRF. This message can be ignored, but leaving a required field empty will eventually result in a query from the Data Manager.



6.5.4 Data field types

A CRF can contain a number of different field types. Please find an overview below.

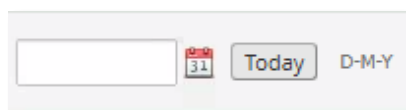
Text fields:

Text fields can be completed with any type of text.

Numerical fields:

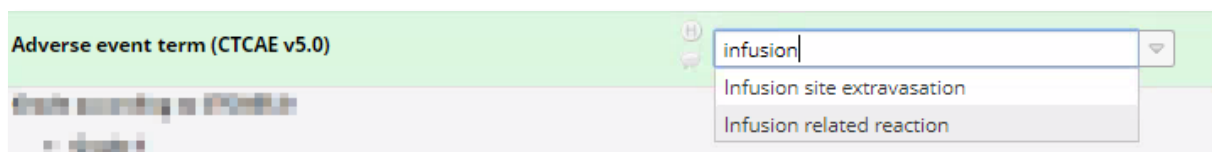
Numerical fields look the same as text fields but should be completed with an integer or a number (depending on the question). Furthermore, a minimum and maximum allowed value may be assigned to them. In case a value does not match the defined validation rule(s), a warning is displayed. This warning can be ignored, but an out-of-range value will eventually result in a query from the Data Manager.

Date fields:



A date can be completed by typing in the field, by choosing a date from the date picker (calendar icon) or by clicking the button 'Today'. The required date format (e.g. D-M-Y) is visible next to the 'Today' button.

Drop-down list (single answer):



Drop-down lists allow you to select a single answer from a list of pre-specified options. When the option 'enable auto-complete for this drop-down' is ticked in the setting of the field, you can start typing your answer in the field to narrow down the list of possibilities to choose from.

Radio buttons (single answer):

Admission type

☒ Medical
☐ Surgical emergency
☐ Surgical elective

Radio button fields immediately show all possible values, allowing you to select the one applicable option.

Checkboxes (multiple answers):

RRT reason for initiation

☐ Anuria
☐ fluid overload
☐ hyperkalemia
☐ acidosis
☐ uremia
☐ Intoxication
☐ Others

Checkboxes allow you to select multiple options from a list of possibilities.

6.5.5 Form status

At the bottom of each form, a form status can be assigned.

Form Status

Complete?

☒ Complete

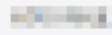
This can be used to reflect the status of data entry.

Legend for status icons:

☒ Incomplete
☐ Incomplete (no data saved) ?
☒ Unverified
☒ Complete
☐ Many statuses (all same)
☐ Many statuses (mixed)

6.5.6 Data history

Click the icon  next to a data field in order to show the data history of that field. The data history is displayed in a table containing all changes made to the field (date/time of change, user & data changes made).

Date/Time of Change	User	Data Changes Made
18-09-2024 08:52:55		Type Ad (SAA > 1.7 mmho) (3)
18-09-2024 08:53:00		Type C (5)
18-09-2024 08:53:06 (most recent data change)		Type A (1)

6.5.7 Data resolution workflow

Clicking the speech balloon next to a data field will open the related 'Data Resolution Workflow' pop-up. This pop-up displays the 'Data Resolution Workflow' for the specified record, field and timepoint and records a documented process of resolving a data issue.

Depending on the user role, different user privileges may apply that relate to opening, responding to and closing data queries.

All data queries can also be viewed on the 'Resolve Issues' page in this project.

Fields can have several data resolution workflow icons next to them:

-  No currently outstanding query
-  There is an open query, which is yet unresponded
-  There is an open query, which has been responded
-  The query is already closed/resolved

7 STUDY-SPECIFIC GUIDANCE

7.1 Guidelines for completing a form

7.1.1 Date and time format

Dates should be entered in dd-mm-yyyy format or chosen from the calendar e.g. 14-02-2025.
Time should be entered in 24-hour clock format (hh:mm) e.g. 14:30.

7.1.2 Units

If the standard unit used at your site is not available in the predefined list of units, please contact the Data Manager to check if an additional unit can be added.

7.1.3 Comments

A comments field is present at the bottom of each CRF. This field should be used only to provide additional information that cannot be reported in a field on the form and that might help clarify the subject's situation, to reduce the query load and/or increase the query efficiency (e.g. confirmation of an out-of-range value reported in the form).

7.1.4 Data entry error

In case a form or event is created that is not needed, please remove all data from the specific form and add the following comment: 'Form/event created in error, can be removed.'. The Data Manager will then remove the unwanted form/event.

7.2 Clarification regarding timepoints

ICU Day 0

Day 0 refers to the day of ICU admission and lasts until your data management system's cut-off time. For example, if data is collected until 6 a.m., any events occurring before this time (e.g., at 5 a.m.) are considered part of Day 0, while events at 7 a.m. fall under Day 1.

For instance, if a patient is admitted at 8 p.m. on Day 0 and your data management system ends at 6 a.m., urine output would be collected for 10 hours on Day 0. However, if your system resets at midnight, then urine would have been collected on Day 0 for only 4 hours.

7.3 Clarification regarding forms

If a patient does not meet inclusion criteria, please do not create a CRF.

7.3.1 Center characteristics

Type of area: Urban/Rural/Remote

Urban: when the hospital is located in urban environment / city and the patients referred to the hospital are also predominantly from an urban environment

Rural: when the hospital recruits patients from rural environment

Remote: > 6 hours from tertiary center

Level of care: Primary/secondary/tertiary

Primary Care: indicates the first contact the person has with a health system. Treatments are a standard set of treatments

Secondary Care: indicates a level of care involving specialist care

Tertiary Care: indicates a higher level of specialist care, i.e. as provided in university centers

Is your ICU open or closed

In a closed ICU, the patient management and treatment prescriptions are by ICU staff only. It is possible that in a closed ICU a non-ICU specialist suggests treatments or medication. However, it is the ICU staff that actually prescribes these.

In an open ICU, also non-ICU staff can prescribe treatment or medication

Typical nurse to patient ratio

Indicate here the number of patients treated by 1 nurse. If this number varies e.g. different during night shifts and day shifts, please indicate the lowest number of patients cared for by 1 nurse in your unit.

Typical senior physician to patient ratio (day shift)

Indicate here the number of patients treated by 1 senior physician. If this number varies e.g. different during weekends, please indicate the lowest number of patients cared for by 1 senior physician in your unit.

Who prescribes RRT? Nephrology/ICU/both

Please indicate who prescribes RRT.

7.3.2 Patient inclusion

Exclusion criteria “Readmission to the ICU during the same hospitalization episode”:

A patient can only be enrolled once in the study.

If a patient has been admitted in the ICU for 24h or less, this is not considered an ICU admission, and the patient could not be included in the AKI-EPI 2 study. Therefore, if this patient is readmitted in the ICU, this patient may be included.

Inclusion criteria “Informed consent according to the ethical committee”:

Even if no consent is needed in your jurisdiction, please tick the box.

7.3.3 Baseline characteristics

Race/Ethnicity

Please indicate the race/ethnicity as assessed by the investigator.

Hypertension

Please indicate if the patient has a medical history of hypertension or is chronically treated with antihypertensive drugs.

Diabetes

Please indicate if the patient has a medical history of diabetes, treated by insulin or oral antidiabetics.

Height and weight

1. Consider pre-op or pre-admission weight. If not available,
2. Consider lowest weight measured during ICU stay. If not available,
3. Estimated weight by ICU staff. If not available,
4. Missing

Baseline serum creatinine

Serum creatinine concentration (sCr) considered representative for kidney function before admission to the ICU.

To help determine representative values, we propose to consider values according to the 5 Tiers (in decreasing preference):

1. sCr within 3 Mo assessed in the outpatient clinic if not available consider
2. sCr within 3 Mo while in hospital (not ICU) if not available consider
3. sCr within 3-12 Mo assessed in the outpatient clinic if not available consider
4. sCr within 3-12 Mo while in hospital (not ICU) if not available consider
5. The lowest of either admission creatinine, or the CKD-EPI 2021 back-calculated creatinine (see table; see tool)

If >1 value within tier: take median value. Do not consider creatinine concentration recordings at time of AKI, or in episodes with "false low" concentration e.g. after volume resuscitation, or at time of severe muscle wasting e.g. after prolonged bed rest or critical illness.

Age (years)	Scr Females (mg/dl)	Scr Females (μmol/L/)	Scr Males (mg/dL)	Scr Males (μmol/L/)	eGFR
18	1.10	97	1.40	123	75
19	1.09	96	1.39	123	75
20	1.09	96	1.38	122	75
21	1.08	95	1.37	121	75
22	1.07	95	1.37	121	75
23	1.07	94	1.36	120	75
24	1.06	94	1.35	120	75
25	1.06	93	1.35	119	75
26	1.05	93	1.34	118	75
27	1.05	92	1.33	118	75
28	1.04	92	1.33	117	75
29	1.04	92	1.32	117	75
30	1.03	91	1.31	116	75
31	1.03	91	1.31	115	75
32	1.02	90	1.30	115	75
33	1.01	90	1.29	114	75
34	1.01	89	1.29	114	75
35	1.00	89	1.28	113	75
36	1.00	88	1.27	112	75
37	0.99	88	1.27	112	75
38	0.99	87	1.26	111	75
39	0.98	87	1.25	111	75
40	0.98	86	1.25	110	75
41	0.97	86	1.24	110	75
42	0.97	86	1.23	109	75
43	0.96	85	1.23	108	75
44	0.96	85	1.22	108	75
45	0.95	84	1.21	107	75
46	0.95	84	1.21	107	75
47	0.94	83	1.20	106	75
48	0.94	83	1.20	106	75
49	0.93	83	1.19	105	75
50	0.93	82	1.18	104	75
51	0.92	82	1.18	104	75
52	0.92	81	1.17	103	75
53	0.91	81	1.16	103	75
54	0.91	80	1.16	102	75
55	0.91	80	1.15	102	75
56	0.90	80	1.15	101	75
57	0.90	79	1.14	101	75
58	0.89	79	1.13	100	75
59	0.89	78	1.13	100	75
60	0.88	78	1.12	99	75

61	0.88	78	1.12	99	75
62	0.87	77	1.11	98	75
63	0.87	77	1.11	98	75
64	0.86	76	1.10	97	75
65	0.86	76	1.09	97	75
66	0.86	76	1.09	96	75
67	0.85	75	1.08	96	75
68	0.85	75	1.08	95	75
69	0.84	74	1.07	95	75
70	0.84	74	1.07	94	75
71	0.83	74	1.06	94	75
72	0.83	73	1.06	93	75
73	0.82	73	1.05	93	75
74	0.82	72	1.04	92	75
75	0.82	72	1.04	92	75
76	0.81	72	1.03	91	75
77	0.81	71	1.03	91	75
78	0.80	71	1.02	90	75
79	0.80	71	1.02	90	75
80	0.80	70	1.01	89	75
81	0.79	70	1.01	89	75
82	0.79	70	1.00	89	75
83	0.78	69	1.00	88	75
84	0.78	69	0.99	88	75
85	0.78	69	0.99	87	75
86	0.77	68	0.98	87	75
87	0.77	68	0.98	86	75
88	0.76	67	0.97	86	75
89	0.76	67	0.97	85	75
90	0.76	67	0.96	85	75
91	0.75	66	0.96	85	75
92	0.75	66	0.95	84	75
93	0.74	66	0.95	84	75
94	0.74	65	0.94	83	75
95	0.74	65	0.94	83	75
96	0.73	65	0.93	82	75
97	0.73	64	0.93	82	75
98	0.72	64	0.92	82	75
99	0.72	64	0.92	81	75
100	0.72	63	0.91	81	75

Do you suspect that there is chronic kidney disease (CKD)?

You should tick "Yes" when there is *known or suspected* CKD (eGFR<60).

7.3.4 ICU Adm characteristics

Admission type: Medical

Primary reason for admission is medical, i.e. non-surgical.

Admission type: Surgical emergency

Emergent surgical procedures are for acute pathology and are planned less than 24-h before surgery.

Admission type: Surgical elective

Elective surgical procedures are planned more than 24-h before surgery.

7.3.5 ICU discharge (truncated @90d)

In case the patient stays in the ICU for a long time, we limited the observation period to 90 days: 'truncated @90d'. In other words, if the patient stays in the ICU/hospital for 91 days or more, we ask for the outcome data as they appear at day 90 of ICU/hospital stay.

How many days was the patient admitted to the ICU? (Length of ICU stay): consider full calendar days (eg if the patient was admitted in ICU on 04 June 2025 at 6pm and discharged on 06 June 2025 at 8am, enter 3 days).

Total number of days on vasopressors (any dose): consider epinephrine, norepinephrine, vasopressin and phenylephrine. Consider full calendar days (eg if the patient was on vasopressors only for 2 hours on Day 1, enter 1 day).

Total number of days on inotropes (any dose): consider dobutamine, dopamine, Milrinone and Levosimendan. Consider full calendar days (eg if the patient was on inotropes only for 2 hours on Day 1, enter 1 day).

7.3.6 Hospital discharge (truncated @90d)

1. Hospital Discharge:

This is hospital in general, not only the hospital of index admission.

In case of transfer to another hospital, enter discharge date of the other hospital.

In case your ethics approval allows you to collect data solely at your hospital, enter discharge date at your hospital.

2. How many days was the patient admitted to the hospital? (Length of hospital stay):

This should include the whole stay in hospital: so starting at hospital admission, and ending at hospital discharge. In case of 2 hospitals, without discharge to home in between, this starts in hospital 1, and ends in hospital 2.

In case your ethics approval allows you to collect data solely at your hospital, only consider length of stay at first hospital.

3. Did RRT and Blood Purification take place :

- Blood Purification (hemoadsorption with any device, for instance CytoSorb or Jafron HA380 utilization of an Oxiris filter, Polymixin B or others)
- Hemodialysis
- Plasmapheresis

7.3.7 D90 post ICU admission (± 14 days) / 1 year post ICU admission (± 30 days)

These are the forms when patients are contacted at 90 d and 1 y after inclusion, for recording of survival, quality of life (EQ-5D questionnaire), use of RRT and creatinine if available.

For patients that cannot be reached at D90, attempts to contact them at D365 should be made and data at D90 can be collected retrospectively (except for EQ-5D).

For creatinine value at D90, please only consider analyses made within the D90 ± 14 days window.

For creatinine value at D365, please only consider analyses made within the D365 ± 30 days window.

The EQ-5D questionnaires are provided in an electronic form by Ghent/Lausanne.

If your centre does not participate in this follow-up, you see both D90 and D365 forms but you won't be able to access them.

7.3.8 RRT termination

Reason for RRT termination

- Recovered
- Palliative care
- Not weaned but alive
- Not weaned and died

➔ Not weaned means still receiving **dialysis**.

7.3.9 Post-ICU readmission (truncated@90d)

This form is only for centers participating in the follow-up.

1. Was the patient readmitted after the index admission?

This is hospital readmission into any hospital after discharge from the hospital of first admission.

This does not include transfer to another hospital.

This is truncated at D90.

2. If Post ICU readmission is Yes, serum creatinine value is asked.

This is the value taken the day of (first) readmission.