

Supplementary Table 6. Complications (ICU events) during sepsis treatments

	Before PSM			After PSM		
	DOBU (+) (N = 108)	DOBU (-) (N = 1,719)	<i>p</i> value	DOBU (+) (N = 105)	DOBU (-) (N = 209)	<i>p</i> value
VAP	7 (6.5)	36 (2.1)	0.011	7 (6.7)	3 (1.4)	0.018
CLABSI	6 (5.6)	31 (1.8)	0.019	6 (5.7)	5 (2.4)	0.190
UTI	6 (5.6)	33 (1.9)	0.024	6 (5.7)	5 (2.4)	0.190
ARDS	5 (4.6)	43 (2.5)	0.201	5 (4.8)	11 (5.3)	0.849
Arrhythmia	31 (28.7)	266 (15.5)	< 0.001	29 (27.6)	37 (17.7)	0.042
Major bleeding	3 (2.8)	33 (1.9)	0.468	2 (1.9)	4 (1.9)	> 0.999
CPR	8 (7.4)	69 (4.0)	0.089	8 (7.6)	10 (4.8)	0.308

Values are presented as number (%).

ICU, intensive care unit; PSM, propensity score matching; DOBU, dobutamine; VAP, ventilator-associated pneumonia; CLABSI, central line-associated bloodstream infection; UTI, urinary tract infection; ARDS; acute respiratory distress syndrome; CPR, cardiopulmonary resuscitation.

DEFINITIONS FOR ICU EVENTS

1. Ventilator-associated pneumonia (VAP) [1]

- (1) VAP is defined as a pneumonia occurring > 48 hours after endotracheal intubation.
- (2) Pneumonia was defined as the presence of new lung infiltrate plus clinical evidence that the infiltrate is of an infectious origin, which includes the new onset of fever, purulent sputum, leukocytosis, and decline in oxygenation.

2. Central line-associated bloodstream infection (CLABSI) [2]

- (1) CLABSI was defined as a laboratory-confirmed bloodstream infection, not related to an infection at another site, in a patient who had central line at the time of infection or within 48 hours before development of infection.
- (2) It was defined as recovery of a pathogen from a blood culture: a single blood culture for organisms not commonly present on the skin, and two or more blood cultures for organisms commonly present on the skin.

3. Catheter-associated urinary tract infection (CA-UTI) [3]

- (1) CA-UTI was defined in patients with indwelling urethral, indwelling suprapubic, or intermittent catheterization.
- (2) CA-UTI was defined by the presence of symptoms or signs compatible with UTI, with no other identified source of infection, along with $\geq 10^3$ colony-forming units/mL of ≥ 1 bacterial species in a single catheter urine specimen.

4. Acute respiratory distress syndrome (ARDS) [4]

According to the 2012 Berlin definition, ARDS was defined when the following criteria were met:

- ① Lung injury of acute onset, within 1 week of an apparent clinical insult and with progression of respiratory symptoms
- ② Bilateral opacities on chest imaging (chest radiograph or CT) not explained by other lung pathology such as effusion, lobar/ lung collapse, and nodules
- ③ Respiratory failure not explained by heart failure or volume overload
- ④ Decreased $\text{PaO}_2/\text{FiO}_2$ ratio < 300 mmHg

The definition requires a minimum positive end expiratory pressure (PEEP) of 5 cmH₂O for consideration of the $\text{PaO}_2/\text{FiO}_2$ ratio; this degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS.

5. Major bleeding [5]

Major bleeding complications indicate one of the followings:

- (1) Life-threatening bleeding.
- (2) Bleeding causing a fall in hemoglobin level of 2.0 g/dL.
- (3) Bleeding causing hemodynamic instability which requires transfusions of two or more units of packed RBCs or interventions.

REFERENCES

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3. Hooton TM, Bradley SF, Cardenas DD, et al.; Infectious Diseases Society of America. Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. *Clin Infect Dis* 2010;50:625-663.
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