SUPPLEMENTRAY TABLE 1. Missing Variables and Handling.

Variables	Cases	Missing data	Proportion of missing data
Age	3744	0	0.00%
Gender	3744	0	0.00%
Race	3744	0	0.00%
SBP	3404	340	9.08%
DBP	3404	340	9.08%
Heart rate	3744	0	0.00%
RR	3735	9	0.24%
SpO2	3743	1	0.03%
SC	3351	393	10.50%
SCr	3724	20	0.53%
FBG	3744	0	0.00%
HbA1c	3744	0	0.00%
Hemoglobin	3688	56	1.50%
INR	3248	496	13.25%
PC	3681	63	1.68%
SP	3720	24	0.64%
RBC	3687	57	1.52%
SS	3724	20	0.53%
Urea nitrogen	3723	21	0.56%
WBC	3683	61	1.63%
Albumin	1125	2619	69.95%
ALT	1920	1824	48.72%
AST	1940	1804	48.18%
D-Dimer	69	3675	98.16%
Ferritin	263	3481	92.98%
triglycerides	456	3288	87.82%
Delirium	3744	0	0.00%
Anemia	3744	0	0.00%
AF	3744	0	0.00%
CHD	3744	0	0.00%
Diabetes	3744	0	0.00%
Renal dysfunction	3744	0	0.00%
Hypertension	3744	0	0.00%
Aspirin	3744	0	0.00%
Dexamethasone	3744	0	0.00%
Dexmedetomidine	3744	0	0.00%
Omeprazole	3744	0	0.00%
CRRT	3744	0	0.00%
Invasive MV	3744	0	0.00%
Noninvasive MV	3744	0	0.00%
APS III	3744	0	0.00%
GCS	3743	1	0.03%
OASIS	3744	0	0.00%
SAPS II	3744	0	0.00%
SOFA	3744	0	0.00%
LOS ICU	3744	0	0.00%
30 days status	3744	0	0.00%
Time-30 days	3744	0	0.00%

This table lists missing data for all variables included in the analysis. After removing variables with missing data exceeding 20%, multiple imputation using chained equations was performed to generate five complete data sets. The imputation model included all variables in the analysis and the outcome variable, and the final statistical analysis results were based on the imputed data.

SBP, systolic blood pressure; DBP, diastolic blood pressure; RR, respiratory rate; FBG, fasting blood glucose; SC, serum calcium; SCr, serum creatinine; INR, international normalized ratio; PC, platelet count; SP, serum potassium; RBC, red blood cel; SS, serum sodium; WBC, white blood cell; AF, atrial fibrillation; CHD, coronary heart disease; CRRT, continuous renal replacement therapy; MV, mechanical ventilation; SOFA, sequential organ failure assessment score; APS III, acute physiology score III; SAPS II, simplified acute physiology score II; OASIS, oxford acute severity of illness score; GCS, glasgow coma scale; ICU, intensive care unit.

STROBE Statement: Checklist of items that should be included in reports of observational studies

Section/topic	Item No	Recommendation	Reported on page no
Title and abstract	1	*(a)* Indicate the study's design with a commonly used term in the title or the abstract	1-2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	1-2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2-3
Objectives	3	State specific objectives, including any prespecified hypotheses	2-3
Methods			
Study design	4	Present key elements of study design early in the paper	3-8
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	3-8
Participants	6	*(a) Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	3-8
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	3-8
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	3-8
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	3-8
Bias	9	Describe any efforts to address potential sources of bias	3-8
Study size	10	Explain how the study size was arrived at	3-8
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	3-8
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	3-8
		(b) Describe any methods used to examine subgroups and interactions	3-8
		(c) Explain how missing data were addressed	3-8
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed Case-control study—If applicable, explain how matching of cases and controls was addressed Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	3-8
		(e) Describe any sensitivity analyses	3-8

Section/Topic	Item No	Recommendation	Reported on Page No
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	8-10
		(b) Give reasons for non-participation at each stage	8-10
		(c) Consider use of a flow diagram	8-10
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	8-10
		(b) Indicate number of participants with missing data for each variable of interest	8-10
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	8-10
Outcome data	15*	Cohort study—Report numbers of outcome events or summary measures over time	8-10
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	8-10
		Cross-sectional study—Report numbers of outcome events or summary measures	8-10
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	8-10
		(b) Report category boundaries when continuous variables were categorized	8-10
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	8-10
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	8-10
Discussion			
Key results	18	Summarise key results with reference to study objectives	10-14
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	10-14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	10-14
Generalisability	21	Discuss the generalisability (external validity) of the study results	10-14
Other Information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Title Page

**Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.*

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.