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**Table S1: Indications for initiation of RRT in patients with acute renal injury**

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**Indications**

Acute pulmonary edema due to fluid overload responsible for severe hypoxemia requiring oxygen flow rate of more than 5 l/min to maintain an SpO<sub>2</sub> of more than 95% or requiring an FiO<sub>2</sub> greater than 50% in patients already on invasive or non-invasive mechanical ventilation and despite diuretic therapy

PH below 7.15 in a context of pure metabolic acidosis

Serum potassium concentration of more than 6 mmol/L

Blood urea nitrogen of more than 112 mg/dl (40 mmol/L)

Oliguria or anuria for more than 72 h

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RRT: Renal replacement therapy