

Supplementary Table 4. Detailed interventions for AKI prediction and management

Intervention	Definition
1. Patient assessment	
1-1. Additional vital signs measurement	Check vital signs more frequently than the standard interval
1-2. Sepsis check	Order at least one of: blood culture, lactate, or procalcitonin
1-3. Bladder distension promotion and scan	Order at least one of: foley insertion, clean intermittent catheterization, or residual urine check (preferably after urination) or check nursing records
1-4. Fluid balance evaluation (decreased/normal/excessive)	Order input/output check (every 1, 4, 6, 8, 12 hours, or daily), body weight check, chest posteroanterior or anteroposterior X-rays
2. Medication review	
2-1. Discontinuation of nephrotoxic drugs	Discontinue existing nephrotoxic medication within 24 hours
2-2. Adjustment of medication dosage according to renal function	Change dosage regimen (dose or frequency) based on renal function
2-3. Fluid prescription	Prescribe or change fluid (normal saline, plasma solution, dextrose with bicarbonate solution, including pre-contrast treatment)
3. Imaging studies	
3-1. Kidney ultrasound (CT if necessary)	Order US of the kidneys, US kidney Doppler, genitourinary CT with or without contrast, abdominal-pelvic CT with or without contrast; refer to radiology or urology departments
4. Hemodynamic stability monitoring	
4-1. Review of antihypertensive medication dosage	Change prescription of ARB, ACEi, CCB, diuretics (thiazide, loop diuretics, potassium sparing diuretics), beta blocker, alpha blocker, vasodilator (discontinue or adjust dosage regimen)
4-2. Anemia check and correction	Order iron panel, ferritin, peripheral blood smear, or complete blood count
5. Additional tests	
5-1. Blood tests	Order at least one of the following: electrolyte panel, renal panel, urine osmolality, Ca, P, TCO ₂ , BUN, Cr, NGAL, cystatin C, pH
5-2. Hematuria and proteinuria check	Order U/A using stick and microscopy, 10-panel stick test, or emergency U/A
6. Nephrology consultation	
6-1. Nephrology consultation	Refer to nephrology for unclear causes or stage 3 AKI unresponsive to initial treatment, or dialysis-requiring AKI

ACEi, angiotensin-converting enzyme inhibitor; AKI, acute kidney injury; ARB, angiotensin II receptor blocker; BUN, blood urea nitrogen; Ca, calcium; CCB: calcium channel blocker; Cr, creatinine; CT, computed tomography; NGAL, neutrophil gelatinase-associated lipocalin; P, phosphorus; TCO₂, total carbon dioxide; U/A, urinalysis; US, ultrasound.