**Supplementary Table 1 CytoSorb® score: Patient selection criteria**

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| **Clinical variables** | **Severity score** |
| **1** | **2** | **3** |
| Hemodynamic parameter |
| MAP | >70 mmHg with or without vasopressor support | > 65 mmHg high dose single vasopressor (0.3 μg/mL) | > 65 mmHg high dose of multiple vasopressors |
| Septic shock | < 24 h | 24-48 h | > 48 h |
| Renal parameter |
| Acute oliguria | < 0.5 mL/kg/h for 6 h | < 0.5 mL/kg/h for 12 h or longer | < 0.3 mL/kg/h for 24 h or anuria for 12 h |
| S. Creatinine | Increase to >1.5-fold | Increase to >2-fold | > 4 mg/dL or greater |
| RRT | Not on RRT | On RRT < 24 h | On RRT > 24 h |
| Respiratory parameter |
| Arterial hypoxemia | PaO2/FiO2 < 300 | PaO2/FiO2 < 200 | PaO2/FiO2 < 100 |
| Mechanical ventilation | Not required | May require | High PEEP |
| Lab parameter |
| S. Lactate | < 2mmol | 2-3.9 mmol | > 4 mmol |
| PCT | < 1 ng/mL | 1-3 ng/mL | > 3 ng/m |
| CRP | < 100 mg/dL | 100-200 mg/dL | > 200 mg/dL |
| Sepsis score |
| SOFA score | < 8 | 8-12 | > 12 |
| SOFA | < 1 | 1-2 | > 2 |
| APACHE II | < 20 | 20-25 | > 25 |

CytoSorb® Scores: 8-13: Ideal scores to initiate; < 8: the patient needs to be monitored if score increases; > 13: the patient is considered critically ill and aggressive therapy is needed. MAP: Mean arterial pressure; RRT: Renal replacement therapy; PEEP: Positive end-expiratory pressure; PCT: Procalcitonin test; CRP: C-reactive protein, SOFA: Sequential organ failure assessment; qSOFA: Quick SOFA; APACHE: Acute physiology and chronic health evaluation.