Supplementary Table 1 Clinical definitions and examples of acute gastrointestinal injury grades

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| **Grade** | **Definition**  | **Examples** |
| AGI grade I (risk of developing GI dysfunction or failure) | The function of the GI tract is partially impaired, expressed as GI symptoms related to a known cause and perceived as transient | Postoperative nausea and/or vomiting during the first days after abdominal surgery; postoperative absence of bowel sounds; diminished bowel motility in the early phase of shock |
| AGI grade II (GI dysfunction) | The GI tract is not able to perform digestion and absorption adequately to satisfy the nutrient and fluid requirements of the body. There are no changes in general condition of the patient related to GI problems | Gastroparesis with high gastric residuals or reflux; Paralysis of the lower GI tract; diarrhoea; IAH grade I (IAP 12–15 mmHg); visible blood in gastric content or stool; FI is present if at least 20 kcal/kg BW/day via enteral route cannot be reached within 72 h of feeding attempt |
| AGI grade III (GI failure) | Loss of GI function, where restoration of GI function is not achieved despite interventions and the general condition is not improving | Despite treatment, feeding intolerance is persisting-high gastric residuals; persisting GI paralysis; occurrence or worsening of bowel dilatation; progression of IAH to grade II (IAP 15–20 mmHg); LOW APP (below 60 mmHg); |
| AGI grade IV (GI failure with severe impact on distant organ function) | AGI has progressed to become directly and immediately life-threatening, with worsening of MODS and shock | Bowel ischemia with necrosis; GI bleeding leading to haemorrhagic shock; Ogilvie’s syndrome; ACS requiring decompression |

AGI: acute gastrointestinal injury; GI: gastrointestinal; IAH: intra-abdominal hypertension; IAP: intra-abdominal pressure; FI: feeding intolerance; APP: abdominal perfusion pressure; ACS: abdominal compartment syndrome; MODS: multiple organ dysfunction syndrome.

**Supplementary Table 2 Clinical definitions and examples of AGI grades specific to critically ill patients with AP**

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| **Grade** | **Definition**  | **Examples** |
| AGI grade I (risk of developing GI dysfunction or failure) | The function of the GI tract is partially impaired, expressed as GI symptoms related to a known cause and perceived as transient | GI symptoms including nausea, vomiting, abdominal pain, and abdominal distention |
| AGI grade II (gastrointestinal dysfunction) | The GI tract is not able to perform digestion and absorption adequately to satisfy the nutrient and fluid requirements of the body. There are no changes in general condition of the patient related to GI problems | Gastroparesis with high gastric residuals or reflux; IAH grade I (IAP 12-15 mmHg); visible blood in gastric content or stool; FI is present if at least 20 kcal/kg BW/day via enteral route cannot be reached within 72 h of feeding attempt |
| AGI grade III (gastrointestinal failure) | Loss of GI function, where restoration of GI function is not achieved despite interventions and the general condition is not improving | Despite treatment, feeding intolerance is persisting (> 72 h); persisting high gastric residuals or reflux; progression of IAH to grade II (IAP 15-20 mmHg); low APP (below 60 mmHg) |
| AGI grade IV (gastrointestinal failure with severe impact on distant organ function) | AGI has progressed to become directly and immediately life-threatening, with worsening of MODS and shock | GI bleeding leading to hemorrhagic shock; ACS requiring decompression |

AGI: acute gastrointestinal injury; GI: gastrointestinal; IAH: intra-abdominal hypertension; IAP: intra-abdominal pressure; FI: feeding intolerance; APP: abdominal perfusion pressure; ACS: abdominal compartment syndrome; MODS: multiple organ dysfunction syndrome.