**Supplementary Table 1. Logistic regression analyses of variables associated with the development of an acute kidney injury (AKI) during the hospital stay (total cohort, n = 201).**

|  |  |  |
| --- | --- | --- |
| **Total cohort** | **OR (95% CI)** | **p-value** |
| CFS  Infection at study inclusion  CRP  Hemoglobin  White blood cell count | 1.440 (1.055 – 1.964)  2.137 (1.044 – 4.374)  1.011 (1.000 – 1.022)  0.812 (0.703 – 0.938)  1.071 (1.006 – 1.140) | 0.021  0.038  0.045  0.005  0.033 |

Logistic regression analyses were built based on a stepwise variable selection procedure. OR, odds ratio; 95% CI, 95% confidence interval; CFS, Clinical Frailty Scale; CRP, C-reactive protein; not significant were: Child-Pugh class, a history of ascites, albumin, sodium, platelets, gender, age, a history of hepatic encephalopathy, a history of hepatorenal syndrome and alcoholic aetiology of liver cirrhosis.

**Supplementary Table 2. Logistic regression analyses of variables associated with the development of a hepatorenal syndrome (HRS-AKI) in patients with a history of ascites during the hospital stay (total cohort, n = 184).**

|  |  |  |
| --- | --- | --- |
| **Total cohort** | **OR (95% CI)** | **p-value** |
| CFS  History of HRS-AKI  Hemoglobin  White blood cell count | 1.622 (1.146 – 2.295)  2.555 (1.189 – 5.490)  0.827 (0.692 – 0.989)  1.074 (1.012 – 1.139) | 0.006  0.016  0.037  0.018 |

Logistic regression analyses were built based on a stepwise variable selection procedure. OR, odds ratio; 95% CI, 95% confidence interval; CFS, Clinical Frailty Scale HRS-AKI, hepatorenal syndrome.

Not significant were: Child-Pugh class, a history of ascites, albumin, sodium, platelets, gender, age, infection at study inclusion, a history of hepatic encephalopathy, C-reactive protein and alcoholic aetiology of liver cirrhosis.