**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** |
| CFSInfection at study inclusionCRPHemoglobinWhite 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) | 0.0210.0380.0450.0050.033 |

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** |
| CFSHistory of HRS-AKIHemoglobinWhite 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) | 0.0060.0160.0370.018 |

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.