Supplemental Material Table of Contents

- Table 1: List of Antibiotics
- Table 2: List of Nephrotoxins (Excluding Antibiotics)
- Table 3: Characteristics of Included versus Excluded Patient Encounters
- Table 4: Sensitivity Analysis of Individual Medications, Multivariable Logistic Regression for AKI
- Table 5: Multivariable Regularization Logistic Regression for Development of Stage 2/3 AKI in Patients Exposed to TZP versus Cefepime
- Figure 1: Love Plot and Details of Propensity Score Model

Supplementary Materials

Table 1: List of Antibiotics

Amikacin	Cefepime	Ciprofloxacin	Gentamicin	Nafcillin	Tigecycline
Amoxicillin	Cefotaxime	Clarithromycin	Imipenem	Nitrofurantoin	Tobramycin
Ampicillin	Cefoxitin	Clindamycin	Levofloxacin	Oxacillin	Vancomycin
Azithromycin	Ceftazidime	Dalfopristin	Linezolid	Penicillin	
Aztreonam	Ceftriaxone	Daptomycin	Meropenem	Piperacillin/	
			-	Tazobactam	
Cefazolin	Cefuroxime	Doxycycline	Metronidazole	Rifampin	
Cefdinir	Cephalexin	Ertapenem	Moxifloxacin	Ticarcillin	

Table 2: List of Nephrotoxins (excluding antibiotics)

<u></u>					
Acyclovir	Carboplatin	Ethacrynic Acid	Indomethacin	Methotrexate	Topiramate
Ambisome	Cidofovir	Foscarnet	Ketorolac	Naproxen	Triamterene
Amiloride	Cisplatin	Furosemide	Lisinopril	Phenytoin	Valacyclovir
Amphotericin					
В	Colistimethate	Ganciclovir	Lithium	Sirolimus	Valganciclovir
Aspirin	Cyclosporine	Hydrochlorothiazide	Mannitol	Spironolactone	Zonisamide
Bumetanide	Enalapril	Ibuprofen	Meloxicam	Sulfasalazine	
Captopril	Enalaprilat	Ifosfamide	Mesalamine	Tacrolimus	

Table 3: Characteristics of Included versus Excluded Patient Encounters

	Included	Excluded	p-value
	N=5686	N=7120	p-value
Age (Years)	3.92 (1.08-11.33)	6.92 (2.42-15.25)	<0.001
Median (Q1-Q3)	3.92 (1.00-11.33)	0.92 (2.42-10.23)	40.001
Males, N (%)	3256 (57.3%)	4029 (56.6%)	0.44
Race, N (%)	0200 (01.070)	+023 (30.070)	0.004
Caucasian	4568 (80.3%)	5580 (78.4%)	0.004
African-American	872 (15.3%)	1246 (17.5%)	
Other	246 (4.3%)	294 (4.1%	
Heart Failure, N (%)	343 (6%)	225 (3.2%)	<0.001
Liver Failure, N (%)	120 (2.1%)	94 (1.3%)	<0.001
Non-Renal Transplant,	246 (4.3%)	595 (8.4%)	<0.001
N (%)	210 (1.070)	000 (0.170)	10.001
Malignancy, N (%)	360 (6.3%)	264 (3.7%)	<0.001
Suspected Bacterial	1602 (28.2%)	1104 (15.5%)	<0.001
Sepsis, N (%)	. 552 (25.276)	1.101 (10.070)	
Within first 24 hours of			
ICU admission			
Chronic Kidney	49 (0.9%)	128 (1.8%)	<0.001
Disease, N (%)	(0.070)	(,	
Congenital Heart	996 (17.5%)	697 (9.8%)	<0.001
Disease, N (%)	,		
Epilepsy/Seizures, N	1164 (20.5%)	1058 (14.9%)	<0.001
(%)		, ,	
Baseline Serum	0.37 mg/dL (0.24)	0.56 mg/dL (0.99)	<0.001
Creatinine,			
Mean (SD)			
Major Surgery, N (%)	2415 (42.5%)	2016 (28.3%)	<0.001
Cardiopulmonary	615 (10.8%)	386 (5.4%)	<0.001
Bypass, N (%)			
Severe Anemia, N (%)	993 (17.5%)	684 (9.6%)	<0.001
Thrombocytopenia, N	1360 (23.9%)	958 (13.5%)	<0.001
(%)			
Hypoalbuminemia, N	1213 (21.3%)	693 (9.7%)	<0.001
(%)			
ePIM-2 Risk of	1% (0-4%)	0.8% (0-1%)	<0.001
Mortality			
Median (Q1-Q3)	1-00 (00 10)	1070 (() 700)	
Vasopressor Use, N	1503 (26.4%)	1059 (14.9%)	<0.001
(%)	0505 (45 60)	0044 (00 =0)	0.004
Mechanical Ventilation,	2595 (45.6%)	2041 (28.7%)	<0.001
N (%)			
Within first 24 hours of			
ICU admission	00 (4 70()	405 (4.50()	0.00
Hospital Mortality, N	98 (1.7%)	105 (1.5%)	0.26
(%)	4 (0.0)	0 (4.0)	40.004
Length of ICU Stay in	4 (2-8)	2 (1-3)	<0.001
days, Median (Q1-Q3)			

Length of Hospital Stay	8 (5-14)	3 (2-5)	<0.001
in days, Median (Q1-			
Q3)			

ICU, intensive care unit

ePIM2, electronic Pediatric Index of Mortality 2

SD, standard deviation

Suspected Bacterial Sepsis: Ordering of blood cultures and a new antibiotic within 24 hours of each other

Severe Anemia: Children < 5 years, Hemoglobin < 7 g/dL on two consecutive occasions;

Children ≥ 5 years, Hemoglobin < 8 g/dL on two separate occasions

Thrombocytopenia: Platelet count < 150×10^9 /L on two consecutive occasions

Hypoalbuminemia: Albumin level < 3 g/dL on two consecutive occasions

Table 4: Sensitivity Analysis of Individual Medications, Multivariable Logistic Regression for AKI

Exposure	Adjusted OR,	Adjusted OR, Stage
·	Stage 2/3 AKI	1/2/3 AKI (95% CI)
	(95% CI)	,
Cefazolin	0.90 (0.71-1.15)	n/a
Cefepime	1.12 (0.80-1.58)	1.17 (0.91-1.52)
Levofloxacin	2.15 (0.67-6.92)	2.39 (1.10-5.23)
Meropenem	n/a	0.40 (0.22-0.72)
Metronidazole	0.93 (0.58-1.49)	n/a
Piperacillin/Tazobactam	1.54 (1.22-1.94)	1.70 (1.42-2.05)
Rifampin	1.94 (0.56-6.71)	n/a
Tobramycin	1.28 (0.76-2.17)	1.17 (0.78-1.75)
Vancomycin	0.89 (0.69-1.13)	0.86 (0.70-1.04)
Age	1.01 (0.99-1.02)	1.05 (1.03-1.06)
Heart Failure	1.43 (1.00-2.04)	1.39 (1.03-1.88)
Liver Failure	1.35 (0.82-2.22)	1.54 (1.00-2.36)
Chronic Kidney Disease	2.14 (0.92-4.96)	2.11 (1.11-4.03)
Malignancy	0.56 (0.35-0.88)	n/a
Seizures/Epilepsy	1.30 (1.02-1.66)	1.24 (1.03-1.50)
Severe Anemia	1.24 (0.96-1.60)	1.11 (0.90-1.37)
Thrombocytopenia	1.65 (1.30-2.12)	1.29 (1.09-1.54)
Hypoalbuminemia	1.38 (1.11-1.71)	1.25 (1.03-1.53)
ePIM2 Score	n/a	1.02 (0.96-1.09)
Vasopressor Use	n/a	1.09 (0.89-1.34)
Mechanical Ventilation	1.54 (1.27-1.86)	1.21 (1.01-1.45)
Exposure to ≥ 3 Nephrotoxins	1.32 (0.92-1.91)	1.33 (1.01-1.77)
Suspected Bacterial Sepsis	1.71 (1.31-2.24)	1.45 (1.24-1.69)
OR, odds ratio		

OR, odds ratio

CI, confidence interval

ePIM2, electronic Pediatric Index of Mortality 2

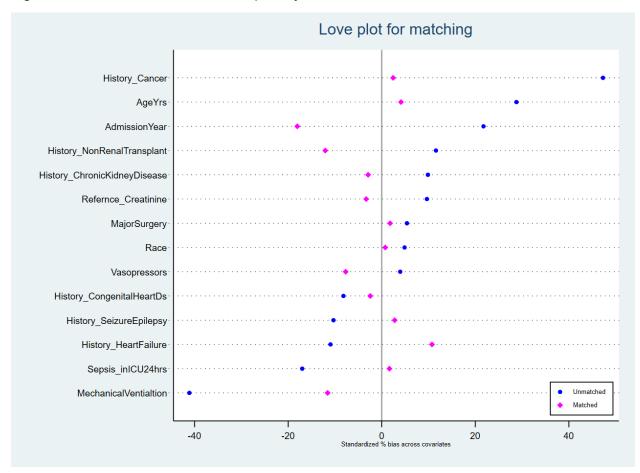
The sensitivity analysis used the same statistical methodology as the primary analysis, but compared stage 0 to stage 1, 2, or 3 AKI (whereas the primary analysis compared stage 0 or 1 AKI to stage 2 or 3 AKI). As with the primary analysis, all variables were assessed for univariate significance level of 0.2 followed by variable selection using LASSO regularization (least absolute shrinkage and selection operator). After clinical assessment in the final step, adjusted multivariate logistic regression for binary outcomes was performed to derive model inferences. All variables in the final model were considered significant at the 0.05 level. Model fit was tested using Hosmer-Lemeshow methodology and discriminative ability. The model comparing stage 0 to stages 1, 2, or 3 had appropriate fit and adequate discrimination (AUC 0.67).

Table 5: Multivariable Regularization Logistic Regression for Development of Stage 2/3 AKI in Patients Exposed to TZP versus Cefepime

Exposure	aOR (95% CI)	p-value
TZP vs. Cefepime	1.33 (0.92-1.94)	0.14
Cefazolin	1.19 (0.72-1.95)	0.50
Levofloxacin	1.72 (0.35-8.47)	0.51
Metronidazole	0.73 (0.40-1.32)	0.30
Rifampin	0.87 (0.21-3.51)	0.84
Tobramycin	0.99 (0.56-1.75)	0.97
Vancomycin	0.92 (0.63-1.35)	0.66
Age	1.01 (0.98-1.04)	0.58
Heart Failure	1.44 (0.89-2.34)	0.14
Liver Failure	1.50 (0.64-3.55)	0.35
Malignancy	0.53 (0.26-1.06)	0.07
Chronic Kidney Disease	1.02 (0.44-2.37_	0.96
Seizures/Epilepsy	1.38 (0.95-2.01)	0.09
Suspected Bacterial Sepsis	1.60 (0.88-2.88)	0.12
Severe Anemia	1.09 (0.77-1.54)	0.65
Thrombocytopenia	1.75 (1.15-2.66)	0.01
Hypoalbuminemia	1.29 (0.96-1.71)	0.09
Exposure to ≥ 3 Nephrotoxins	1.33 (0.82-2.16)	0.26
Mechanical Ventilation	2.19 (1.49-3.23)	< 0.001
aOR, adjusted odds ratio		
CI, confidence interval		
TZP, piperacillin/tazobactam		

As with the primary analyses, all variables in this additional analysis were assessed for univariate significance level of 0.2 followed by variable selection using LASSO regularization (least absolute shrinkage and selection operator). After clinical assessment in the final step, adjusted multivariate logistic regression for binary outcomes was performed to derive model inferences. All variables in the final model were considered significant at the 0.05 level. Model fit was tested using Hosmer-Lemeshow methodology and discriminative ability. This model had appropriate fit and adequate discrimination (AUC 0.68).

Figure 1: Love Plot and Details of Propensity Score Model



In order to account for indication bias, we performed propensity score-matched analysis. We matched the vancomycin plus cefepime group with vancomycin plus piperacillin-tazobactam group using propensity score on a 1:1 nearest neighbor matching without replacement creating 265 pairs. The variables used in the model for propensity score estimation included age, year of hospital admission, sex, race, heart failure, chronic kidney disease, non-renal transplant, malignancy, seizure/epilepsy, congenital heart disease, mechanical ventilation, major surgery, reference creatinine, suspected bacterial sepsis, and use of vasopressors. Matches were created without replacement using computational geometry based on distance between propensity scores (caliper 0.025). The analysis was carried out using STATA 15.1 using module "PSMATCH2".