Supplementary Table 3. FST GRADE.

Predictive value of FST for RRT

Patient or population: patients with AKI; **Settings:** ICU & Internal Medicine; **Intervention:** FST

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)
	Assumed risk **Control**	Corresponding risk **FST**			
Required RRT	**105 per 1000**	**404 per 1000** (336 to 487)	**RR 3.85** (3.2 to 4.64)	3506 (14 studies)	⊕⊕⊖⊖ **low**[1,2,3,4,5]
AKI progression	**91 per 1000**	**609 per 1000** (443 to 838)	**RR 6.73** (4.89 to 9.26)	917 (10 studies)	⊕⊕⊖⊖ **low**[1,2,5,6]
Mortality	**172 per 1000**	**400 per 1000** (340 to 472)	**RR 2.33** (1.98 to 2.75)	2098 (6 studies)	⊕⊖⊖⊖ **very low**[2]

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

AKI:acute kidney injury; **CI:** Confidence interval; **FST:** furosemide stress test; R**R:** Risk ratio; **RRT:**renal replacement therapy.

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] There was risk bias in patients selention among the inculdied studies.

[2] I2 > 50%

[3] The funnel plot shows P<0.1

[4] Fourteen studies enrolled a total of 3506 patients, DOR>10,AUC>0.8

[5] The accuracy of FST prediction is related to the dose-urine volume response threshold

[6] DOR>10 and AUC>0.8