Supplement 1. (Details of Data Fields)

Organisation - The registry included data on organisational charactersics of the investigating sites like screening for sepsis in high risk patient, written SOP for initial resuscitation of septic patient, presense of a sepsis team and performance improvement program and periodic audit . Other data including evidence of infection, baseline SOFA score previous SOFA score if known, SIRS and qSOFA were calculated for each patient on study entry. Other demographic data like age, gender, height (Length), ideal body weight, Body mass index (BMI), date and time of hospital and ICU admission , Reason for hospital and ICU admission, location at the time of sepsis diagnosis , was patient transferred from emergency, ward, or another hospital and time taken for transfer from emergency was noted. Clinical characteristics like site of infection, origin of infection i.e. community, hospital or ICU acquired , comorbidities and risk factors for drug resistant infection like previous hospitalisation or previous antibiotic use was noted. Clinical signs like Systolic blood pressure , shock on admission or developing later , clinical features of hypoperfusion and organ support at the time of sepsis diagnosis was noted . Laboratory details like arterial blood gas (pH, PaO2, Pa CO2,HCO3) , Hematological parameters like hemoglobin, hematocrit, white count and platelets , biochemistry like creatinine , albumin, sidium, potassium at the time of sepsis diagnosis was noted. Imaging studies like xray/CT scans and sepsis biomarkers like CRP , Procalcitonin were noted . Initial resuscitation like amount of fluid , type of fluid crystalloid/ balanced/colloid/Albumin were noted. Lactate level at the time of diagnosis , time of drawing lactate level and repeat lactate values were noted. Use of vasopressors like norepinephrine/epinephrine/vasopressin/domine as regards the type, maximum dose and route of administration and Mean arterial pressure at which it was started was noted. Inotropic support use like dobutamine was also noted. Hemodynamic monitoring tools utilised like CVP, arterial line, Echocardiography, cardiac output monitors were noted as well as utilisation of source control was identified. Among the microbiology data , blood culture sent and repeat cultures were identified. Which empirical antibiotic given , time to appropriate antibiotic , duration of empirical and total (empirical plus targeted) was noted. Use of loading dose and use as an extended infusion and descalation of antibiotic was noted. Any use of antifungal or antiviral medication was documented. Therapeutic drug monitoring

of antimicrobial , if any was noted.Microbial culture results both at the time of sepsis diagnosis and repeat culture if any with antibiogram were documented and growth of resistance or sensitive organism was noted .Whether sepsis was attributable to the infecting organism was also looked at. Microbial antigens, Galactomannan, Beta d glucan, Multiplex PCR , Resistance gene if any was detected . Adjunctive therapies for sepsis like steroid use ,Vitamin C, Thiamine, Bicarbonate, extracorporeal therapy or any immunomodulation therapy was noted .

Course in hospital and use of different support and process of care were doculmented Use of Non invasive ventilation, High Flow nasal oxygen, mechanical ventilation with extubation and reintubation events were documented.Prone ventilation, Recruitment manouevers , Need for renal replacement therapy,(RRT) , indication of RRT, and successful weaning from RRT was documented. Sepsis induced encephalopathy, coagulopathy , liver dysfunction,was also noted. Nosocomial infection and occurrence of another septic episode was noted. PBlood and component therapy like Fresh Frozen plasma, Platelets were noted.Process of care like Enteral nutrition, DVT prophylaxis, Stress ulcer prophylaxis , use of sedation and pain scale, use of continuous sedative analgesic infusion , delirium assessment , use of neuromuscular blocker and Train of four monitoring and cumulative fluid balance was documented . Use of Extracorporeal Membrane Oxygenation (ECMO) and any other event like atrial fibrillation during septic episode was noted.

Outcome data like ICU and Hospital Mortality, ICU and Hospital Length of stay, attributable death to sepsis, discharge destination, discharge against medical advice, withdrawal of life support and unanticipated cardiac arrest events were documented.