

File S1

Definitions

Sepsis was defined as a documented or suspected infection complicated by at least two of the following criteria: leukocytosis (total white blood cell count $>12 \times 10^9/L$), leucopenia (total white blood cells $<4 \times 10^9/L$), increased C-Reactive protein plasma concentration (>15 mg/L), abnormal body temperature (<36 or $>38.3^\circ C$), tachypnea ($>20/min$) or mechanical ventilation with adjusted respiratory rate, significant edema or a positive fluid balance (>20 mL/kg/24h) and tachycardia ($>90/min$). Severe sepsis was defined as sepsis complicated with organ dysfunction. Organ dysfunction was defined by at least one of the following criteria: respiratory distress ($PaO_2/FiO_2 <300$), oliguria (urinary output <0.5 mL/kg.h for at least 2 hours with adequate fluid treatment (30 ml/kg crystalloid)), increased serum creatinine concentrations (>0.5 mg/dL relative to the baseline or >2 mg/dL), prolonged prothrombin time (INR >1.5), thrombocytopenia (platelet count $<100 \times 10^9/L$), hyperbilirubinemia (total bilirubin concentration >4 mg/dL) and elevated serum lactate concentration (>1.6 mmol/L). Septic shock was defined as severe sepsis complicated with hypotension despite adequate fluid resuscitation: systolic blood pressure <90 mmHg, a decrease in systolic blood pressure of >40 mmHg in relative to the baseline, diastolic blood pressure <70 mm Hg or need for vasopressor therapy [11, 12].

File S2

NONMEM control stream

\$PROBLEM Meropenem popPK modelling

\$INPUT

ID ; patient identifier
OCC ; dosing occasion
TAD ; time after dose, in hours
TIME ; time, in hours
EVENT
DV ; dependent variable, in mg/L
EVID ; event identifier: 1 is dosing event, 0 is observation event
MDV ; missing data value
AMT ; amount of L-AmB administered in mg
RATE ; infusion rate, in mg/hour
SEX ; 1=male, 2=Female
AGE
BW
NDOSE
CG

\$DATA DSCOV.csv IGNORE=@

\$SUBROUTINES ADVAN13 TOL=9

\$MODEL

NCOMPARTMENTS=2
COMP= (CENTRAL, DEFDOSE)
COMP=(PERIPH)

\$PK

CLCG = ((CG/111.7) **THETA (5))
CLCOV=CLCG
TVCL=THETA (1)
TVCL = CLCOV*TVCL
TVV1=THETA (2)
TVQ=THETA (3)
TVV2=THETA (4)
CL=TVCL*EXP (ETA (1))
V1=TVV1*EXP(ETA(2))
Q=TVQ
V2=TVV2*EXP(ETA(3))
KE=CL/V1
K12=Q/V1
K21=Q/V2
S1=V1
S2=V2

\$DES

DADT(1)= -KE*A(1) +K21*A(2) -K12*A(1)
DADT(2)= -K21*A(2) +K12*A(1)

\$ERROR

IPRED=F
W=SQRT(SIGMA(1,1)*IPRED**2 + SIGMA(2,2))
Y=IPRED * (1+EPS(1))+ EPS(2)
IRES=DV-IPRED
IWRES=IRES/W

\$THETA

(0, 13.7) ; CL
(0,25.5) ; V1
(0,8.13) ; Q
(0,12.4) ; V2
(0,0.637) ; CLCG

\$OMEGA

BLOCK (2)
0.288 ; IIV on CL
0.185 0.281 ; IIV on V1

\$OMEGA

0.441 ; IIV on V2

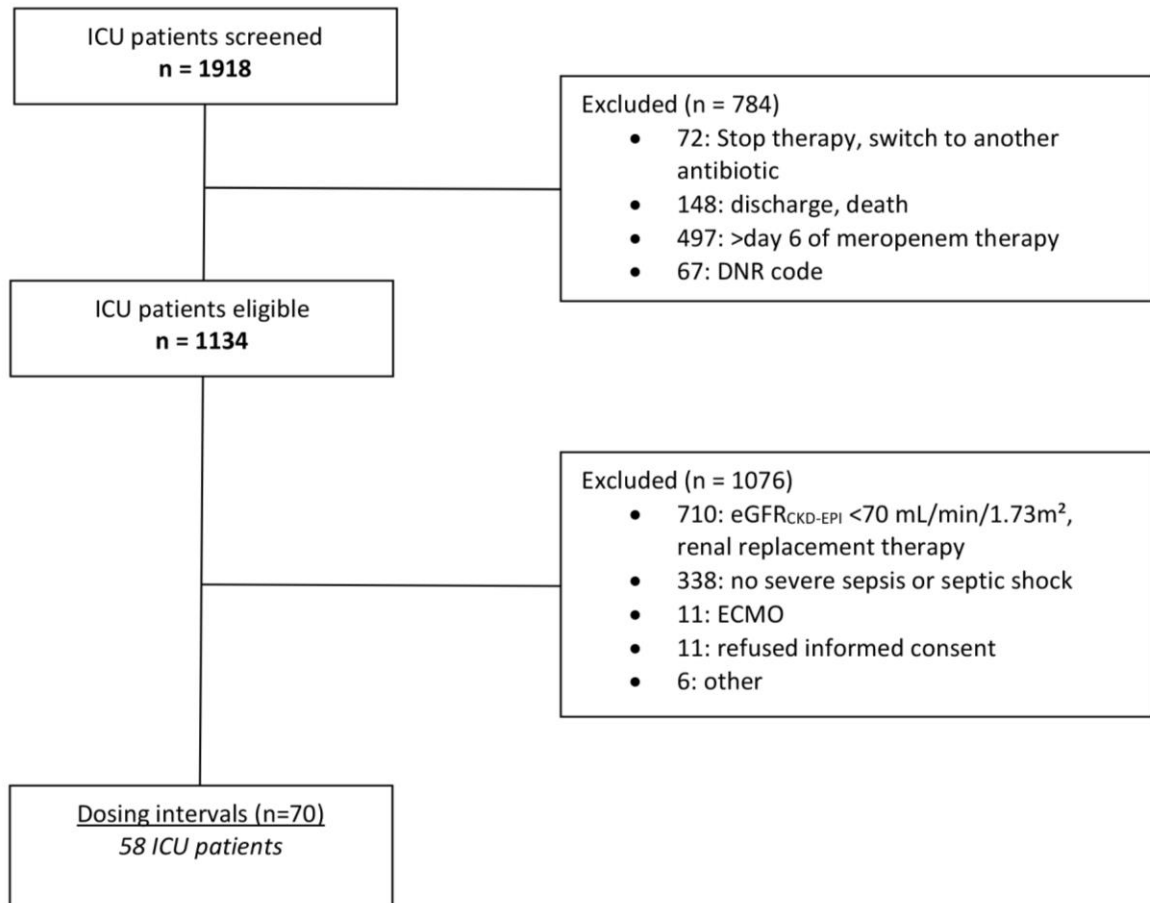
\$SIGMA

0.147 ; prop err
0.0925 ; add err

\$ESTIMATION METHOD=1 INTERACTION MAXEVAL=9999 NSIG=3 SIGL=9 PRINT=1 POSTHOC NOABORT

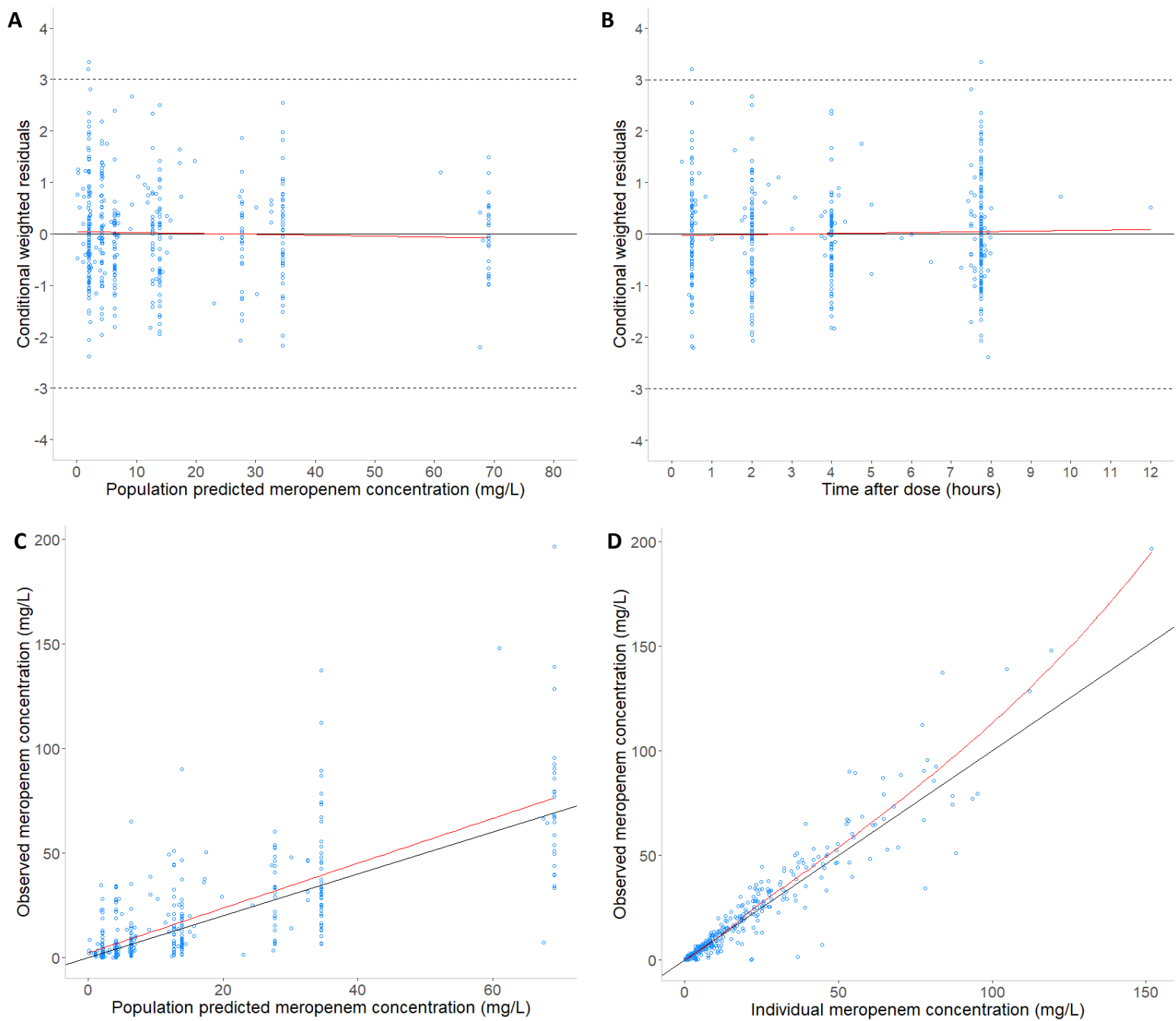
\$COVARIANCE PRINT=E

CONSORT DIAGRAM

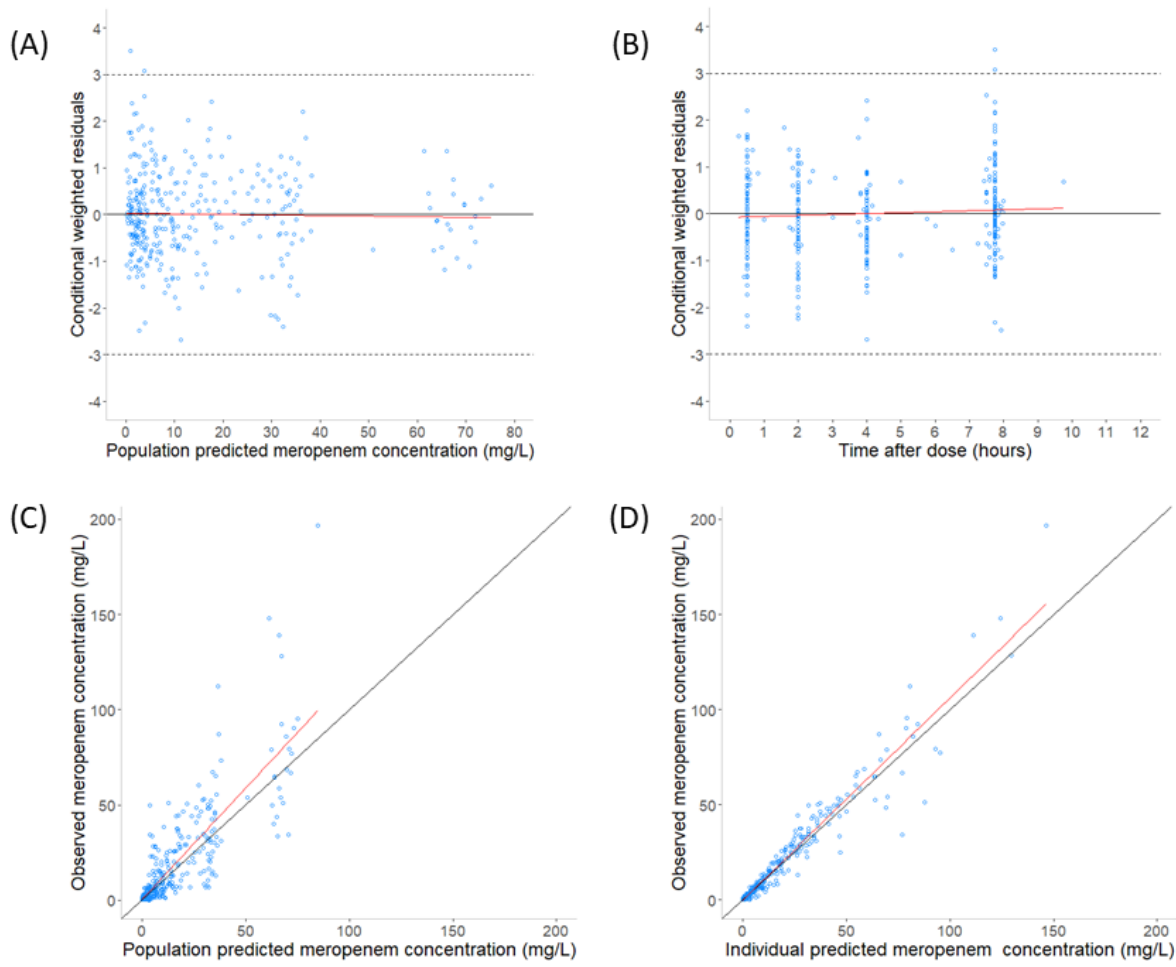


ICU = intensive care unit; DNR = do not resuscitate; ECMO = extracorporeal membrane oxygenation; $eGFR_{CKD-EPI}$ = estimated glomerular filtration rate according to the Chronic Kidney Disease Epidemiology Collaboration equation

Supplementary Figure 1. Study flow diagram.



Supplementary Figure 2. Base model goodness-of-fit plots. (A) Conditional weighted residuals (CWRES) versus population predicted (PRED); (B) CWRES versus time after dose; (C) observed versus PRED meropenem concentration; (D) observed versus individual predicted meropenem concentration. Solid black lines in panels A -D: line of identity; solid red lines: linear regression lines.



Supplementary Figure 3. Final model goodness-of-fit plots. (A) Conditional weighted residuals (CWRES) versus population predicted (PRED); (B) CWRES versus time after dose; (C) observed versus PRED meropenem concentration; (D) observed versus individual predicted meropenem concentration. Solid black lines in panels A -D: line of identity; solid red lines: linear regression lines.