Appendix 1. Hypothesized predictors of vancomycin-associated nephrotoxicity

1. Demographic characteristics
   • Age
   • Sex
   • Clinical area (e.g., intensive care unit, medicine, surgery)
   • Comorbidities
     • Diabetes mellitus
     • Hypertension
     • Chronic kidney disease
     • Baseline serum creatinine
   • Admitting diagnosis
     • Acute renal failure
     • Sepsis
     • Infectious diagnosis

2. Nephrotoxins
   i) Medications known to cause acute renal injury (excluding allergic intrinsic nephritis)\(^{14}\)
      • Acyclovir
      • Aminoglycosides
      • Amphotericin B\(^*\)
      • Captopril
      • Clopidogrel
      • Colistimethate
      • Cyclosporine\(^*\)
      • Foscarnet
      • Gold
      • Ifosfamide
      • Indinavir
      • Interleukin-2\(^*\)
      • Lithium
      • Mannitol
      • Mitomycin
      • Nonsteroidal anti-inflammatories\(^*\)
      • Penicillamine
      • Pentamidine
      • Radiocontrast Dye
      • Sucrose
      • Sulfamethoxazole/trimethoprim
      • Streptozocin
      • Tacrolimus\(^*\)
      • Ticlopidine
      • Triamterine

   \(^*\)Medications also known to cause pre-renal dysfunction

   ii) Medications known to cause pre-renal dysfunction (i.e., reduces volume and/or pressure of blood reaching the kidney)\(^{14}\)
      • Angiotensin-converting enzyme inhibitors (ACEI)
      • Angiotensin receptor blockers (ARBs)
      • Diuretics
      • Interferon
      • Cyclo-oxygenase 2 inhibitors
      • Additional medications as listed and flagged with an asterisk in previous section