**Ratio of carbon dioxide veno-arterial difference to oxygen arterial-venous difference is not associated with lactate decrease after fluid bolus in critically ill patients with hyperlactatemia: results from a prospective observational study**

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Supplement

**Figure S1.** Flowchart of patients selection

 

**Table S1.** Principal reasons for fluid bolus

|  |  |
| --- | --- |
| **Reason for fluid bolus** | **No of the patients** |
| Hypotension (%) | 8 (20) |
| Weaning of noradrenaline (%) | 5 (13) |
| Oliguria (%) | 10 (25) |
| Persistent elevated levels of blood lactate | 17 (42) |

**Figure S2.** Prevalence of the patients who had significant decrease in blood lactate levels during fluid bolus (FB) according to pre-infusion arterial-venous oxygen difference ratio (PvaCO2/CavO2). Dotted line: trendline (regression analysis)



**Figure S3.** Changes in blood lactate levels ( Δ Lactate) during fluid bolus according to the baseline carbon dioxide veno-arterial difference to arterial-venous oxygen difference ratio (PvaCO2/CavO2), in patient without (Pannel A) or with (Pannel B) enhanced oxygen extraction.



**Figure S4.** Correlation between blood lactate levels and arterio-venous oxygen difference ratio (PvaCO2/ CavO2) before (panel A) and after (panel B) fluid bolus (FB) and correlation of the changes (panel C) during FB in patients without enhanced oxygen extraction.



**Figure S5.** Correlation between blood lactate levels and arterio-venous oxygen difference ratio (PvaCO2/ CavO2) before (panel A) and after (panel B) fluid bolus (FB) and correlation of the changes (panel C) during FB in patients with enhanced oxygen extraction.



**Figure S6.** Correlation between blood lactate levels changes and oxygen consumption changes during fluid bolus , in patient without (Pannel A) or with (Pannel B) enhanced oxygen extraction.

