

Table S1 Results of Holm-Bonferroni correction for multiple comparisons

Rank i	Variables	Raw P-value	Adjusted Threshold α_i	Raw $P \leq \alpha_i$	Statistical significance after adjustment
1	SA Bloodstream Infection	<0.001	0.003	yes	yes
2	PCT (ng/ml)	<0.001	0.003	yes	yes
3	AST(U/L)	<0.001	0.003	yes	yes
4	Hs-TnT(pg/ml)	<0.001	0.004	yes	yes
5	ARDS	<0.001	0.004	yes	yes
6	Septic Shock	<0.001	0.004	yes	yes
7	Acute Kidney Injury	<0.001	0.005	yes	yes
8	PaO ₂ /FiO ₂	0.001	0.006	yes	yes
9	APTT(s)	0.002	0.006	yes	yes
10	D-dimer (ug/ml)	0.002	0.007	yes	yes
11	IAV co-infection	0.003	0.008	yes	yes
12	SARS-CoV-2 co-infection	0.004	0.010	yes	yes
13	Myocardial Injury	0.004	0.012	yes	yes
14	PLT×10 ⁹ /L	0.016	0.025	yes	yes
15	Respiratory Rate (breaths/min)	0.038	0.050	yes	yes

Raw $P < 0.05$ in univariate analysis comparing survivors and non-survivors (Data source: *Table 1* for baseline characteristics, *Table 2* for onset characteristics, and *Table 3* for treatment and prognosis). Artificial therapeutic interventions (e.g., vancomycin administration, ECMO/CRRT, blood product transfusion, oxygen therapy modality, duration of Mechanical Ventilation, and ICU Length of Stay) were excluded, as these represent interventions rather than inherent disease attributes and carry no clinical value for adjustment. Variables without clear clinicopathological relevance were excluded: 1) FiO₂ had no independent pathological significance and was replaced by the PaO₂/FiO₂ ratio. 2) PT (prothrombin time) showed only mild prolongation that did not reach the threshold for coagulation failure; moreover, it could be correlated with APTT and D-dimer, thus possessing no independent evaluative value. 3) Total bilirubin in 2 groups were within the normal clinical range (3.4~17.1 $\mu\text{mol/L}$), with no clinical evidence of liver function injury.