

Table S1. Evaluation criteria for medical and nursing care needs

A. Monitoring/procedure needs	0 points	1 point	2 points
Electrocardiographic monitoring	No	Yes	
Infusion pump management	No	Yes	
Arterial pressure measurement	No	Yes	
Syringe pump management	No	Yes	
Central venous pressure measurement	No	Yes	
Mechanical ventilation	No	Yes	
Blood transfusion and blood product management	No	Yes	
Pulmonary arterial pressure measurement	No	Yes	
Use of continuous hemodiafiltration, intra-aortic balloon pumping, percutaneous cardiopulmonary support, intracranial pressure, and/or extracorporeal membrane oxygenation	No	Yes	
B. Patient status			
Able to turn over while lying down	Yes	Yes, if the patient can grasp something for support	No
Able to rise from a prone position	Yes	No	
Able to maintain a sitting position	Yes	Yes, if the patient has some support	No
Able to transfer	Yes	Requires watching/some assistance	No
Able to maintain oral hygiene	Yes	No	
Patients with ≥3 points from Section A and ≥3 points from Section B are considered to fulfill the evaluation criteria for medical and nursing care needs.			