

Data Collection Form (Version 3.1)

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Admission - prior to or at admission to your unit

1 Identifiers

CMP number:

Admission number:

2

0

NHS number:

2

2 Residence

Postcode:

Residence prior to admission to acute hospital:

Home

M

Residential place of work/education

R

Nursing home or equivalent

U

Hospice or equivalent

P

Health-related institution

H

No fixed address/abode or temporary abode

N

Non-health-related institution

O

3

3 Socio-demographics

Date of birth:

D

D

M

M

C

C

Y

Y

IF DATE OF BIRTH = 01/01/CCYY

Date of birth estimated:

Yes

Y

No

N

Ethnicity:

White - British

A

Asian or Asian British - Bangladeshi

K

White - Irish

B

Asian or Asian British - any other

L

White - any other

C

Black or black British - Caribbean

M

Mixed - white and black Caribbean

D

Black or black British - African

N

Mixed - white and black African

E

Black or black British - any other

P

Mixed - white and Asian

F

Other ethnic group - Chinese

R

Mixed - any other

G

Any other ethnic group

S

Asian or Asian British - Indian

H

Not stated

Z

Asian or Asian British - Pakistani

J

Body composition

Height (cms):

Height estimated:

Yes

Y

No

N

Weight (kg):

Weight estimated:

Yes

Y

No

N

Sex:

Female

F

Male

M

4

9

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4 Obstetric critical illness

Admission currently/recently pregnant:	
Currently pregnant	<input type="radio"/> C → 5
Recently pregnant	<input type="radio"/> R → 6
Not known to be pregnant	<input type="radio"/> N → 9

5 Current pregnancy

Gestation of current pregnancy:	OR	Expected date of delivery of current pregnancy:
<input type="text"/> <input type="text"/> weeks		<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / 2 0 Y Y

 → 9

6 Recent pregnancy

Assisted conception used for recent pregnancy:	Gestation at delivery of recent pregnancy:	Actual date of delivery of recent pregnancy:	Molar pregnancy associated with recent pregnancy:
Yes <input type="radio"/> Y No <input type="radio"/> N Unknown <input type="radio"/> U	<input type="text"/> <input type="text"/> weeks	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / 2 0 Y Y	Yes <input type="radio"/> Y No <input type="radio"/> N

 → 7

7 Previous pregnancies

Number of live births (babies) and/or stillbirths from previous pregnancies:	<input type="text"/> <input type="text"/>
Number of previous Caesarean sections excluding most recent pregnancy:	<input type="text"/> <input type="text"/>

 → 8

8 Recent pregnancy outcome

Outcome of recent pregnancy:	Number of births from recent pregnancy:	Number of babies in NICU following recent pregnancy:	Hysterectomy at/since delivery of recent pregnancy:
Termination of pregnancy <input type="radio"/> T Ectopic pregnancy <input type="radio"/> E	Number of live births (babies) <input type="text"/> Number of stillbirths <input type="text"/>	<input type="text"/>	Yes <input type="radio"/> Y No <input type="radio"/> N
Caesarean section <input type="radio"/> C Assisted vaginal <input type="radio"/> A Spontaneous vaginal <input type="radio"/> S			

 → 9

9 Prior to admission

Date of admission to your hospital: D D / M M / 2 0 Y Y	Timeliness of admission to your unit: Timely (T) Delayed (D)	Delay (hours) [][]	Specialty code prior to admission to your unit : [][][]
---	--	--------------------------------	--

10 Date/time of admission

Date of admission to your unit: D D / M M / 2 0 Y Y
Time of admission to your unit: H H : M M

11 CPR

Cardiopulmonary resuscitation (CPR) within 24 hours prior to admission to your unit: In-hospital CPR (H) Community CPR (C) No CPR (N)

12 Source

Location (in):	Not in hospital (N)	→ 19	
	TRANSIENT	Accident & emergency (E) Recovery only (R) Imaging department (G) Specialist treatment area (S) Clinic (C) Theatre & recovery (T)	Classification of surgery: Emergency (M) Urgent (U) Scheduled (S) Elective (L)
	NON-TRANSIENT	Level 3 bed in adult ICU or ICU/HDU (I) Level 2 bed in adult ICU or ICU/HDU (H) Adult HDU (U) Paediatric/neonatal ICU/HDU (P) Obstetrics area (B) Other intermediate care area (M) Ward (W)	
Hospital housing transient location (in): Same hospital (S)		Prior location (in): NON-TRANSIENT Level 3 bed in adult ICU or ICU/HDU (I) Level 2 bed in adult ICU or ICU/HDU (H) Adult HDU (U) Paediatric/neonatal ICU/HDU (P) Obstetrics area (B) Other intermediate care area (M) Ward (W) Not in hospital (N)	
Other acute hospital (A) Non-acute hospital (O)			
Date of original admission to/attendance at acute hospital: D D / M M / 2 0 Y Y		Sector of other hospital (in): NHS (N) non-NHS, UK (U) non-UK (O)	

13 Transfers

Transferring unit identifier (in):

Transferring unit admission number:

2

0

OR

Type of adult ICU/HDU (in):

General

G

Burns & plastic

B

Cardiac

C

Renal

R

Thoracic

T

Neurosciences

N

Liver

L

Medical

M

Spinal injury

S

Surgical

U

Obstetric

O

Adult ICU/HDU within your critical care transfer group (in):
Yes

Y

No

N

Date of original admission to ICU/HDU:

D

D

M

M

2

0

Y

Y

14

14 Source continued

Hospital housing non-transient location (in):

Same hospital

S

Other acute hospital

A

Non-acute hospital

O

Date of original admission to/attendance at acute hospital:

D

D

M

M

2

0

Y

Y

Sector of other hospital (in):
NHS

N

non-NHS, UK

U

non-UK

O

18

19

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15 Source continued

Prior location (in):		
NON-TRANSIENT	Level 3 bed in adult ICU or ICU/HDU	<input type="radio"/> I
	Level 2 bed in adult ICU or ICU/HDU	<input type="radio"/> H
	Adult HDU	<input type="radio"/> U
	Paediatric/neonatal ICU/HDU	<input type="radio"/> P
	Obstetrics area	<input type="radio"/> B
	Other intermediate care area	<input type="radio"/> M
	Ward	<input type="radio"/> W
		→ 16
Not in hospital		<input type="radio"/> N
		→ 17
		→ 19

16 Transfers

Transferring unit identifier (in):	Transferring unit admission number:
<input type="text"/>	<input type="text"/>

OR

Type of adult ICU/HDU (in):			
General	<input type="radio"/> G	Burns & plastic	<input type="radio"/> B
Cardiac	<input type="radio"/> C	Renal	<input type="radio"/> R
Thoracic	<input type="radio"/> T	Neurosciences	<input type="radio"/> N
Liver	<input type="radio"/> L	Medical	<input type="radio"/> M
Spinal injury	<input type="radio"/> S	Surgical	<input type="radio"/> U
Obstetric	<input type="radio"/> O		

Adult ICU/HDU within your critical care transfer group (in):	
Yes	<input type="radio"/> Y
No	<input type="radio"/> N

Date of original admission to ICU/HDU:							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

→ 17

17 Source continued

Hospital housing non-transient location (in):	
Same hospital	<input type="radio"/> S
Other acute hospital	<input type="radio"/> A
Non-acute hospital	<input type="radio"/> O

→ 19

18 Prior critical care

Critical care visit <u>prior</u> to this admission to your unit:	
Unit outreach service only	<input type="radio"/> O
Unit outreach service & non-outreach staff combined	<input type="radio"/> C
Unit medical staff (non-outreach service only)	<input type="radio"/> M
Unit nursing staff (non-outreach service only)	<input type="radio"/> U
Both unit medical & nursing staff (non-outreach service only)	<input type="radio"/> B

No critical care visit prior to this admission to your unit		<input type="radio"/> N
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Date of last critical care visit prior to this admission to your unit:

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

→ 19

19 Type of admission

Admission type:	
Unplanned local surgical or medical admission	<input type="radio"/> L
Unplanned transfer in (e.g. due to lack of capacity)	<input type="radio"/> U
Planned transfer in (tertiary referral)	<input type="radio"/> P
Planned local surgical admission	<input type="radio"/> S
Planned local medical admission	<input type="radio"/> M
Repatriation	<input type="radio"/> R

Admission for pre-surgical preparation:

Yes ☐ Y

No ☐ N

→ 20

Reason for admission - at admission to and during the first 24 hours in your unit

20 Primary reason
for admission

Primary reason for admission to your unit:

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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→ **21**

21 Secondary reason
for admission

Secondary reason for admission to your unit:

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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→

RAICU1 or RAICU2=

Dry heat burns
 1.11.1.5.1 2.11.1.5.1
 1.5.7.1.2 2.5.7.1.2
 1.13.7.1.4 2.13.7.1.4
 Steam burns or scalds
 1.11.1.5.2 2.11.1.5.2
 1.13.7.1.5 2.13.7.1.5
 Electrical burns
 1.11.1.5.3 2.11.1.5.3
 1.5.7.1.1 2.5.7.1.1
 1.13.7.1.3 2.13.7.1.3
 Chemical burns
 1.11.1.5.4 2.11.1.5.4
 1.13.7.1.6 2.13.7.1.6
 Inhalation burns
 1.1.1.28.1 2.1.1.28.1
 1.1.1.30.9 2.1.1.30.9

→ **YES**→ **NO** → **22**

Burns

Burned surface area (%):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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→ **22**

Inhalation injury:

Yes ☐ Y No ☐ N

Past medical history - six months prior to or at admission to your unit

Admission number:

2	0						
---	---	--	--	--	--	--	--

22 Past medical history

<div>Evidence available to assess past medical history:</div> <div>Yes Y</div> <div>No N</div>	<div>Past medical history of one or more of <u>listed</u> conditions:</div> <div>Yes Y</div> <div>No N</div>	<div>Severe respiratory disease: Y</div> <div>Home ventilation: Y</div> <div>Very severe cardiovascular disease: Y</div> <div>Chronic renal replacement therapy: Y</div> <div>Portal hypertension: Y</div> <div>Biopsy proven cirrhosis: Y</div> <div>Hepatic encephalopathy: Y</div> <div>Steroid treatment: Y</div> <div>Chemotherapy: Y</div> <div>Radiotherapy: Y</div> <div>Metastatic disease: Y</div> <div>Lymphoma: Y</div> <div>Acute myelogenous/lymphocytic leukaemia or multiple myeloma: Y</div> <div>Chronic myelogenous/lymphocytic leukaemia: Y</div> <div>Congenital immunohumoral or cellular immune deficiency state: Y</div> <div>HIV/AIDS: HIV H AIDS A</div>	<div>23</div>
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23 Past medical history continued

<div>Other condition in past medical history:</div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Dependency <u>prior</u> to admission to acute hospital:</div> <div>Able to live without assistance in daily activities A</div> <div>Minor assistance with some daily activities N</div> <div>Major assistance with majority of/all daily activities J</div> <div>Total assistance with all daily activities T</div>	<div>24</div>
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Physiology - lowest/highest - during the first 24 hours in your unit

Admission number:

2	0						
---	---	--	--	--	--	--	--

24 Physiology

Evidence available to abstract physiology data:

Yes ☒ Y

→ 25

No ☐ N

→ 44

Lowest

Highest

25 Temperature

Central temperature (°C):

			•	
--	--	--	---	--

			•	
--	--	--	---	--

Non-central temperature (°C):

			•	
--	--	--	---	--

			•	
--	--	--	---	--

→ 26

26 Systolic blood pressure

Systolic BP/ paired diastolic BP (mmHg):

--	--	--	--	--	--

--	--	--	--	--	--

→ 27

27 Ventricular rate

Heart rate (beats min⁻¹):

--	--	--

--	--	--

→ 28

28 Respiratory rate

Non-ventilated respiratory rate (breaths min⁻¹):

--	--	--

--	--	--

Ventilated respiratory rate (breaths min⁻¹):

--	--	--

--	--	--

→ 29

29 Arterial blood gases

- with lowest PaO₂

PaO₂ (kPa/mmHg):

			•	
--	--	--	---	--

Associated FIO₂:

	•		
--	---	--	--

Associated PaCO₂ (kPa/mmHg):

			•	
--	--	--	---	--

Associated pH/H⁺ (pH/nmol l⁻¹):

			•		
--	--	--	---	--	--

Associated intubation status:

Yes ☒ Y No ☐ N

- with lowest pH (highest H⁺)

pH/H⁺ (pH/nmol l⁻¹):

			•		
--	--	--	---	--	--

Associated PaCO₂ (kPa/mmHg):

			•	
--	--	--	---	--

→ OR →

Arterial blood gases missing

Yes ☒ Y

→ 30

Physiology continued - lowest/highest during the first 24 hours in your unit
- pre-admission four hours prior to admission to your unit

	Lowest	Highest	Pre-admission	Missing	(tick box)
30 Serum bicarbonate (mmol l ⁻¹)	<div><div></div><div></div><div></div> · <div></div></div>	<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 31
31 Serum sodium (mmol l ⁻¹)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	→ OR → <div><div></div><div></div><div></div></div>	→ OR → <div><div></div></div>	→ 32
32 Serum potassium (mmol l ⁻¹)	<div><div></div><div></div><div></div> · <div></div></div>	<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 33
33 Serum glucose (mmol l ⁻¹)	<div><div></div><div></div><div></div> · <div></div></div>	<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 34
34 Blood lactate (mmol l ⁻¹)		<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 35
35 Serum urea (mmol l ⁻¹)		<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 36
36 Serum creatinine (µmol l ⁻¹)	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	→ OR → <div><div></div><div></div><div></div><div></div></div>	→ OR → <div><div></div></div>	→ 37
37 Urine output (ml)	<div>Total for first 24 hours or, if stay less than 24 hours, total while in unit</div>	<div><div></div><div></div><div></div><div></div><div></div></div>	→ OR →	→ <div><div></div></div>	→ 38
38 Haemoglobin (g dl ⁻¹)	<div><div></div><div></div><div></div> · <div></div></div>	<div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div><div></div><div></div> · <div></div></div>	→ OR → <div><div></div></div>	→ 39
39 Platelet count (x10 ⁹ l ⁻¹)	<div><div></div><div></div><div></div><div></div></div>	→ OR →	<div><div></div><div></div><div></div><div></div></div>	→ OR → <div><div></div></div>	→ 40
40 White blood cell count	<div><div><div></div><div></div><div></div> · <div></div></div><div>↓ <div><div></div><div></div><div></div> · <div></div></div></div></div>	<div><div><div></div><div></div><div></div> · <div></div></div><div>↓ <div><div></div><div></div><div></div> · <div></div></div></div></div>	→ OR → <div><div><div></div><div></div><div></div> · <div></div></div><div>↓ <div><div></div><div></div><div></div> · <div></div></div></div></div>	→ OR → <div><div></div></div>	→ 41

41 Pupil reactivity

Pupil reactivity (left eye): Reactive (R) Unreactive (U) Unable to assess (N)	Pupil reactivity (right eye): Reactive (R) Unreactive (U) Unable to assess (N)	OR	Pupil reactivity missing: Yes (Y)	→ 42
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42 Sedated/paralysed

Sedated or paralysed and sedated for whole of first 24 hours in your unit: Sedated for whole of first 24 hours* (S) Paralysed and sedated for whole of first 24 hours* (P)	→ 43	Neurological status: Assessed (A) Not assessed (N) → 43	Lowest total Glasgow Coma Score: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Associated eye component: <input type="text"/> Associated motor component: <input type="text"/> Associated verbal component: <input type="text"/> Associated intubation status: Yes (Y) No (N)	→ 43
Sedated and/or paralysed for some of first 24 hours* (N) Never sedated or paralysed at any time in first 24 hours* (V) <i>* Or, if patient stays less than 24 hours, for period while in your unit</i>					

43 Level of care

Highest level of care received in the first 24 hours in your unit: Level 3 (3) Level 2 (2) Level 1 (1) Level 0 (0)	→ 44
---	------

Infection - up to and after the first 48 hours in your unit

Admission number:

2	0						
---	---	--	--	--	--	--	--

44 Unit-acquired infection

MRSA present:

Admission MRSA

Unit-acquired MRSA

No MRSA

No samples taken

A

U

N

S

VRE present:

Admission VRE

Unit-acquired VRE

No VRE

No samples taken

A

U

N

S

Clostridium difficile present:

Admission C. difficile

Unit-acquired C. difficile

No C. difficile

No samples taken

A

U

N

S

Antimicrobial use after 48 hours in your unit

Yes

No

Y

N

45

45 Infection in blood

Number of unit-acquired infections present in blood:

(Record number 0-9)

1 OR MORE

NONE

Main organism causing first unit-acquired infection in blood:

Methicillin resistant Staphylococcus aureus (MRSA)

Staphylococcus aureus (not MRSA)

Vancomycin resistant enterococcus (VRE)

Enterococcus (not VRE)

Yeast (e.g. candida)

Pseudomonas

Acinetobacter

Enterobacter

Klebsiella

Serratia

Escherichia Coli (E. Coli)

Other organism

M

U

V

N

Y

P

I

T

K

S

C

O

46

Outcome - at discharge from your or another unit

Admission number:

2	0						
---	---	--	--	--	--	--	--

46 Ultimate reason for admission

Ultimate primary reason for admission to your unit:

--	--	--	--	--	--	--	--

→ 47

47 Organ support

Calendar days of organ support while in your unit

Number of Basic respiratory support days:			
Number of Advanced respiratory support days:			
Number of Basic cardiovascular support days:			
Number of Advanced cardiovascular support days:			
Number of Renal support days:			
Number of Neurological support days:			
Number of Gastrointestinal support days:			
Number of Dermatological support days:			
Number of Liver support days:			

→

Levels of care

Number of Level 3 days:			
Number of Level 2 days:			
Number of Level 1 days:			
Number of Level 0 days:			

→ 48

48 Treatment withheld/withdrawn

Treatment withheld/withdrawn:

Withdrawn	(W)
Both withheld then withdrawn	(B)
Withheld	(H)
Neither	(N)

→

Date treatment first withdrawn:

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Time treatment first withdrawn:

H	H	:	M	M
---	---	---	---	---

→ 49

49 Unit discharge

Status at discharge from your unit:	
Alive (A)	Date when <u>fully</u> ready to discharge: DD/MM/20YY Time when <u>fully</u> ready to discharge: HH:MM
Dead (D)	
Still in unit, exporting data (E)	

→ 50

50 Reason/timeliness of discharge

Reason for discharge from your unit:	
Ending critical care (N)	Repatriation (R)
Comparable critical care (C)	Palliative care (P)
More-specialist critical care (M)	Self-discharge (S)

→

Timeliness of discharge from your unit:	
Fully ready (F)	→ 51
Delayed (D)	
Early (E)	

51 Date/time of discharge

Date of discharge from your unit:	DD/MM/20YY	→ 52
Time of discharge from your unit:	HH:MM	

52 Level of care/expected dependency at discharge

Level of care received at discharge from your unit:	
Level 3 (3)	→ 55
Level 2 (2)	
Level 1 (1)	
Level 0 (0)	

→

Expected dependency post-acute hospital discharge:	
Able to live without assistance in daily activities (A)	→ 55
Minor assistance with some daily activities (N)	
Major assistance with majority of/all daily activities (J)	
Total assistance with all daily activities (T)	
Discharged with the expectation of dying (D)	

53 Brainstem death

Brainstem death declared:	
Yes <input type="radio"/> Y	<div>Date of declaration of brainstem death: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="2"/><input type="text" value="0"/><input type="text" value="Y"/><input type="text" value="Y"/></div> <div>Time of declaration of brainstem death: <input type="text" value="H"/><input type="text" value="H"/><input type="text" value="M"/><input type="text" value="M"/></div>
No <input type="radio"/> N	<div>Date of death: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="2"/><input type="text" value="0"/><input type="text" value="Y"/><input type="text" value="Y"/></div> <div>Time of death: <input type="text" value="H"/><input type="text" value="H"/><input type="text" value="M"/><input type="text" value="M"/></div>

54 Organ donation

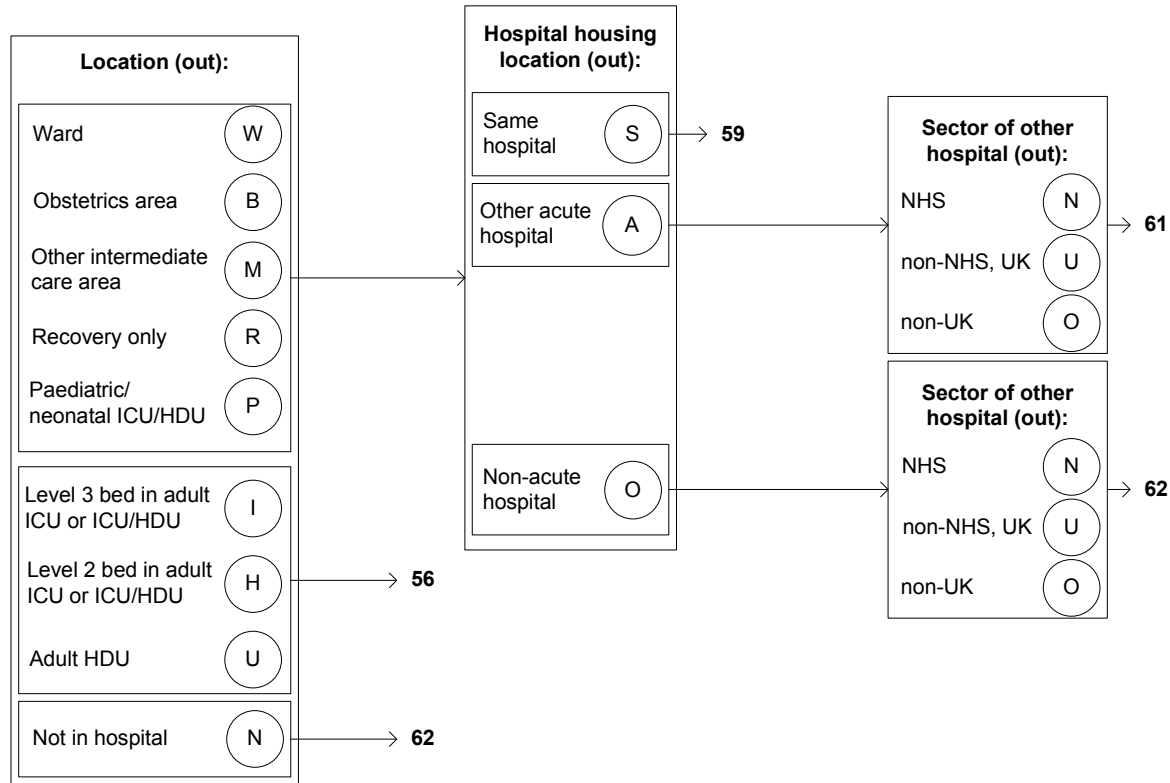
Referred to transplant co-ordinator for solid organ or tissue donation:	
Yes <input type="radio"/> Y	Assent for solid organ or tissue donation:
No <input type="radio"/> N	

Solid organ or tissue donor:	
Heartbeating solid organ donor <input type="radio"/> H	
Non-heartbeating solid organ donor <input type="radio"/> O	
Tissue donor only <input type="radio"/> T	
No solid organs or tissues donated <input type="radio"/> N	

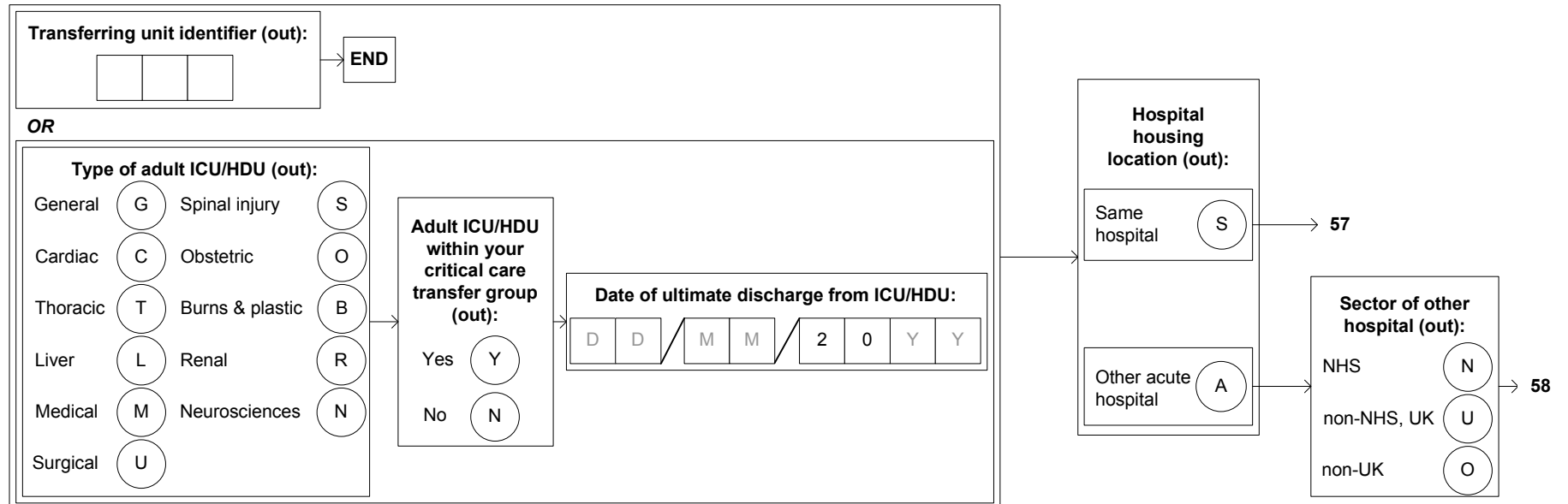
Date body removed from your unit:	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Time body removed from your unit: <input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>

END

55 Location (out)



56 Transfers



57 Ultimate discharge

Status at ultimate discharge from ICU/HDU:	
Alive	<input type="radio"/> A
Dead	<input type="radio"/> D
Still in unit, exporting data	<input type="radio"/> E

→ 59

Date of discharge from your hospital:							
D	D	/	M	M	/	2	0
						Y	Y

Status at discharge from your hospital:	
Alive	<input type="radio"/> A
Dead	<input type="radio"/> D
Still in hospital, exporting data	<input type="radio"/> E

→ END

58 Ultimate discharge continued

Status at ultimate discharge from ICU/HDU:	
Alive	<input type="radio"/> A
Dead	<input type="radio"/> D
Still in unit, exporting data	<input type="radio"/> E

→ 61

→ END

→ END

59 Outreach (formal and informal)

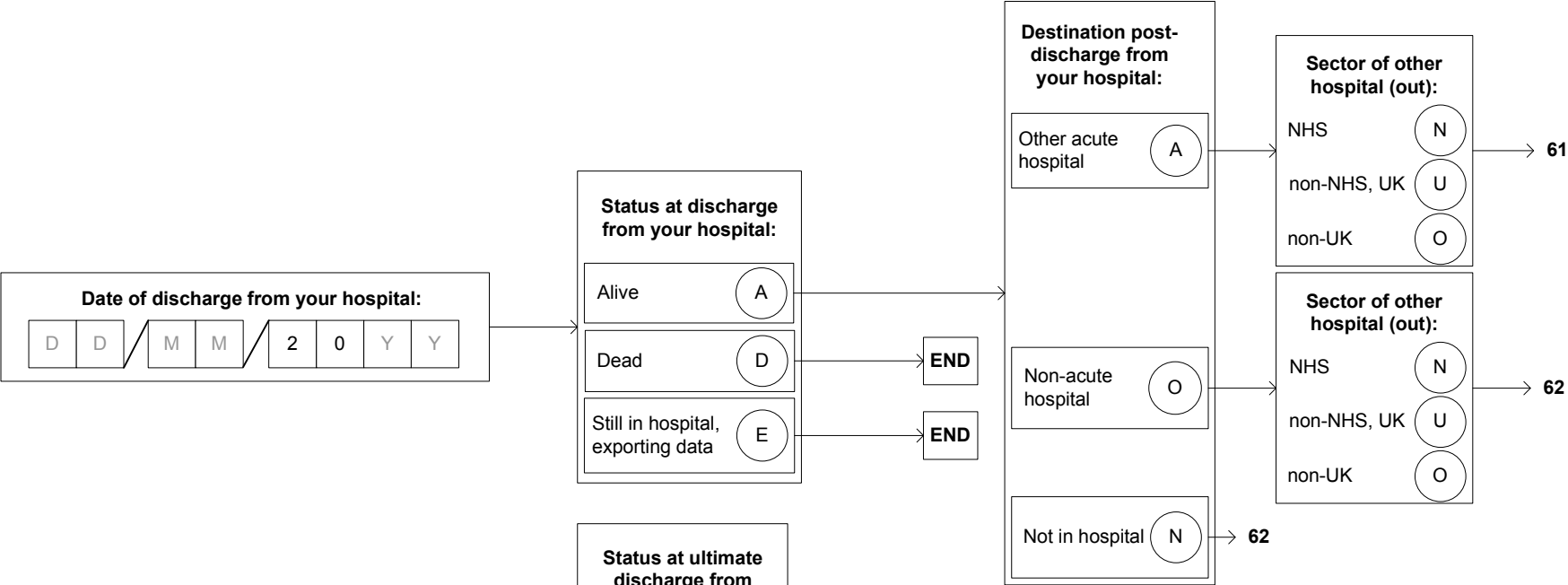
Critical care visit <u>post-discharge</u> from your unit:	
Unit outreach service only	<input type="radio"/> O
Unit outreach service & non-outreach staff combined	<input type="radio"/> C
Unit medical staff (non-outreach service only)	<input type="radio"/> M
Unit nursing staff (non-outreach service only)	<input type="radio"/> U
Both unit medical & nursing staff (non-outreach service only)	<input type="radio"/> B
No critical care visit post-discharge from your unit	<input type="radio"/> N

→ 60

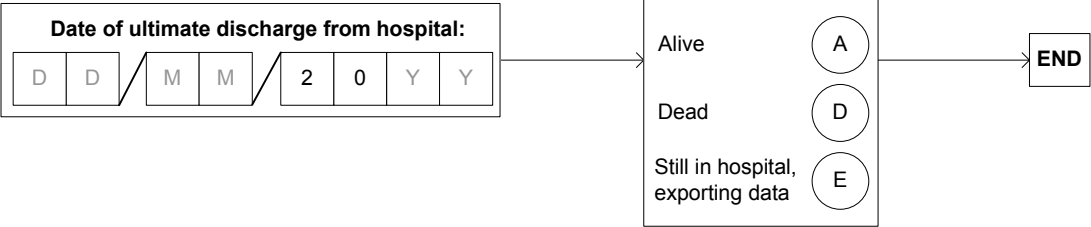
Date of <u>first</u> critical care visit post-discharge from your unit:							
D	D	/	M	M	/	2	0
						Y	Y

→ 60

60 Hospital discharge



61 Ultimate hospital discharge



62 Residence after hospital discharge

