

Hospital V10 Dated22mar24

Date and time of admission to the participating hospital

(Source: Medical record)

Type of admitting ward

- ☐ General surgery
 - ☐ Orthopaedics
 - ☐ Neurosurgery
 - ☐ Intensive care unit
 - ☐ High dependency unit
 - ☐ Medicine
 - ☐ Not known
- (Source: Medical record)

Ward name or number

(Source: Medical record)

Admitted to intensive care unit during admission

- ☐ Yes
 - ☐ No
 - ☐ Not known
- (Source: Medical record)

Date and time of first intensive care unit admission

(Source: Medical record)

Date and time of first intensive care unit discharge

(Source: Medical record)

Hospital disposition

- ☐ Alive
 - ☐ Dead
 - ☐ Transferred for admission
 - ☐ Not known
- (Source: Medical record)

Was the patient transferred to another hospital for admission?

- ☐ Yes
 - ☐ No
 - ☐ Not known
- (Source: Medical record)

Date and time of discharge or transfer from participating hospital

(Source: Medical record)