

Hospital

Date and time of admission to the participating hospital	<div></div> <div>(Source: Medical record)</div>
Type of admitting ward	<div><div><input type="radio"/> General surgery</div><div><input type="radio"/> Orthopaedics</div><div><input type="radio"/> Neurosurgery</div><div><input type="radio"/> Intensive care unit</div><div><input type="radio"/> High dependency unit</div><div><input type="radio"/> Medicine</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
Ward name or number	<div></div> <div>(Source: Medical record)</div>
Admitted to intensive care unit during admission	<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
Date and time of first intensive care unit admission	<div></div> <div>(Source: Medical record)</div>
Date and time of first intensive care unit discharge	<div></div> <div>(Source: Medical record)</div>
Hospital disposition	<div><div><input type="radio"/> Alive</div><div><input type="radio"/> Dead</div><div><input type="radio"/> Transferred for admission</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
Was the patient transferred to another hospital for admission?	<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
Date and time of discharge or transfer from participating hospital	<div></div> <div>(Source: Medical record)</div>