

# Emergency Department V1.0.01.10.24

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1. Date and time of arrival to the emergency department at the participating hospital

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(Source: Medical record of interview)

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2. First recorded systolic blood pressure (mmHg)

\_\_\_\_\_  
(Source: Medical record)

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3. First recorded diastolic blood pressure (mmHg)

\_\_\_\_\_  
(Source: Medical record)

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4. First recorded heart rate (beats per minute)

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(Source: Medical record)

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5. First recorded respiratory rate (breaths per minute)

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(Source: Medical record)

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6. First recorded Glasgow Coma Scale

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(Source: Medical record)

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7. First recorded body temperature (°C)

\_\_\_\_\_  
(Source: Medical record)

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8. First recorded oxygen saturation (%)

\_\_\_\_\_  
(Source: Medical record)

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9. Emergency department disposition

- ☐ Admitted  
☐ Referred or transferred for admission  
☐ Dead  
☐ Others  
☐ Not known  
(Source: Medical record)

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10. If other, please specify

\_\_\_\_\_  
(Source: Medical record)

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11. Date and time of referral or transfer for admission

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(Source: Medical record)