

# Emergency Department

Date and time of arrival to the emergency department at the participating hospital	<div></div> <div>(Source: Medical record of interview)</div>
First recorded systolic blood pressure (mmHg)	<div></div> <div>(Source: Medical record)</div>
First recorded diastolic blood pressure (mmHg)	<div></div> <div>(Source: Medical record)</div>
First recorded heart rate (beats per minute)	<div></div> <div>(Source: Medical record)</div>
First recorded respiratory rate (breaths per minute)	<div></div> <div>(Source: Medical record)</div>
First recorded Glasgow Coma Scale	<div></div> <div>(Source: Medical record)</div>
First recorded body temperature (°C)	<div></div> <div>(Source: Medical record)</div>
First recorded oxygen saturation (%)	<div></div> <div>(Source: Medical record)</div>
Emergency department disposition	<div><div><input type="radio"/> Admitted</div><div><input type="radio"/> Referred or transferred for admission</div><div><input type="radio"/> Dead</div><div><input type="radio"/> Others</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
If other, please specify	<div></div>
Date and time of referral or transfer for admission	<div></div> <div>(Source: Medical record)</div>