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)