

Hospital V1.0.01.10.24

1. Date of admission to the participating hospital	
	<div></div> <div>(Source: Medical record)</div>
1.1 Time of admission to the participating hospital	
	<div></div> <div>(Source: Medical record)</div>
2. 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"/> Trauma ward</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record)</div>
3. Ward name or number	
	<div></div> <div>(Source: Medical record)</div>
4. 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>
5. Date of first intensive care unit admission	
	<div></div> <div>(Source: Medical record)</div>
5.1 Time of first intensive care unit admission	
	<div></div> <div>(Source: Medical record)</div>
6. Date of first intensive care unit discharge	
	<div></div> <div>(Source: Medical record)</div>
6.1 Time of first intensive care unit discharge	
	<div></div> <div>(Source: Medical record)</div>
7. 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>
8. 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>