

Hospital V1.0.01.10.24

1. Date of admission to the participating hospital	<div></div> <div>(Source: Medical record)</div>
2 Time of admission to the participating hospital	<div></div> <div>(Source: Medical record)</div>
3. Type of admitting ward	<div></div> <div>(Source: Medical record)</div>
4. Ward name or number	<div></div> <div>(Source: Medical record)</div>
5. Admitted to intensive care unit during admission	<div></div> <div>(Source: Medical record)</div>
6. Date of first intensive care unit admission	<div></div> <div>(Source: Medical record)</div>
7. Time of first intensive care unit admission	<div></div> <div>(Source: Medical record)</div>
8. Was the participant discharged from intensive care unit?	
9. Date of first intensive care unit discharge	<div></div> <div>(Source: Medical record)</div>
10. Time of first intensive care unit discharge	<div></div> <div>(Source: Medical record)</div>
11. Hospital disposition	<div></div> <div>(Source: Medical record)</div>
12. Was the patient transferred to another hospital for admission?	<div></div> <div>(Source: Medical record)</div>
13. Date of discharge or transfer from participating hospital	<div></div> <div>(Source: Medical record)</div>
14. Time of discharge or transfer from participating hospital	<div></div> <div>(Source: Medical record)</div>
Any other comments?	<div></div>