

# 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)