

Dischar...(0/7)

Title: Discharge and readmission

Exit (no save)

DISCHARGE AND READMISSION FORM

Date of ICU readmission (dd-mm-yyyy)	Time of ICU readmission (hh:mm, 24 hours format)	Date of ICU discharge (dd-mm-yyyy)	Time of ICU discharge (hh:mm, 24 hours format)	Patient discharged to [info]	Has the patient been enrolled in other interventional trials during this ICU admission	Patient transferred to site Id	
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> ICU participating in HOT-ICU trial <input type="radio"/> ICU not participating in HOT-ICU trial <input type="radio"/> Home (including nursing homes and similar) <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	X
<input type="text"/>	<input type="text"/>					<input type="text"/>	X
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> ICU participating in HOT-ICU trial <input type="radio"/> ICU not participating in HOT-ICU trial <input type="radio"/> Home (including nursing homes and similar) <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	X
<input type="text"/>	<input type="text"/>					<input type="text"/>	X

Add

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Exit (no save)

