

Discharge form version 1.0

Dischar... (0/7)

Title: Discharge and readmission

Instructions:

DISCHARGE AND READMISSION FORM

Support: [mail](#) or +45 2118 2543

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="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> ICU participating in HOT-COVID trial <input type="radio"/> ICU not participating in HOT-COVID 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"/>
<input type="button" value="Add"/>						