

Title: Discharge and readmission

Instructions:

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 <a href="#">[info]</a>	Has the patient been enrolled in other interventional trials during this ICU admission	Patient transferred to site Id	Positive test for coronavirus? <a href="#">[info]</a>	
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> Other ICU participating in the CLASSIC trial <input type="radio"/> Other ICU not participating in the CLASSIC trial <input type="radio"/> Home <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>					<input type="text"/>		<input checked="" type="checkbox"/>
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> Other ICU participating in the CLASSIC trial <input type="radio"/> Other ICU not participating in the CLASSIC trial <input type="radio"/> Home <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>					<input type="text"/>		<input checked="" type="checkbox"/>

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