

Hospital outcome	
Hospital code (country code – hospital ID)	_ _ _ - _ _ _ _
ACORN ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Date of admission (dd-mmm-yyyy)	_ _ _ - _ _ _ _ - _ _ _ _ _ _ _
Discharge details	
Discharge status	<input type="checkbox"/> Alive <input type="checkbox"/> Dead
	<input type="checkbox"/> Left against medical advice <input type="checkbox"/> Moribund: discharged to die at home
Date of discharge (dd-mmm-yyyy)	_ _ _ - _ _ _ _ - _ _ _ _ _ _ _
Total number of days on ICU during admission	_ _ _ _

Completed by: _____

Completion date: _____