

Local Patient ID (not entered into REDCap)			
Patient hospital ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Enrolment			
Hospital code (country code – hospital ID)	_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _		
Participant details			
Date of enrolment (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _		
ACORN ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Date of birth (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _		
Age (if DOB unknown)	_ _  Years	_ _  Months	_ _  Days
Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
Date of admission (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _		
If neonate (<28 days)	Birth weight	_ _  .  _ _ _ _ _	Kg
	Gestational age	_ _ _ _	Weeks (completed)
Transfer from another hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Transfer from another facility (e.g. long-term care facility)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Date of hospitalisation (if transfer from another facility)	_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _		
Admission type	<input type="checkbox"/> Emergency	<input type="checkbox"/> Elective	<input type="checkbox"/> Unknown
Primary admission reason	<input type="checkbox"/> Infection	<input type="checkbox"/> Non-infection	<input type="checkbox"/> Unknown
Comorbidities present at admission			
Updated Charlson Comorbidity Index conditions	<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Dementia	<input type="checkbox"/> Chronic pulmonary disease
	<input type="checkbox"/> Rheumatic disease	<input type="checkbox"/> Mild liver disease	<input type="checkbox"/> Diabetes with end organ damage
	<input type="checkbox"/> Hemi- or paraplegia	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Any malignancy without metastasis
	<input type="checkbox"/> Moderate or severe liver disease	<input type="checkbox"/> Metastatic solid tumour	<input type="checkbox"/> AIDS (excluded asymptomatic infection)
Recent healthcare exposure			
Overnight hospitalisation in the 3 months (90 days) before admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Regular hospital contact (e.g. dialysis, cancer treatment) in the 3 months (90 days) before admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Surgery in the 3 months (90 days) before admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown



**Patient Case Record Form F01 – Admission enrolment**

ACORN ID: \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Completion date:** \_\_\_\_\_