



Readmission Form

Participant Trial Number:

Participant Initials:

Randomising Site:

A. Unscheduled Hospital Readmission:

- 1) Was participant readmitted to same hospital that treated their first sepsis episode or a different hospital?

Same hospital Different hospital, name: _____

- 2) Date and time of hospital readmission: - -
- :

If readmitted to the same hospital, ensure that the Daily Data—Follow-up Form is completed from date of readmission.

- 3) Please mark with a cross where the participant was readmitted from:

Home Nursing/ Residential home Another hospital

Other— please specify:

- 4) Reason for readmission:

- 5) Did the participant require antibiotic treatment as part of the reason for readmission or prior to readmission?

No Yes

If yes, ensure that the Antibiotic Form—Follow-up is updated.

Form completed by (print name): _____

(Please note: your name must be on the trial delegation log)

Signature: _____

Date signed: - -

Completion Guidelines for CRF 10: Readmission From

This CRF should be completed if a patient is readmitted, following hospital discharge, up to 28 days after randomisation.

Participant Initials: Write the initials of the participant's first/given name and surname/family name only. For double barrelled surnames/ family names use the initial from the first part of the surname/family name.

Dates: Please use the following formats for dates: 06-Jun-1956.

Times: Please record all times in the 24-hour format.

Unscheduled Hospital Readmission Guidance:

- Section A1: Please provide the hospital name, not the trust name.
- Section A2: The time of hospital discharge should be recorded in the 24-hour format.
- Section A4: Please include the main reason for hospital readmission.
- Section A5: Please specify whether the participant received antibiotic treatment following their initial discharge or whether the participant required antibiotic treatment as part of the reason for readmission.