Readmission Form

iRehab
Remote rehabilitation after intensive care

Participant Trial Number: ☐ ☐ ☐ ☐

Participant Initials: ☐ ☐

Randomising Site: _____

A. Unscheduled Hospital Readmission:

1) Date of re-admission: [d d] – [m o n] – [y y y y]

2) Type of re-admission

☐ Hospitalisation for pre-existing conditions e.g. respiratory, exacerbation and infection or a complication related to the initial ICU admission

☐ Treatment, which was elective or pre-planned, for a pre-existing condition, not associated with any deterioration in condition

☐ Other

If other, please specify _____

3) Type of ward:

A) ICU   No ☐   Yes ☐

If yes, number of days spent in ICU _____

B) High-dependency unit   No ☐   Yes ☐

If yes, number of days spent in high dependency unit _____

C) Other   No ☐   Yes ☐

If yes, please specify _____

If yes, number of days spent in other ward(s) _____

4) Date of discharge: [d d] – [m o n] – [y y y y]

Form completed by (print name): _____

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

Signature: _____   Date signed: [d d] – [m o n] – [y y y y]

<u>Completion Guidelines for CRF 5 Re-admission Form</u>

Please indicate the type of the ward and complete the corresponding number of days spent in ICU/high dependency unit/ other ward(s)