

Ward Admission

Patient Identification Information

(Hospital.WardAdmCompleteStatus) Form Completion Status
 Not Started
 In Process
 Complete
 Queries Outstanding
 Not Performed

(Hospital.WardAdmDate) Date (Hospital.WardAdmTime) Time (Hospital.WardAdmReason) Main reason for admission to ward
 CT abnormalities
 Clinical observation for TBI
 Extracranial injuries
 No ICU bed available
 Could be discharged home, but no adequate supervision
 Other
 (Hospital.WardAdmReasonOther) Specify other

From (TransitionsOfCare.TransFrom)	To (TransitionsOfCare.TransTo)	Reason (TransitionsOfCare.TransReason)	Trans Timing (TransitionsOfCare.TransTiming)	Date Clinically Ready for Transfer (TransitionsOfCare.DateClinReadyForTransfer)	Date of Effective Transfer (TransitionsOfCare.DateEffectiveTransfer)	Cause of Delay (TransitionsOfCare.CauseOfDelay)	Other Cause of Delay (TransitionsOfCare.CauseOfDelayOther)
<input type="checkbox"/> <input type="checkbox"/> Ward - Neurosurgery <input type="checkbox"/> Ward - Neurology <input type="checkbox"/> Ward - Surgery <input type="checkbox"/> Ward - Other <input type="checkbox"/> High Care Unit <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> In-hospital Rehab	<input type="checkbox"/> <input type="checkbox"/> Ward - Neurosurgery <input type="checkbox"/> Ward - Neurology <input type="checkbox"/> Ward - Surgery <input type="checkbox"/> Ward - Other <input type="checkbox"/> High Care Unit <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> In-hospital Rehab	<input type="checkbox"/> <input type="checkbox"/> Improvement <input type="checkbox"/> Neurological deterioration <input type="checkbox"/> Systemic complication <input type="checkbox"/> CT progression <input type="checkbox"/> Planned surgery <input type="checkbox"/> Condition stable <input type="checkbox"/> (acute) Treatment goals accomplished <input type="checkbox"/> Need to free a bed <input type="checkbox"/> Post Operative care <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Premature <input type="checkbox"/> Delayed	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unavailability of beds in the receiving unit <input type="checkbox"/> Unavailability of transport <input type="checkbox"/> Wish of patient/proxies <input type="checkbox"/> Need for isolation due to multi resistant bacteria <input type="checkbox"/> Funding issues <input type="checkbox"/> Bureaucratic causes <input type="checkbox"/> Other	<input type="text"/>
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