Transfer from the first hospital admitted to to another hospital / repatriation

Participant ID

_____
(REDCap auto generated)

ISRCTN 40512746

  Metoclopramide for Avoiding Pneumonia after Stroke Trial Transfer from the first hospital admitted to another hospital/repatriation v1.1

Section A: Participant details

A1. Centre name :

A2. Participant ID :

A3. Participant initials :

A4. Date of data collection

_____
(dd-mm-yyyy)

Section B: Transfer details

B1. Hospital and ward transferred to

_____

B2. Trial contact at new hospital:

B2a. Name

_____

B2b. Email

_____

B2c. Phone number

_____

B3. Transfer date

_____
(dd-mm-yyyy (day [day_calculated_t]))

B4a. Admitted to intensive care

◯ Yes   ◯ No
(If yes, please provide details)

B4b. Date admitted to intensive care

_____

B4c. Date discharged from intensive care

_____

B5a. Admitted to acute stroke unit	◯ Yes ◯ No (If yes, please provide details)

B5b. Date admitted to acute stroke unit	
	_____

B5c. Date discharged from acute stroke unit	
	_____

B6a. Admitted to stroke rehabilitation unit.	◯ Yes ◯ No (If yes, please provide details)

B6b. Date admitted to stroke rehabilitation unit	
	_____

B6c. Date discharged from stroke rehabilitation unit	
	_____

B7a. Admitted to other ward	◯ Yes ◯ No (If yes, please provide details)

B7b. Please specify the ward	
	_____

B7c. Date admitted to the ward	
	_____

B7d. Date discharged from the ward	
	_____

Please review clinical and lab logs and ensure all are complete. Ensure all queries have been resolved.

Comments and full explanation for missing data

Are any values missing due to tests not done (or measures not taken), or because data are unknown and every effort has been made to find the data – i.e. 'Not done' / 'Not known'?	◯ Yes ◯ No

Comments

If any values are missing, please provide a full explanation	_____