

Unit Patient list and outcome (all patients in the audit)

**PLEASE
KEEP
locally
only**

Sheet N°.
patients" / / /

Patient's Number
Patient's C

OUTCOME + Date:

- A = still in hospital
- B = transferred to another hospital
- C = transferred to long-term care
- D = rehabilitation
- F = discharged home
- G = death
- H = others




Center Code²

Unit Code³

Outcome Date³²

. .

³³ firstname lastname date of birth or patient sticker	Initials ⁴ optional	Unit room N° ³⁴ optional	Sheet 2 N°	Sheet 2 patient N° ⁵	Date hospital discharge dd/mm/yy ³⁵	Outcome hospital discharge A,B,C..... ³⁶	Readmitted? (please tick YES or NO) ⁹	Comments ³⁷
Example 	Ma Mu	5	1	1	17.02.09	B	<input type="radio"/> YES <input checked="" type="radio"/> NO	
			1	1			<input type="radio"/> YES <input type="radio"/> NO	
			1	2			<input type="radio"/> YES <input type="radio"/> NO	
			1	3			<input type="radio"/> YES <input type="radio"/> NO	

Each exponent corresponds to the numbers at the explanations.

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			1	4			<input type="radio"/> YES <input type="radio"/> NO	
			1	5			<input type="radio"/> YES <input type="radio"/> NO	
			1	6			<input type="radio"/> YES <input type="radio"/> NO	
			1	7			<input type="radio"/> YES <input type="radio"/> NO	

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			1	8			<input type="radio"/> YES <input type="radio"/> NO	
			2	9			<input type="radio"/> YES <input type="radio"/> NO	
			2	10			<input type="radio"/> YES <input type="radio"/> NO	
			2	11			<input type="radio"/> YES <input type="radio"/> NO	

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			2	12			<input type="radio"/> YES <input type="radio"/> NO	
			2	13			<input type="radio"/> YES <input type="radio"/> NO	
			2	14			<input type="radio"/> YES <input type="radio"/> NO	
			2	15			<input type="radio"/> YES <input type="radio"/> NO	

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			2	16			<input type="radio"/> YES <input type="radio"/> NO	
			3	17			<input type="radio"/> YES <input type="radio"/> NO	
			3	18			<input type="radio"/> YES <input type="radio"/> NO	
			3	19			<input type="radio"/> YES <input type="radio"/> NO	

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			3	20			<input type="radio"/> YES <input type="radio"/> NO	
			3	21			<input type="radio"/> YES <input type="radio"/> NO	
			3	22			<input type="radio"/> YES <input type="radio"/> NO	
			3	23			<input type="radio"/> YES <input type="radio"/> NO	

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			3	24			<input type="radio"/> YES <input type="radio"/> NO	
			4	25			<input type="radio"/> YES <input type="radio"/> NO	
			4	26			<input type="radio"/> YES <input type="radio"/> NO	
			4	27			<input type="radio"/> YES <input type="radio"/> NO	

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			4	28			<input type="radio"/> YES <input type="radio"/> NO	
			4	29			<input type="radio"/> YES <input type="radio"/> NO	
			4	30			<input type="radio"/> YES <input type="radio"/> NO	
			4	31			<input type="radio"/> YES <input type="radio"/> NO	

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			4	32			<input type="radio"/> YES <input type="radio"/> NO	
			5	33			<input type="radio"/> YES <input type="radio"/> NO	
			5	34			<input type="radio"/> YES <input type="radio"/> NO	
			5	35			<input type="radio"/> YES <input type="radio"/> NO	

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			5	36			<input type="radio"/> YES <input type="radio"/> NO	
			5	37			<input type="radio"/> YES <input type="radio"/> NO	
			5	38			<input type="radio"/> YES <input type="radio"/> NO	
			5	39			<input type="radio"/> YES <input type="radio"/> NO	

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			5	40			<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	

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							<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	
							<input type="radio"/> YES <input type="radio"/> NO	

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