

**DAY ZERO DATA COLLECTION – Starting at 00:00 on 22<sup>nd</sup> February 2024**

**SECTION 1: THE PATIENT**

<b>1a. Age</b>	16-19/20-29/30-39/40-49/50-59/60-69/70-79/80-89/90+
<b>1b. Gender</b>	M/F/Other
<b>1c. Please tick time period of arrival in hospital for the 24 hours of SAMBA collection day</b>	From midnight 00:00 – 03:59 <input type="checkbox"/>  Early morning 04:00-07:59 <input type="checkbox"/>  Morning 08:00 – 11:59 <input type="checkbox"/>  Afternoon 12:00 - 15:59 <input type="checkbox"/>  Late afternoon 16:00 - 19:59 <input type="checkbox"/>  Evening 20:00 – 23:59 <input type="checkbox"/>
<b>1d. Does this patient have a community DNACPR in place?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>1e. Was this patient discharged from any hospital within the last 30 days?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>1f. Is this patient a scheduled return to SDEC/AEC?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Yes – complete section 3 only</i> <i>No – complete sections 2 and 3</i>

**SECTION 2: THE PATHWAY**

<b>2a. Location Before Arrival in hospital</b>	Home <input type="checkbox"/> Sheltered accommodation <input type="checkbox"/> Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other Hospital <input type="checkbox"/> No fixed abode <input type="checkbox"/> Other .....	
<b>2b. Source of Referral</b>	ED <input type="checkbox"/> GP <input type="checkbox"/> Paramedic/ambulance service <input type="checkbox"/> Other <input type="checkbox"/>	
<b>2c. Early Warning Score</b>	<b>≤ 30 minutes after arrival in hospital</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	NEWS2 value (calculate from chart provided if not used locally)	
<b>2d. Clinical frailty scale (2 weeks before admission)</b>	Rockwood clinical frailty scale ('1 – Very fit' to '9 – Terminally ill')	1/2/3/4/5/6/7/8/9
<b>Clerking</b>	<b>2e. First specialty to undertake any clerking</b>	ED <input type="checkbox"/> Medicine <input type="checkbox"/> Other <input type="checkbox"/>

	2f. Location of the first clinical assessment (ED or Medicine) after arrival in hospital	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> Other <input type="checkbox"/>
	<b>2g. Time to first clerking after arrival in hospital</b>	<2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-12 hours <input type="checkbox"/> 12-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> N/a – left before 1 <sup>st</sup> assessment <input type="checkbox"/> N/a – died before first assessment <input type="checkbox"/>
	2h. Location of assessment by Acute Medicine	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> Other <input type="checkbox"/>
	<b>2i. Time to first clerking by medical team after arrival in hospital</b>	<2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-12 hours <input type="checkbox"/> 12-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> N/a – left before 1 <sup>st</sup> med assessment <input type="checkbox"/> N/a – died before first med assessment <input type="checkbox"/>
<b>Acute medicine Consultant Review</b>	2j. Location of review by consultant physician	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> Other <input type="checkbox"/>
	<b>2k. Time from arrival to hospital to review by consultant physician</b>	<2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> 24-36 hours <input type="checkbox"/> >36 hours <input type="checkbox"/> N/A <input type="checkbox"/> (due to reasons listed)

Respiratory	2l. Was this presentation due to a respiratory problem? 2m. Was this patient suspected to have a respiratory infection?  If yes: 2n. Was this:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  CAP <input type="checkbox"/> Respiratory virus (confirmed result) <input type="checkbox"/> Other LRTI <input type="checkbox"/> Infective exacerbation of chronic lung disease <input type="checkbox"/> HAP <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  0/1/2/3/4/5
	2p. Was oxygen prescribed?  Was the patient given supplemental oxygen (prior to consultant assessment)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
	2q. Were antibiotics prescribed?  2r. If yes, was the first dose IV?  2s. If yes, time from hospital arrival to first dose of antibiotics	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  <1hr <input type="checkbox"/> 1-2hrs <input type="checkbox"/> 2-4hrs <input type="checkbox"/> 4-8hrs <input type="checkbox"/> >8hrs <input type="checkbox"/> Unknown <input type="checkbox"/>
	2t. Did the patient have a chest x-ray?  2u. If yes, time from hospital arrival to chest x-ray  2v. Was a formal report available within 12hrs of the chest x-ray?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  <1hr <input type="checkbox"/> 1-2hrs <input type="checkbox"/> 2-4hrs <input type="checkbox"/> 4-8hrs <input type="checkbox"/> 8-12hrs <input type="checkbox"/> >12hrs <input type="checkbox"/> Unknown <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
	2w. Was the patient clerked/assessed within a respiratory take/selected respiratory admission pathway?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

**\*Reasons why consultant review is not applicable** (Scheduled return for investigations/intervention only; Referred directly to non-medical team after initial assessment e.g. surgery; Admitted to ICU after initial assessment; Patient self-discharged; Discharged before consultant review)

### **SECTION 3: DAY 7 PATHWAYS AND OUTCOMES – up to 23:59 on 29/02/24**

#### **VITAL STATUS**

<b>Discharged on SAMBA day i.e. was not admitted overnight</b>	<input type="checkbox"/>
<b>Discharged after initial admission on SAMBA day</b> (Select day of discharge – SAMBA day XXX is Day ZERO)	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7
<b>In-hospital (continuous inpatient stay from SAMBA day)</b>	<input type="checkbox"/>
<b>In-hospital (readmitted after discharge - select day of readmission between on any day between SAMBA day ZERO and 23:59 on XXX-Day 7)</b>	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7
<b>Self-discharged</b>	<input type="checkbox"/>
<b>Died in hospital</b>	<input type="checkbox"/>
<b>Transferred to other healthcare facility</b>	<input type="checkbox"/>

Was the patient seen by a Respiratory specialist during admission?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Was the patient admitted to an intensive care unit during the 7 day follow-up period?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Was the patient discharged to a respiratory virtual ward?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>