



VISIT DETAILS

Acute

CHART ABSTRACTION

VD-Acute

Page 1 of 4

Visit Details

1. Facility Name:

2. Level of Care:

(provided to participant by health care facility)

☐ Emergency & Acute☐ Acute

3. Facility Arrival Date:

(Record the earliest documented date. If participant arrived through Emergency Dept, record Emergency Dept arrival date.)

 / /
 YYYY MM DD

Enter as much of the date as is known.

4. Facility Arrival Time:

(Record the earliest documented time.)

 :
 HH MM

24 hour clock Enter full or partial time.

5. If Level of Care is "Emergency and Acute", indicate:

a) Date of admission to acute care unit:

(e.g. ICU, step-down, acute. Do not include Post-Anaesthetic Recovery (PAR). If more than one transfer, choose first date. Note: If Unknown, please document date of first clinical assessment on acute care unit [any type of assessment, e.g., RN, physician, etc.]

 / /
 YYYY MM DD

Enter as much of the date as is known.

b) Time of admission to acute care unit:

(e.g., ICU, step-down, acute. Do not include Post-Anaesthetic Recovery (PAR) room. If more than one transfer, choose first time. Note: If Unknown, please document time of first clinical assessment on acute care unit [any type of assessment, e.g., RN, physician, etc.]

 :
 HH MM

24 hour clock Enter full or partial time. If no details available, check Unknown.

☐ Unknown

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Page 2 of 4**Visit Details—continued****6. a) Was the participant admitted to a Special Care Unit at any time during their stay?** (including any Intensive Care or Step-Down Unit)~~6.~~☐ Yes☐ No**b) If YES,**

	Type of SCU: (ICU or Step-Down Unit [SDU])	Admission Date: Enter as much of the date as is known.	Discharge Date: Enter as much of the date as is known.
1 st Special Care Unit visit:	<input type="checkbox"/> ICU <input type="checkbox"/> SDU	YYYY-MM-DD	YYYY-MM-DD
2 nd Special Care Unit visit:	<input type="checkbox"/> ICU <input type="checkbox"/> SDU	YYYY-MM-DD	YYYY-MM-DD
3 rd Special Care Unit visit:	<input type="checkbox"/> ICU <input type="checkbox"/> SDU	YYYY-MM-DD	YYYY-MM-DD
4 th Special Care Unit visit:	<input type="checkbox"/> ICU <input type="checkbox"/> SDU	YYYY-MM-DD	YYYY-MM-DD
5 th Special Care Unit visit:	<input type="checkbox"/> ICU <input type="checkbox"/> SDU	YYYY-MM-DD	YYYY-MM-DD

7. Facility Discharge Date:

(if participant transferred to rehab at the same facility, please enter date of transfer to rehab)

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known.

8. Facility Discharge Time:

(if participant transferred to rehab at the same facility, please enter time of transfer to rehab)

		÷		
HH			MM	

24-hour clock

Enter full or partial time. If no details available, check Unknown.

☐ Unknown

CHART ABSTRACTION

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Page 3 of 4**Visit Details—continued****9.8.a) Discharge Destination:**

(if participant transferred to rehab at the same facility, please choose hospital and enter "Rehab" Level of Care)

- ☐ **Hospital** (Rehabilitation hospital for ongoing SCI-related care as well as mental hospital or other acute care hospital for management of continuing medical issues after spinal cord injury-related care and/or rehabilitation is completed. This does not include long-term care within a hospital setting.)

Name of Hospital: _____

- ☐ **Private residence** (includes house, condominium, mobile home, apartment, or houseboat)
- ☐ **Assisted living residence** (semi-independent housing, a middle option between home support and residential care)
- ☐ **Nursing home/Long-term care in a hospital setting** (includes skilled nursing facilities and institutions providing long-term, custodial, chronic disease care, and extended care)
- ☐ **Group living arrangement** (includes transitional living facility or any residence shared by non-family members)
- ☐ **Hotel/motel** (includes short or long-term living arrangements, single room occupancy, etc.)
- ☐ **Correctional institute** (includes prison, penitentiary, jail, correctional centre, etc.)
- ☐ **Homeless** (includes cave, car, tent, street, etc.)
- ☐ **Morgue**
- ☐ **Other (specify):** _____

b) Level of Care: (check ONE response only)

- ☐ **Acute** ([skip to Question 10 on page 4](#))
- ☐ **Rehab** ([go to Question 9c](#))
- ☐ **Transitional Care** ([skip to Question 10 on page 4](#))
- ☐ **Other (specify):** _____
([skip to Question 10 on page 4](#))
- ☐ **Unknown** ([skip to Question 10 on page 4](#))

[Skip to Data Collection Details](#)

Data Collection Details

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Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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