

Appendix-1

Patient Data Collection Form

RN NO.

DATE

Case Type: ICU

GENERAL WARDS

Severity: Mild
Moderate
Severe

Asymptomatic: Yes
No

Ward Name: Medical
Surgical
O&G
Orthopaedic
Psychiatric
Others (Please state): _____

SECTION ONE: SOCIO DEMOGRAPHIC INFORMATION

1. Patient ID

2. Sex: Male Female

3. Age: _____ or Date of Birth: Day Month Year

4. Nationality: Kuwaiti Non-Kuwaiti

5. Marital status

Single Married Divorced

Others (Please state): _____

6. Level of Education

Primary school Secondary school Diploma Degree

Others (Please state): _____

7. Residence

Capital City Farwaniya Hawally

Jahra Ahmadi Mubarak Alkabeer

SECTION TWO: MEDICAL BACKGROUND

8. Date of admission to Hospital: ____/____/____

9. Date of discharge from Hospital: ____/____/____

10. Symptoms on Admission:

Symptoms	Yes	No
Fever		
Cough		
Shortness of Breath/Breathing Difficulty		
Sore Throat		
Muscle Pain		
Running Nose		
Fatigue		
Abdominal Pain		
Headache		
Diarrhea		
Others: (Please State)		
Others: (Please State)		
Others: (Please State)		

11. Date of Admission to ICU: ____/____/____

12. Date of Discharge from ICU:

13. Number of Days on Mechanical Ventilator:

14. Discharge Status:
- a) Recovered
 - b) Transfer to other hospital
 - c) Died
 - d) Others: Please Specify _____

15. Diagnosis

No	Types of Diagnosis	Name of Diagnosis	ICD-10 codes (WHO)
1	Primary Diagnosis		
2	Secondary Diagnosis 1		
3	Secondary Diagnosis 2		
4	Secondary Diagnosis 3		
5	Secondary Diagnosis 4		
6	Secondary Diagnosis 5		
7	Secondary Diagnosis 6		
8	Secondary Diagnosis 7		
9	Secondary Diagnosis 8		
10	Secondary Diagnosis 9		
11	Secondary Diagnosis 10		

16. Procedures:

No	Procedure name	Procedure Codes (ICD-9-CM)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

17. Laboratory Investigations

Type of laboratory investigations		Count [+++]
1	PCR for COVID-19	
2.	Elisa/RapidTest for COVID-19	
3.	General	
	Full blood count	
	Full blood picture	
	Haemoglobin	
	MCV or MCHC or MCH	
	PCV [haematocrit value]	
	Platelet count	

20. Treatment Oral:

Name of Drugs	Quantity [No. of tablet]	Frequenc y/day	Durati on [days]	Total given
1.				
2.				
3				
4				
5				
6				
7				
8				
9				
10				

21. Treatment Parenteral:

Name of drugs	Quantity [No. of tablet]	Frequenc y/day	Durati on [days]	Total given
1				
2				
3				
4				
5				
6				
7				
8				
9				

Appendix-2: Costing Data Collection Tool

Cost Centre	No of Staff	No of Nurses	Inpatient Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m ²)	Annual Total Cost (KD)
	2021	2021	2021	2021	2021	2021	2021	2021	2017-2021	2021	2021
A. Overhead Cost Centre											
1. Administration	x							x	x	x	x
2. Nursing Admin	x							x	x	x	x
3. Medical Welfare	x							x	x	x	x
4. Maintenance	x							x	x	x	x
5. Utility											x
6. Cleaning Services	x							x	x	x	x
7. Security	x							x	x	x	x
8. General Store & Consumable	x							x	x	x	x
9. IT Centre	x							x	x	x	x
10. Library	x							x	x	x	x
11. Tax and insurance											x
12. Rent											x
13. CSSD	x							x	x	x	x
14. Dietetic	x							x	x	x	x
15. Medical record	x							x	x	x	x
16. Laundry & Linen	x							x	x	x	x
17. Telephone and Fax											x
18. Others	x							x	x	x	x
Intermediate Cost Centers	No of Staff	No of Nurses	Inpatient Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m ²)	Annual Total Cost (KD)
19. Pharmacy & Drug	x							x	x	x	x
20. Radiology	x							x	x	x	x
21. Laboratory	x							x	x	x	x
22. Physiotherapy	x							x	x	x	x
23. ICU	x	x	x	x		x	x	x	x	x	x
24. NICU/PICU	x	x	x	x		x	x	x	x	x	x
25. CCU & CRW	x	x	x	x		x	x	x	x	x	x
26. HDW-Medical	x	x	x	x		x	x	x	x	x	x
27. HDW-General	x	x	x	x		x	x	x	x	x	x
28. Operation Theatre	x	x						x	x	x	x
29. Operation Theatre (O&G)	x	x						x	x	x	x
30. Others	x	x	x	x		x	x	x	x	x	x

Final Cost Centers	No of Staff	No of Nurses	Inpatient Days	Number of Discharges	Nos. of Visits	ALOS	Operating Cost (Exc. Salary)	Annual Staff Salary	Equipment /furnitures /Vehicles purchased last 5 Years	Floor Area (m ²)	Annual Total Cost (KD)
Inpatient Department											
31. Medicine	x	x	x	x		x	x	x	x	x	x
32. Surgical	x	x	x	x		x	x	x	x	x	x
33. Pediatric and Nursery	x	x	x	x		x	x	x	x	x	x
34. O & G	x	x	x	x		x	x	x	x	x	x
35. Orthopedic	x	x	x	x		x	x	x	x	x	x
36. Psychiatric	x	x	x	x		x	x	x	x	x	x
37. ENT	x	x	x	x		x	x	x	x	x	x
38. Ophthalmology	x	x	x	x		x	x	x	x	x	x
39. Neurology & Neuro Surgical	x	x	x	x		x	x	x	x	x	x
40. Dermatology	x	x	x	x		x	x	x	x	x	x
41. Urology	x	x	x	x		x	x	x	x	x	x
42. Plastic Surgery	x	x	x	x		x	x	x	x	x	x
43. Radiotherapy & Oncology	x	x	x	x		x	x	x	x	x	x
44. Cardiothoracic	x	x	x	x		x	x	x	x	x	x
46. Respiratory	x	x	x	x		x	x	x	x	x	x
47. Rehabilitation	x	x	x	x		x	x	x	x	x	x
48. Others	x	x	x	x		x	x	x	x	x	x
Outpatient Department											
49. A& E	x	x			x			x	x	x	x
50. Medicine Clinic	x	x			x			x	x	x	x
51. Surgical Clinic	x	x			x			x	x	x	x
52. Pediatric Clinic	x	x			x			x	x	x	x
53. O & G Clinic	x	x			x			x	x	x	x
54. Orthopedic Clinic	x	x			x			x	x	x	x
55. Psychiatric Clinic	x	x			x			x	x	x	x
56. ENT Clinic	x	x			x			x	x	x	x
57. Dermatology Clinic	x	x			x			x	x	x	x
58. Ophthalmology Clinic	x	x			x			x	x	x	x
59. Maxillo-facial Clinic	x	x			x			x	x	x	x
60. Neurosurgery Clinic	x	x			x			x	x	x	x
62. Hemodialysis	x	x			x			x	x	x	x
63. Others	x	x			x			x	x	x	x
Total	x	x	x	x	x	x	x	x	x	x	x

Notes: CSSD (Central Sterile Supply Department), ICU (Intensive Care Unit), NICU (Neonatal Intensive Care Unit), PICU (Pediatric Intensive Care Unit), CCU (Coronary Care Unit), CRW (Coronary Recovery Ward), HDW (High Dependency Ward), O&G (Obstetric & Gynecology), ENT (Ear, Nose & Throat), A&E (Accident & Emergency), ALOS (Average Length of Stay)