

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2022

| | | | |
|---|---|---|---|
| Patient's Hospital of Discharge <input type="text"/> | Type (priority) of Admission <input type="text"/> | FOR LOCAL COLLECTION ONLY | |
| MRN <input type="text"/> | Type of Elective Adm If Adm Type=1-2 <input type="text"/> | W/List "Type" If Adm Type=1-2 <input type="text"/> | Mode If Adm Type=4,5,7 <input type="text"/> |
| Sex <input type="checkbox"/> Date of Birth <input type="text"/> | NTPF: Y/N <input type="checkbox"/> Access to Care: Y/N <input type="checkbox"/> | | * Name: _____ |
| Admission Date <input type="text"/> | IF TRANSFER IN: Tick if this a transfer of a non-admitted patient <input type="checkbox"/> | | * Address: _____ |
| Admission Time <input type="text"/> | Admission Source <input type="text"/> | Duration of continuous ventilatory support (hours) Cumulative <input type="text"/> | |
| Discharge Date <input type="text"/> | Discharge Code <input type="text"/> | Lab-Confirmed COVID-19 Past or Present <input type="checkbox"/> | |
| Discharge Time <input type="text"/> | Area of Residence <input type="text"/> | Admitting Ward <input type="text"/> | Day Case <input type="checkbox"/> Day Ward <input type="checkbox"/> |
| *Eircode <input type="text"/> | Discharge Ward <input type="text"/> | Day Ward ID <input type="text"/> | |
| Marital /Civil Status <input type="text"/> | Transfer from <input type="text"/> | Days in ITU/ICU <input type="text"/> | |
| Medical Card <input type="checkbox"/> | Transfer to <input type="text"/> | Where status on discharge is "Private" also enter: Days in Single Occupancy ITU/ICU <input type="text"/> | |
| Health Insurer <input type="text"/> | Temp Leave Days <input type="text"/> | Days in multiple occupancy ITU/ICU <input type="text"/> | |
| Parity <input type="checkbox"/> Still + <input type="checkbox"/> Live | Date of Transfer to rehab/PDU <input type="text"/> | Number of Days by Bed Type: Private Bed <input type="checkbox"/> Semi Private Bed <input type="checkbox"/> Public Bed <input type="checkbox"/> | |
| Infant Admit Weight (grams) <input type="text"/> | Days in a Critical Care Bed <input type="text"/> | Number of Days by Room Type: Single Room Bed <input type="checkbox"/> Multiple Room Bed <input type="checkbox"/> | |
| Specialist Palliative Care Involvement <input type="checkbox"/> | Discharge Status <input type="text"/> | | |
| | Discharge Mode <input type="text"/> | | |
| Admitting Consultant <input type="text"/> | Intensive Care Consultant <input type="text"/> | Discharge Consultant <input type="text"/> | Medical Discharge Date <input type="text"/> |
| Primary Consultant <input type="text"/> | Up to 10 Intensive Care consultants may be recorded | | Specialty of Discharge Consultant <input type="text"/> |

Affix Label

PDX = The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (ACS 0001)

| ICD-10-AM Code | Principal Diagnosis (PDX) | Hospital Acquired Dx [^] | Consultant # | Specialty |
|----------------|---------------------------|-----------------------------------|----------------------|----------------------|
| (1) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (2) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (3) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (4) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (5) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (6) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (7) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (8) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (9) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| (10) | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Up to 30 diagnoses codes may be entered.

For use on all discharges from 01.01.2022

| Procedure/Intervention Codes | Block No. | Consultant # | Consultant Anaesthetist # | Date of Procedure |
|------------------------------|--------------------------|----------------------|---------------------------|----------------------|
| (1) <input type="text"/> | [<input type="text"/>] | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (2) <input type="text"/> | [<input type="text"/>] | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (3) <input type="text"/> | [<input type="text"/>] | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (4) <input type="text"/> | [<input type="text"/>] | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (5) <input type="text"/> | [<input type="text"/>] | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Up to 20 procedure codes may be entered.

Case entered on HIPE: Hospital Ref No. For HPO Use:

* Patient Name, Full Address, full DOB, and Full Eircode are currently not exported to the HPO. These are collected only at hospital level.

More than one consultant can be recorded.

^ HADx flag can be assigned for PDx in **Neonates on the birth episode only.**