

# Denominators for Neonatal Intensive Care Unit (NICU)

\* required for saving

Facility ID: \_\_\_\_\_ \*Location Code: \_\_\_\_\_ \*Month: \_\_\_\_\_ \*Year: \_\_\_\_\_

### Birth Weight Categories

| Date          | <750 gm |       |      |       | 751-1000 gm |       |      |       | 1001-1500 gm |       |      |       | 1501-2500 gm |       |      |       | >2500 gm |       |      |       |  |  |  |  |
|---------------|---------|-------|------|-------|-------------|-------|------|-------|--------------|-------|------|-------|--------------|-------|------|-------|----------|-------|------|-------|--|--|--|--|
|               | *Pts    | **U/C | **CL | **VNT | *Pts        | **U/C | **CL | **VNT | *Pts         | **U/C | **CL | **VNT | *Pts         | **U/C | **CL | **VNT | *Pts     | **U/C | **CL | **VNT |  |  |  |  |
| 1             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 2             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 3             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 4             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 5             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 6             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 7             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 8             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 9             |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 10            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 11            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 12            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 13            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 14            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 15            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 16            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 17            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 18            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 19            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 20            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 21            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 22            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 23            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 24            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 25            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 26            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 27            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 28            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 29            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 30            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| 31            |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |
| <b>*Total</b> |         |       |      |       |             |       |      |       |              |       |      |       |              |       |      |       |          |       |      |       |  |  |  |  |

**Pts**=number of infants    **U/C**=number of infants with **umbilical catheter**    **CL**=number of infants with 1 or more **central lines**  
**VNT**=number of infants on a **ventilator**    \*If infant has both a U/C and CL, count as U/C infant only for the day

\*\* Conditionally required according to the events indicated in Plan.

Label \_\_\_\_\_

Data \_\_\_\_\_

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