



Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

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*required for saving					
Facility ID:		*Location Code:		*Month:	
				*Year:	
Date	*Number of Patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator	
				Total Patients	Number on APRV
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					
*Totals					
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days	
**Conditionally required according to the events indicated in Plan.					
Label	_____	_____	_____	_____	_____
Data	_____	_____	_____	_____	_____
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CDC 57.118, Rev.1, v7.1					