



Denominators for Neonatal Intensive Care Unit (NICU)

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*required for saving

**conditionally required according to the events indicated in Plan

Facility ID: _____ *Location Code: _____ *Month: _____ *Year: _____

| Birth Weight Categories | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|------------|------|-------|-----|----------------|----------|-------|-----|----------------|------|-----------|-----|-----------------|------|-------|-----|------------|----------|-------|-----|--|--|--|--|
| Date | A = ≤750 g | | | | B = 751-1000 g | | | | C =1001-1500 g | | | | D = 1501-2500 g | | | | E= >2500 g | | | | | | | |
| | *Pt t | **CL | **VNT | UrC | *Pt | **C L | **VNT | UrC | *Pt | **CL | **VN T | UrC | *Pt t | **CL | **VNT | UrC | *Pt | **C L | **VNT | UrC | | | | |
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| 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | |
| *Total | | | | | | | | | | | | | | | | | | | | | | | | |

Pt=number of infants **CL**=number of infants with 1 or more **central lines**, including **umbilical catheter** (If infant has umbilical catheter and CL, count as central line only) **VNT**=number of infants on a **ventilator** **UrC**=number of infants with a **urinary catheter**

Label Data _____

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Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
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