Instructions for Completion of Denominators for Neonatal Intensive Care Unit (NICU) (CDC 57.116)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Birthweight Categories	Required. The birthweight categories are as follows: A = ≤750 g; B = 751-1000 g; C = 1001-1500 g; D = 1501-2500 g; E = >2500 g. Data on this form are stratified by this category.
Number of patients (Pts)	Required. For each day of the month selected, record the number of patients in each birthweight category on the unit. Record this number at the same time each day.
Number of patients with a central line (CL):	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month for this unit. For each day of the month, at the same time each day, record the number of patients in each birthweight category on the selected unit who have 1 or more central line(s). Central line days are counted beginning with the date of insertion or the first day of access if the patient was admitted with the central line and continuing until the line is physically removed or the patient is discharged from the facility. NOTES: • Umbilical catheters are considered central lines. • If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Number of patients on a ventilator (VNT)	Optional. This field can be completed even though NICU-VAP surveillance cannot be included in your plan. For each day of the month, at the same time each day, record the number of patients in each birthweight category on the selected unit who are on a ventilator. NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, it is recommended to attribute the infection to the previous month.

Data Field	Instructions for Data Collection
Number of patients with an indwelling urinary catheter (UrC)	Optional. This field can be completed even though NICU CAUTI surveillance cannot be included in your plan. NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Total	Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application.
Report No Events	While not on the paper data collection form, when completing summary data entry on-line, if no events included on your monthly reporting plan are reported, you will be required to check the appropriate Report No Events box(es), i.e., CLABSI. .
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Instructions for Completion of Denominators for Specialty Care Area (SCA)/Oncology (ONC) (CDC 57.117)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of patients	Required. For each day of the month selected, record the number of patients on the unit. Record this number at the same time each day.
Number of patients with 1 or more central lines	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month.
Temporary	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more non-tunneled and non-implanted central lines.
Permanent	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more tunneled or implanted central lines beginning on the first day the permanent line was inserted or was accessed (if the patient was admitted with the central line in place) and continuing until the line is physically removed or the patient is discharged. "Access" is defined as line placement, infusion or withdrawal through the line. **NOTES:** • If a patient has both a temporary and a permanent line in place, count only the temporary line. • If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Number of patients with a urinary catheter	Conditionally required. Complete if you have chosen catheter-associated urinary tract infection (CAUTI) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who have an indwelling urinary catheter.

Data Field	Instructions for Data Collection
	NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Number of patients on a ventilator	Conditionally required. Complete if you have chosen ventilator-associated event (VAE—for adults) or pediatric ventilator-associated pneumonia (PedVAP) as an event to follow in your Plan for this month.

NOTE: There are two sub-columns within this data field: one for "Total Patients" and one for "Number on APRV."

"Total Patients": For each day of the month, at the same time each day, record the total number of patients on the selected unit who are on a ventilator.
"Number on APRV": This field should only be completed if you have chosen VAE as an event to follow in your Plan for this month. For each day of the month, at the same time each day (and at the same time that "Total Patients" is assessed), record the number of patients on the selected unit, among the total number of patients on that unit who are on a ventilator, who are on Airway Pressure Release Ventilation (APRV) or a related mode of mechanical ventilation (e.g., BiLevel, Bi Vent, BiPhasic, PCV+, DuoPAP).
"Number of Episodes of Mechanical Ventilation (EMV)": This field is an optional field if you have chosen VAE as an event to follow in your Plan for this month. Counts are made one day in arrears. Beginning on the second day of the month count the number of EMV for the previous calendar day (first day of the month).
NOTE: An episode of mechanical ventilation is defined by the number of consecutive days during which the patient was mechanically ventilated. A period of at least 1calendar day off the ventilator, followed by reintubation or re-initiation of mechanical ventilation, defines a new episode of mechanical ventilation.
NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month. |
| Total | Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application. |
| Report No Events | While not on the paper data collection form, when completing summary data entry on-line, if no events included on your monthly reporting plan are reported, you will be required to check the appropriate Report No Events box(es), i.e., CLABSI, CAUTI, VAE, PedVAP. |

Data Field	Instructions for Data Collection
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Instructions for Completion of Denominators for Specialty Care Area (SCA)/Oncology (ONC) (CDC 57.117)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of patients	Required. For each day of the month selected, record the number of patients on the unit. Record this number at the same time each day.
Number of patients with 1 or more central lines	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month.
Temporary	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more non-tunneled and non-implanted central lines.
Permanent	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more tunneled or implanted central lines beginning on the first day the permanent line was inserted or was accessed (if the patient was admitted with the central line in place) and continuing until the line is physically removed or the patient is discharged. "Access" is defined as line placement, infusion or withdrawal through the line. **NOTES:** • If a patient has both a temporary and a permanent line in place, count only the temporary line. • If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Number of patients with a urinary catheter	Conditionally required. Complete if you have chosen catheter-associated urinary tract infection (CAUTI) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who have an indwelling urinary catheter.

Data Field	Instructions for Data Collection
	NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Number of patients on a ventilator	Conditionally required. Complete if you have chosen ventilator-associated event (VAE—for adults) or pediatric ventilator-associated pneumonia (PedVAP) as an event to follow in your Plan for this month. NOTE: There are two sub-columns within this data field: one for "Total Patients" and one for "Number on APRV." "Total Patients": For each day of the month, at the same time each day, record the total number of patients on the selected unit who are on a ventilator. "Number on APRV": This field should only be completed if you have chosen VAE as an event to follow in your Plan for this month. For each day of the month, at the same time each day (and at the same time that "Total Patients" is assessed), record the number of patients on the selected unit, among the total number of patients on that unit who are on a ventilator, who are on Airway Pressure Release Ventilation (APRV) or a related mode of mechanical ventilation (e.g., BiLevel, Bi Vent, BiPhasic, PCV+, DuoPAP). "Number of Episodes of Mechanical Ventilation (EMV)": This field is an optional field if you have chosen VAE as an event to follow in your Plan for this month. Counts are made one day in arrears. Beginning on the second day of the month count the number of EMV for the previous calendar day (first day of the month). NOTE: An episode of mechanical ventilation is defined by the number of consecutive days during which the patient was mechanically ventilated. A period of at least 1 calendar day off the ventilator, followed by reintubation or re-initiation of mechanical ventilation, defines a new episode of mechanical ventilation. NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Total	Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application.
Report No Events	While not on the paper data collection form, when completing summary data entry on-line, if no events included on your monthly reporting plan are reported, you will be required to check the appropriate Report No Events box(es), i.e., CLABSI, CAUTI, VAE, PedVAP.

Data Field	Instructions for Data Collection
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.