**Denominators for Specialty Care Area (SCA)/Oncology (ONC)**

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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**  (if patient has both, count as Temporary) | | | | \*\*Number of patients with a **urinary catheter** | | | | \*\*Number of Total patients on a **ventilator** | | Number of patients **on APRV** | | Number of **Episodes of Mechanical Ventilation** |
|  |  | | **Temporary** | | | **Permanent** |  | | | |  |  | | |  |
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| **31** |  | |  | | |  |  | | | |  |  | | |  |
| **\*Totals** |  | |  | | |  |  | | | |  |  | | |  |
|  | Patient-days | | Temporary CL-days | | | Permanent CL-days | Urinary catheter-days | | | | Ventilator-days | | | | Episodes of Mechanical Ventilation |
| \*\*Conditionally required according to the events indicated in Plan. | | | | | | | | | | | | | | | |
| Label | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Data | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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