

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 | Required. The birthweight categories are as follows: $A = \le 750 \text{ g}$; $B = 751-1000 \text{ g}$; |
| Categories | C = 1001-1500 g; $D = 1501-2500 g$; $E = >2500 g$. Data on this form are stratified by this category. |
| Number of | Required. For each day of the month selected, record the number of patients in |
| patients (Pts) | each birthweight category on the unit. Record this number at the same time each day. |
| Number of | Conditionally required. Complete if you have chosen central line-associated |
| patients with a | bloodstream infection (CLABSI) as an event to follow in your Plan for this month |
| central line (CL): | 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, if the infant is admitted with a permanent line in place, the first day of access and continuing until the line is physically removed or the patient is discharged from the facility. "Access" is defined as line placement, infusion or withdrawal through the line. |
| | 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 | Optional. This field can be completed even though NICU-VAP surveillance |
| patients on a ventilator (VNT) | 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 | |
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| Number of | Optional. This field can be completed even though NICU CAUTI surveillance | |
| patients with an | cannot be included in your plan. | |
| indwelling urinary | | |
| catheter (UrC) | 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 | |
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| 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 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 | Conditionally required. Complete if you have chosen central line-associated | |
| patients with 1 or more central | bloodstream infection (CLABSI) as an event to follow in your Plan for this month. | |
| lines | monui. | |
| 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 | Conditionally required. Complete if you have chosen catheter-associated urinary | |
| patients with a | tract infection (CAUTI) as an event to follow in your Plan for this month. For | |
| urinary | each day of the month, at the same time each day, record the number of patients | |
| catheter | on the selected unit who have an indwelling urinary catheter. 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. | |



| Data Field | Instructions for Data Collection |
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| 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). |
| | 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 Episodes of Mechanical Ventilation | Optional. "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. Count all patients that were on mechanical ventilation the first day of the month. On each subsequent day, count each additional new patient that was started on mechanical ventilation to include new episodes in previously ventilated patients. At the end of the month total all counts. Day 1 Episodes plus all subsequent day Episodes equals the total EMV for 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 reinitiation of mechanical ventilation, defines a new episode of mechanical ventilation. A patient may have more than one episode of mechanical ventilation per 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 |
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| 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 Intensive Care Unit (ICU)/Other Locations (Not NICU or SCA) (CDC 57.118)

| Facility ID # 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. Conditionally required. Complete if you have chosen central line- associated bloodstream infection (CLABSI) as an event to follow in you 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
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| 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 you 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| Collected for this location. 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 you 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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 you 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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 you 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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. 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 central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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. 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 central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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. 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 central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| or more central lines associated bloodstream infection (CLABSI) 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| 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 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
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| of patients on the selected unit who have 1 or more central lines. Only record 1 central line day for a patient that has more than 1 central line in place. NOTES: |
| |
| If the patient has only a tunneled or implanted central line, begin recording days on the date the central line was inserted or the fir day the line was accessed if the patient was admitted to the facility with the line in place and continue until the line is physically removed or the patient is discharged. "Access" is defined as line placement, infusion or withdrawal through the 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 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-associate urinary tract infection (CAUTI) as an event to follow in your Plan for |
| urinary catheter 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. 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. |



| Data Field | Instructions for Data Collection |
|---|---|
| Number of patients on a | Conditionally required. Complete if you have chosen ventilator- |
| ventilator | associated event (VAE—for adults) or pediatric ventilator-associated |
| | pneumonia (PedVAP) as an event to follow in your Plan for this month. |
| | Note that 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). |
| | 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 Episodes of Mechanical Ventilation | Optional. This field is an optional field if you have chosen VAE as an event to follow in your Plan. Count all patients that were on mechanical ventilation the first day of the month. On each subsequent day, count each additional new patient that was started on mechanical ventilation to include new episodes in previously ventilated patients. At the end of the month total all counts. Day 1 Episodes plus all subsequent day Episodes equals the total EMV for 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. A patient may have more than one episode of mechanical ventilation per month. |
| Total | Required. Totals for each column should be calculated. This is the |
| Papert No Events | number that will be entered into the NHSN application. While not on the paper data collection form, when completing summers. |
| 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 |



| Data Field | Instructions for Data Collection |
|---------------|--|
| | are reported, you will be required to check the appropriate Report No Events box(es), i.e., CLABSI, CAUTI, VAE, PedVAP. |
| 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. |