Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Denominators for LTCF

 **Required for saving *Conditionally required based on monitoring selection in Monthly Reporting Plan

Facility ID:		**Location Code:			**Month:		**Year:
Date	**Number of Residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of urine cultures ordered	*Resident Admissions	*Number of admissions on *C. diff* treatment	*Number of Residents Started on Antibiotic Treatment for *C. diff*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
***Monthly Total**	-	-	-	-	-	-	-
	Total resident days	**Urinary-Catheter Days**	**New antibiotic starts for UTI indication**	**Number of urine cultures ordered**	**Resident admissions**	**Resident admissions on *C. diff* treatment**	**Number of residents started on antibiotic treatment for *C. diff***

Label: _____ _____ _____ _____ _____ _____
Data: _____ _____ _____ _____ _____ _____

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*This section is **NOT** editable by the user; this section is populated from data entered for the weekly vaccination summary in the NHSN LTC Vaccination Module

Weekly Vaccination summary data				
Month: _____				
Week 1	Total residents____	Number of residents who are up to date with COVID-19 vaccinations____	Number of residents who are up to date with Influenza vaccinations_____	Number of residents who are up to date with RSV vaccinations_____
Week 2	Total residents____	Number of residents who are up to date with COVID-19 vaccinations___	Number of residents who are up to date with Influenza vaccinations_____	Number of residents who are up to date with RSV vaccinations_____
Week 3	Total residents____	Number of residents who are up to date with COVID-19 vaccinations___	Number of residents who are up to date with Influenza vaccinations_____	Number of residents who are up to date with RSV vaccinations_____
Week 4	Total residents____	Number of residents who are up to date with COVID-19 vaccinations____	Number of residents who are up to date with Influenza vaccinations_____	Number of residents who are up to date with RSV vaccinations_____