

Total

Label: Data: **Total**

resident

days

Urinary-

Catheter Days

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

Number of residents

started on antibiotic

treatment for C. diff

Denominators for LTCF

Page 1 of 1 **Required for saving *Conditionally required based on monitoring selection in Monthly Reporting Plan Facility ID: **Location Code: **Month: *Number of *Number of Residents *Number of *New antibiotic *Number of **Number *Resident Started on Antibiotic urine cultures residents with a Date starts for UTI admissions on of Residents Admissions ordered Treatment for C. diff urinary catheter indication C. diff treatment 1 2 3 4 5 6 7 8 9 10 11 **12 13** 14 15 16 **17** 18 19 20 21 22 23 24 25 **26** 27 28 29 **30 31** *Monthly

Number of

urine

cultures

ordered

Resident

admissions

Resident

admissions on

C. diff

treatment

New antibiotic

starts for UTI

indication



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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

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 35 minutes 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).