

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU or SCA)

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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	**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
1						
2						
3						
4						
5						
6						
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26						
27						
28						
29						
30						
31						
*Totals						
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days		Episodes of Mechanical Ventilation

**Conditionally required according to the events indicated in Plan.

Label _____
Data _____

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)).

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