

## NHSN Connectivity Initiative Bed Capacity Form

OrgID:	_____
Collection Date:	/ / _ _ 00:00
Extraction Date:	/ / _ _ 00:00
Context:	_____
<b>All Beds</b>	
All Beds Occupied:	_____
All Beds Unoccupied:	_____
<b>Adult Beds</b>	
Adult Total Occupied:	_____
Adult Total Unoccupied:	_____
Adult ICU Occupied:	_____
Adult ICU Unoccupied:	_____
Adult ICU-LOC Occupied:	_____
Adult Non-ICU Occupied:	_____
Adult Non-ICU Unoccupied:	_____
Adult PCU Occupied:	_____
Adult PCU Unoccupied:	_____
Adult MT/MS Occupied:	_____
Adult MT/MS Unoccupied:	_____
Adult OBS Occupied:	_____
Adult OBS Unoccupied:	_____
<b>Pediatric Beds</b>	
Peds Total Occupied:	_____
Peds Total Unoccupied:	_____
Peds ICU Occupied:	_____
Peds ICU Unoccupied:	_____
Peds ICU-LOC Occupied:	_____
Peds Non-ICU Occupied:	_____
Peds Non-ICU Unoccupied:	_____
Peds PCU Occupied:	_____
Peds PCU Unoccupied:	_____
Peds MT/MS Occupied:	_____
Peds MT/MS Unoccupied:	_____
Peds OBS Occupied:	_____
Peds OBS Unoccupied:	_____
<b>Specialty Beds</b>	
Specialty Total Occupied:	_____
Specialty Total Unoccupied:	_____
Specialty Total Non-Crib Occupied:	_____

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 20 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).

Specialty Total Non-Crib Unoccupied:	___
Specialty OB Occupied:	___
Specialty OB Unoccupied:	___
Specialty NICU Occupied:	___
Specialty NICU Unoccupied:	___
Specialty NICU 4 Occupied:	___
Specialty NICU 4 Unoccupied:	___
Specialty NICU 3 Plus Occupied:	___
Specialty NICU 3 Plus Unoccupied:	___
Specialty NICU 3 Occupied:	___
Specialty NICU 3 Unoccupied:	___
Specialty NICU 2 Occupied:	___
Specialty NICU 2 Unoccupied:	___
Specialty Nursery Occupied:	___
Specialty Nursery Unoccupied:	___
Specialty NICU 1 Occupied:	___
Specialty NICU 1 Unoccupied:	___
Specialty Adult Psych Occupied:	___
Specialty Adult Psych Unoccupied:	___
Specialty Peds Psych Occupied:	___
Specialty Peds Psych Unoccupied:	___
Specialty Rehab Occupied:	___
Specialty Rehab Unoccupied:	___
<b>Surge Beds</b>	
Surge Total Active Occupied:	___
Surge Total Active Unoccupied:	___
Surge Total Inactive Unoccupied:	___
Surge ICU Active Occupied:	___
Surge ICU Active Unoccupied:	___
Surge ICU Inactive Unoccupied:	___
Surge Non-ICU Active Occupied:	___
Surge Non-ICU Active Unoccupied:	___
Surge Non-ICU Inactive Unoccupied:	___
<b>Emergency Department Beds</b>	
Adult ED Total Occupied:	___
Adult ED Total Admitted:	___
Peds ED Total Occupied:	___
Peds ED Total Admitted:	___
ED Total Occupied:	___
ED Total Admitted:	___
<b>Additional Beds</b>	
Burn Occupied:	___
Burn Unoccupied:	___
Neg Pressure Occupied:	___
Neg Pressure Unoccupied:	___