

## 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						
7						
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12						
13						
14						
15						
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24						
25						
26						
27						
28						
29						
30						
31						
<b>*Totals</b>						
	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 \_\_\_\_\_

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