

NHSN Connectivity Initiative Bed Capacity Form

OrgID:	_____
Collection Date:	_/_/_ 00:00
Extraction Date:	_/_/_ 00:00
Context:	_____
All Beds	
All Beds Occupied:	_____
All Beds Unoccupied:	_____
Adult Beds	
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:	_____
Pediatric Beds	
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:	_____
Specialty Beds	
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:	_____
Surge Beds	
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:	_____
Emergency Department Beds	
Adult ED Total Occupied:	_____
Adult ED Total Admitted:	_____
Peds ED Total Occupied:	_____
Peds ED Total Admitted:	_____
ED Total Occupied:	_____
ED Total Admitted:	_____
Additional Beds	
Burn Occupied:	_____
Burn Unoccupied:	_____
Neg Pressure Occupied:	_____
Neg Pressure Unoccupied:	_____