



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

Page 1 of 1

*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 patients on a ventilator
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				
*Totals				
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days
**Conditionally required according to the events indicated in Plan.				
Label	_____	_____	_____	_____
Data	_____	_____	_____	_____
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CDC 57.118, v6.6				