

Denominators for Neonatal Intensive Care Unit (NICU)

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*Required for saving

**Conditionally required according to the events indicated in Plan

Facility ID: _____ *Location Code: _____ *Month: _____ *Year: _____

Birth Weight Categories

Date:	≤750 g					751-1000 g					1001-1500 g					1501-2500 g					>2500 g				
	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV
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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 4 hours 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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**Conditionally required according to the events indicated in Plan

Date:	≤750 g					751-1000 g					1001-1500 g					1501-2500 g					>2500 g									
	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV	Pt*	**CL	**VNT	UrC	EMV					
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*Total																														

Pt=number of infants **CL**=number of infants with 1 or more **central lines**, including **umbilical catheter**

VNT=number of infants on a **ventilator** **UrC**=number of infants with a **urinary catheter** **EMV**= Episodes of mechanical ventilation

Label _____
 Data _____

PedVAE Optional Denominators Neonatal Intensive Care Unit (NICU)

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*Required for Saving

**Conditionally required according to the events indicated in the plan

Facility ID :				*Location Code:			*Month:			*Year:		
Gestational Age Categories												
Date:	Extremely preterm (<28 weeks)			Very preterm (28 to <32 weeks)			Moderate to late preterm (32 to <37 weeks)			Term (≥ 37 weeks)		
	PT	VNT	EMV	PT	VNT	EMV	PT	VNT	EMV	PT	VNT	EMV
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*Required for saving

**Conditionally required according to the events indicated in Plan

Gestational Age Categories (continued)												
Date:	Extremely preterm (<28 weeks)			Very preterm (28 to <32 weeks)			Moderate to late preterm (32 to <37 weeks)			Term (≥37 weeks)		
	PT	VNT	EMV	PT	VNT	EMV	PT	VNT	EMV	PT	VNT	EMV
26.												
27.												
28.												
29.												
30.												
31.												
*Total												

Pt=number of infants **VNT**=number of infants on a ventilator **EMV**= Episodes of mechanical ventilation

Label	_____	_____	_____	_____	_____	_____
Data	_____	_____	_____	_____	_____	_____