**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 total patients on a **ventilator** | | Number of patients **on APRV** | | Number of **Episodes of Mechanical Ventilation** |
| **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 | | | | Episodes of Mechanical Ventilation |
| \*\*Conditionally required according to the events indicated in Plan. | | | | | | | | | | | | |
| Label | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Data | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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