

Denominators for Neonatal Intensive Care Unit (NICU)

Page 1 of 4

*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 240 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).
CDC 57.116(Front), Rev 2 v9.2

Continued >>>

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Birth Weight Categories (continued)

| 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. | | | | | | | | | | | | |
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| 31. | | | | | | | | | | | | |
| *Total | | | | | | | | | | | | |
| Pt =number of infants VNT =number of infants on a ventilator EMV = Episodes of mechanical ventilation | | | | | | | | | | | | |
| Label | _____ | | | | | | | | | | | |
| Data | _____ | | | | | | | | | | | |