

ICU MONTHLY DENOMINATOR

If you have any queries regarding the completion of this form please contact VICNISS
THIS DATA TO BE SUBMITTED BY FAX TO VICNISS 03 9342 2633

Hospital Code Number:

Data Collection Period	
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For Month of:	Year: 20____
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General Details	
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ICU Type: Medical / Surgical <input type="checkbox"/>	Immunocompromised <input type="checkbox"/>	Paediatric <input type="checkbox"/>
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Denominator Details	
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Total number of new patients admitted to unit this month:	_____
<small>(Add total number of new patients in ICU from ICU Daily Denominator Form)</small>	
Total number of patients in unit this month:	_____
<small>(Add total number of patients in ICU from ICU Daily Denominator Form)</small>	
Total number of central lines days this month:	_____
Total number of ventilator days this month:	_____
<small>(Only required for VAP surveillance)</small>	
Number of patients in ICU on the first day of the month:	_____
Number of patients in ICU on the first day of the next month:	_____

Infections Detected	
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Any Infections Meeting VICNISS Criteria Detected this Month: Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes,
Total number of CLABSI: _____
Total number of VAP: _____