

## NNL 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**

<b>Hospital Code Number:</b>
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<b>Data Collection Period</b>
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For Month of:	Start Date:    /    /	Finish Date:    /    /
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Denominator Details	Birth Weight Categories (in grams)				
	≤ 750	751-1000	1001-1500	1501-2499	≥ 2500
<b>Total number of new patients admitted in the NNL group this month:</b> <small>(Add total number of new NNL patients from NNL Daily Denominator Form)</small>					
<b>Total number of NNL patients this month:</b> <small>(Add total number of NNL patients from NNL Daily Denominator Form)</small>					
<b>Total number of central line days this month:</b>					
<b>Total number of peripheral line days this month:</b>					
<b>Number of NNL patients on the first day of the month:</b>					
<b>Number of NNL patients on the first day of the next month:</b>					

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