



Tip: Record daily totals for highlighted columns 1, 2, and 3.
Tip: Print and complete separate "Denominators for LTCF" log for each location (unit/station) mapped for your facility.

Form Approved
 OMB No. 0920-0666
 Exp. Date: 12/31/2018
 www.cdc.gov/nhsn

Sample Form--> Denominators for LTCF

Only enter info for highlighted areas.

*required for saving

Facility ID:		*Location Code:		*Month:	*Year:
Date	1 *Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	2 *Number of admissions	3 Number of admissions on C. diff treatment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10	Tip: Column 1 "Number of residents" - Do not count bed holds.				
11					
12					
13					
14	Tip: Column 2 "Number of admissions" - Count BOTH new admissions and re-admissions.				
15					
16					
17					
18					
19	Tip: Column 3 "Number of admissions on C. diff treatment" - Count residents who are receiving antibiotic therapy for C. difficile infection at the time of admission and/or re-admission.				
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
*Total	Add monthly totals for columns 1, 2, and 3. Enter totals as Summary Data into NHSN.				
	Resident-days	Urinary-catheter days	Total antibiotic starts for UTI indication	Resident-admissions	Resident-admissions on C. diff treatment

Label: _____
 Data: _____

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 3.25 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).
 CDC 57.142 r1, v8.3