HOSPITAL: (PLEASE SELECT HOSPITAL)
UNIT NAME: (PLEASE FILL IN)

MONTH (PLEASE SELECT MONTH)
YEAR: (PLEASE SELECT YEAR)

MONTH OF DAY	NO. OF PT'S VENTILATED	NO. OF PT'S WITH CENTRAL LINES	NO. OF PT'S WITH URINE CATHETERS
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			
TOTAL			

NUMERATORS

TOTAL NO. OF PT'S WITH VENTILATOR ASSOCIATED PNEUMONIA (VAP):	
TOTAL NO. OF PT'S WITH CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS:	
TOTAL NO. OF PT'S WITH CATHETER ASSOCIATED URINARY TRACT INFECTIONS (UTI'S)	

RATES

VENTILATOR ASSOCIATED PNEUMONIA CASES PER 1,000 VENTILATOR DAYS:	
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS PER 1,000 CENTRAL LINE DAYS:	
CATHETER ASSOCIATED URINARY TRACT INFECTIONS PER 1,000 CATHETER DAYS:	