

APPENDIX C: Respiratory Tract Infection (RTI) Denominator Form

Page 1 of 1		*Required	**Conditionally Required	
Facility ID:	*Month of Data Collection:	*Year of Data Collection:		
	Date	Number of residents	Number of New antibiotic starts for RTI indication	Number of residents on a ventilator
<p><i>Optional: Enter the daily count for each category.</i> <i>Important: If collected manually, counts are to be performed at the same time each day.</i></p>	1			
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<p><i>Required: Record the Total count for the calendar month for each column. Monthly totals may be collected manually using this worksheet or from an electronic data source, if available.</i></p>	*Record Monthly Totals			
		*Total Resident Days	*Total Antibiotic Starts for RTI Indication	*Total Ventilator Days
*Was the monthly total collected from an ELECTRONIC data source only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments:				