



NATIONAL PILOT STUDY OF CARBAPENEMASE-PRODUCING CRE IN CRITICAL CARE UNITS: WEEKLY DENOMINATOR FORM FOR CRITICAL CARE

FORM COMPLETED BY:

WORK E-MAIL ADDRESS:

HOSPITAL NAME:

UNIT NAME:

WEEK OF STUDY	DATE WEEKLY CRE SCREENING SWABS TAKEN	DAY OF WEEK WHEN THE WEEKLY CRE SCREENING SWABS TAKEN	NUMBER OF PATIENTS ADMITTED TO THE UNIT AT THE TIME CRE SCREENING SWABS TAKEN	NUMBER OF CRE SCREENING SWABS TAKEN
WEEK 1				
WEEK 2				
WEEK 3				
WEEK 4				
TOTAL				