WRHA CRITICAL CARE PROGRAM
DAILY BED CENSUS

SUMMARY OF ALL SITES

DATE: _____   **TIME:** _____

Site_Location	1 TOTAL OPEN (STAFFED) BEDS	2 # of Ventilated Patients	3 # of Non-Ventilated Patients	4 # of Pending Admissions (OR,ER,etc)	5 # of Transferable Patients	6 TOTAL EMPTY BEDS	7 ICU overflow into the Recovery Room	8 # of Nurses (including Charge)	9 Date/Time last faxed or received.
HSC MICU 14							0		
HSC CCU 3		0					0		
HSC SICU 11									
HSC IICU 6							0		
SBGH ICM/ICS 11									
SBGH CCU 6		0					0		
CONCORDIA 7							0		
SOGH 7							0		
VICTORIA 7							0		
GRACE 8							0		

Instructions to the Unit Clerk/Staff recording the data

1. Fill up columns 1 to 9 above, **leaving no blanks**, by getting the information from the white board at HSC MICU.

2. HSC and STB CCU are always non-ventilated patients - therefore **Column 2** is always **zero**. If ventilated patients occur, write a comment.

3. Make sure the numbers are adding up: **Total Open Bed = (# Ventilated Pts + # Non-ventilated Pts + Total Empty Bed).**

4. Check that the # of Nurses **is not greater than** (Total Open Bed+1). If the number is more, write a comment.

5. **BiPAP** cases should be included under **Non-ventilated Patients**.

6. If the data are not adding up in certain site, check the form faxed previously or call the site to verify the numbers.

7. Fax the completed form to: 1. Betty Lou Rock 787-2231
    2. Pagasa Torres 787-2823
    3. Karen Olson 940-2182