COVID-19 Hospital Bed Reporting Data Dictionary

Available Bed Types

**Adult ICU**
Beds supporting critically ill patients, including patients with or without ventilator support

**MedSurg (general hospital beds)**
Beds for patients who do not require intensive care

**Burn**
Beds approved by the American Burn Association or self-designated. These beds should not be included in other ICU bed counts

**Pediatric**
Beds for patients 17 or younger who do not require intensive care

**Pediatric ICU**
Beds supporting critically ill/injured patients 17 years or younger, including patients with or without ventilator support

**Psych**
Beds on a secured psychiatric unit

**Negative Pressure Isolation**
Beds available to provide respiratory isolation through negative pressure airflow. *Do not include this number in the general bed counts.*

**Operating Room**
Beds in operating rooms that are equipped, staffed, and could be made available quickly

**Surge Beds Located in Inpatient and/or Overflow Areas**
Additional staffed beds that can be utilized if necessary within the walls of the hospital.
Available Ventilator Types

**Total Ventilators Available – Adult/Pediatric**
Total number of adult ventilators available, to include adult ventilators that are capable of ventilating a pediatric patient. Any device used to support, assist or control respiration through the application of positive pressure to the airway when delivered via an artificial airway.

**Total Ventilators Available – Pediatric Only**
Total number of pediatric specific ventilators available, not to include pediatric ventilators that can also be used as adult ventilators. Any device used to support, assist or control respiration through the application of positive pressure to the airway when delivered via an artificial airway.

**Total BiPAPs Available – Adult**
Total number of adult bi-level positive airway pressure (BiPAP or BPAP) machines available typically used for treatment of sleep apnea and may be used to support patients with respiratory insufficiency provided appropriate monitoring (as available) and patient condition.

**Total BiPAPs Available – Pediatric**
Total number of pediatric bi-level positive airway pressure (BiPAP or BPAP) machines available.

Bed and Ventilator Types in Use or Occupied

**Number ICU Beds Occupied (Subset of Total Patient Census)**
Total number of staffed inpatient ICU beds that are occupied, including suspected or lab confirmed COVID-19 patients.

**COVID-19 Hospitalized and Ventilated (Subset of Total Patient Census, Ventilators in Use)**
Patients currently hospitalized in an inpatient bed who have suspected or lab confirmed COVID-19 and are on a mechanical ventilator at the time of report. This includes the patients with laboratory-confirmed or clinically diagnosed COVID-19.

**Total Ventilators in Use – Adult/Pediatric**
Total number of adult ventilators in use, to include adult ventilators that are capable of ventilating a pediatric patient.
**Total Ventilators in Use – Pediatric Only**
Total number of pediatric specific ventilators in use, not to include pediatric ventilators that can also be used as adult ventilators

**Total BiPAPs in Use – Adult**
Total number of adult bi-level positive airway pressure (BiPAP or BPAP) machines in use

**Total BiPAPs in Use – Pediatric**
Total number of pediatric bi-level positive airway pressure (BiPAP or BPAP) machines in use

**Total Anesthesia Machines with Ventilators in Use**
Total number of anesthesia machines w/ventilators in use by patients, including suspected and lab confirmed COVID-19 patients admitted to general, isolation or ICU beds

**Surge Essential Elements of Information (EEIs)**

**Total Number of Patients in Hospital**
Total hospital patient census at time of reporting, including suspected and lab confirmed COVID-19 patients admitted to general, isolation or ICU beds, and all overflow & surge/expansion beds with patients

**Total Number of ER Visits in the last 24 hours**
Number of all patient visits to the ER in the last 24 hours, including suspected and lab confirmed COVID-19 patients.

**Alternate Care Site Triage**
A location such as a hospital parking lot, school, convention center, or tents with staffing, equipment and supplies to assess incoming patients

**Alternate Care Site Inpatient**
An offsite location such as a school, convention center, or tents with staffing, equipment and supplies where patients may stay to receive treatment

**Hospital Absenteeism**
Is your hospital experiencing staff absenteeism at time of report due to quarantine, COVID-19 illness, family/other illness, school closure? (Y/N)
COIVD-19 Specific EEIs
These numbers are not inclusive of each other and should be reported as separate numbers unless otherwise specified

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**Total number of Suspected* COVID-19 Patients in Hospital at Time of Report**
Number of suspected COVID-19 patients in the hospital at time of report

**Number of Suspected* COVID-19 ER Visits (Subset of Total ER Visits)**
Total number of ER visits in the last 24 hours for suspected COVID-19 related illness

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**Suspected* COVID-19 MedSurg (General)/Isolation Beds Admitted in the last 24 hours**
Number of patients with suspected COVID-19 related illness admitted to a MedSurg (General) or isolation bed in the last 24 hours

**Suspected* COVID-19 ICU Admitted in the last 24 hours**
Number of patients with suspected COVID-19 related illness admitted to adult or pediatric ICU beds in the last 24 hours

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**Lab Confirmed COVID-19 Patients in MedSurg (General)/Isolation Beds at Time of Report (Subset of Total Patient Census)**
Number of lab confirmed COVID-19 patients admitted to MedSurg (general) or isolation beds at time of report

**Lab Confirmed COVID-19 Patients in ICU Beds at Time of Report (Subset of Total Patient Census as well as Number of ICU Beds Occupied)**
Number of lab confirmed COVID-19 patients admitted to adult or pediatric ICU beds at time of report
**Suspected COVID-19 Cases Definition**

a) A patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset

OR

b) A patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms

OR

c) A patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

https://www.who.int/classifications/icd/COVID-19-coding-icd10.pdf?ua=1