***Recommended Standards for Newborn ICU Design* Proposal**

Please fill in the blanks, as appropriate.

**Current Standard Name:**

**Current Standard Number**:

**Highlight YES if New Standard Number** (Number to be assigned when adopted)

**Submitted by:**

**Instructions:** Please underline your suggested additions and ~~strikethrough~~ your deletions. Interpretation text accompanies the main text. Interpretations are not enforceable and are intended to clarify the intent of requirements in the main text.

 **Existing Standard** (Type below without revisions. Leave blank if entirely new standard.)

**Proposed change or new standard:** (If existing, repeat existing text with proposed strikethroughs as deletions and underlined additions. If entirely new standard, add here.)

**Substantiation for change:** Please state outcome you are trying to achieve with this proposal. Include any evidence that supports the proposal.