

Ventilator-Associated Event (VAE)

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*required for saving **required for completion

Facility ID:	Event #:		
*Patient ID:	Social Security #:		
Secondary ID:	Medicare #:		
Patient Name, Last:	First:	Middle:	
*Gender: F M Other	*Date of Birth:		
Ethnicity (Specify):	Race (Specify):		
*Event Type: VAE	*Date of Event:		
Post-procedure VAE: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		
*MDRO Infection Surveillance:			
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module			
*Date Admitted to Facility:	*Location:		
* Location of Mechanical Ventilation Initiation: _____ *Date Initiated: __/__/____ *APRV: Yes No			
Event Details			
*Specific Event: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> Possible VAP <input type="checkbox"/> Probable VAP			
*Specify Criteria Used:			
<u>STEP 1: VAC (≥1 REQUIRED)</u>			
<input type="checkbox"/> Daily min FiO ₂ increase ≥ 0.20 (20 points) for ≥ 2 days [†] OR <input type="checkbox"/> Daily min PEEP increase ≥ 3 cm H ₂ O for ≥ 2 days [†] [†] after 2+ days of stable or decreasing daily minimum values.			
<u>STEP 2: IVAC</u>			
<input type="checkbox"/> Temperature > 38°C or < 36° OR <input type="checkbox"/> White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm ³ AND <input type="checkbox"/> A new antimicrobial agent(s) is started, and is continued for ≥ 4 days			
<u>STEP 3: Possible VAP</u>		<u>STEP 3: Probable VAP</u>	
<input type="checkbox"/> Purulent respiratory secretions [†] (defined as secretions from the lungs, bronchi, or trachea that contain ≥25 neutrophils and ≤10 squamous epithelial cells per low power field [lpf, x100], or equivalent semi-quantitative results) OR <input type="checkbox"/> One of the following (qualitative, semi-quantitative or quantitative): [‡] <input type="checkbox"/> Positive culture of sputum <input type="checkbox"/> Positive culture of endotracheal aspirate <input type="checkbox"/> Positive culture of bronchoalveolar lavage <input type="checkbox"/> Positive culture of lung tissue <input type="checkbox"/> Positive culture of protected specimen brushing		<input type="checkbox"/> Purulent respiratory secretions [†] AND one of the following (meeting quantitative or semi-quantitative threshold as outlined in protocol): [‡] <input type="checkbox"/> Positive culture of endotracheal aspirate <input type="checkbox"/> Positive culture of bronchoalveolar lavage <input type="checkbox"/> Positive culture of lung tissue <input type="checkbox"/> Positive culture of protected specimen brushing OR <input type="checkbox"/> One of the following results(without requirement for purulent respiratory secretions), as outlined in protocol: [‡] <input type="checkbox"/> Positive pleural fluid culture <input type="checkbox"/> Positive lung histopathology <input type="checkbox"/> Positive diagnostic test for Legionella spp. <input type="checkbox"/> Positive diagnostic test for viral pathogens	
[‡] collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO ₂ or PEEP.			
*Secondary Bloodstream Infection: Yes No			
**Died: Yes No	VAE Contributed to Death: Yes No		
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3		
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.112 (Front), Rev 2 v8.0</small>			

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>	DAPTO SNSN		GENTHL^s SRN		LNZ SIRN		VANC SIRN	
_____	_____ <i>Enterococcus faecalis</i>								
_____	_____ <i>Enterococcus</i> spp. (Only those not identified to the species level)								
_____	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI SIRN		CLIND SIRN		DAPTO SNSN		DOXY/MINO SIRN	
		ERYTH SIRN		GENT SIRN		LNZ SRN			
		OX/CEFOX/METH SIRN		RIF SIRN		TETRA SIRN		TIG SNSN	
		TMZ SIRN		VANC SIRN					
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> (specify species)	AMK SIRN		AMPSUL SIRN		AZT SIRN		CEFEP SIRN	
		CEFTAZ SIRN		CIPRO/LEVO SIRN		COL/PB SIRN			
		GENT SIRN		IMI SIRN		MERO/DORI SIRN		PIPI/PIPTAZ SIRN	
		TMZ SIRN		TOBRA SIRN					
_____	<i>Escherichia coli</i>	AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
		CEFAZ SIRN		CEFEP SIRN		CEFOT/CEFTRX SIRN			
		CEFTAZ SIRN		CEFUR SIRN		CEFOX/CETET SIRN		CIPRO/LEVO/MOXI SIRN	
		COL/PB[†] SRN		ERTA SIRN		GENT SIRN		IMI SIRN	
		MERO/DORI SIRN		PIPTAZ SIRN		TETRA/DOXY/MINO SIRN			
		TIG SIRN		TMZ SIRN		TOBRA SIRN			
_____	<i>Enterobacter</i> (specify species)	AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
		CEFAZ SIRN		CEFEP SIRN		CEFOT/CEFTRX SIRN			
		CEFTAZ SIRN		CEFUR SIRN		CEFOX/CETET SIRN		CIPRO/LEVO/MOXI SIRN	
		COL/PB[†] SRN		ERTA SIRN		GENT SIRN		IMI SIRN	
		MERO/DORI SIRN		PIPTAZ SIRN		TETRA/DOXY/MINO SIRN			
		TIG SIRN		TMZ SIRN		TOBRA SIRN			
_____	_____ <i>Klebsiella pneumoniae</i>	AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
		CEFAZ SIRN		CEFEP SIRN		CEFOT/CEFTRX SIRN			
		CEFTAZ SIRN		CEFUR SIRN		CEFOX/CETET SIRN		CIPRO/LEVO/MOXI SIRN	
		COL/PB[†] SRN		ERTA SIRN		GENT SIRN		IMI SIRN	
		MERO/DORI SIRN		PIPTAZ SIRN		TETRA/DOXY/MINO SIRN			
		TIG SIRN		TMZ SIRN		TOBRA SIRN			
_____	_____ <i>Klebsiella oxytoca</i>	AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN	
		CEFAZ SIRN		CEFEP SIRN		CEFOT/CEFTRX SIRN			
		CEFTAZ SIRN		CEFUR SIRN		CEFOX/CETET SIRN		CIPRO/LEVO/MOXI SIRN	
		COL/PB[†] SRN		ERTA SIRN		GENT SIRN		IMI SIRN	
		MERO/DORI SIRN		PIPTAZ SIRN		TETRA/DOXY/MINO SIRN			
		TIG SIRN		TMZ SIRN		TOBRA SIRN			

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Pathogen #	Gram-negative Organisms (continued)									
_____	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN		
		IMI SIRN	MERO/DORI SIRN		PIP/PIPTAZ SIRN	TOBRA SIRN				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available)	ANID SIRN	CASPO SNSN	FLUCO S S-DD RN	FLUCY SIRN	ITRA S S-DD RN	MICA SNSN	VORI S S-DD RN		
Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

^s GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

[†] Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= ceftazidime	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= ceftoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

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Comments