

# Ventilator-Associated Event (VAE)

Page 1 of 4

\*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:

Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

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:  VAC  IVAC  PVAP

\*Specify Criteria Used:

**STEP 1: VAC (≥1 REQUIRED)**

Daily min FiO<sub>2</sub> increase ≥ 0.20 (20 points) for ≥ 2 days<sup>†</sup> **OR**  Daily min PEEP increase ≥ 3 cm H<sub>2</sub>O for ≥ 2 days<sup>†</sup>  
<sup>†</sup>after 2+ days of stable or decreasing daily minimum values.

**STEP 2: IVAC**

Temperature > 38°C or < 36° **OR**  White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm<sup>3</sup>  
**AND**  
 A new antimicrobial agent(s) is started, and is continued for ≥ 4 days

**STEP 3: PVAP**

Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds as outlined in protocol,<sup>‡</sup> without requirement for purulent respiratory secretions:

- Endotracheal aspirate  Lung tissue
- Bronchoalveolar lavage  Protected specimen brush

**OR**

Criterion #2: Purulent respiratory secretions<sup>‡</sup> (defined in the protocol) plus a positive culture of one of the following specimens (qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1):<sup>‡</sup>

- Sputum  Lung tissue
- Endotracheal aspirate  Protected specimen brush
- Bronchoalveolar lavage

**OR**

Criterion #3: One of the following positive tests (as outlined in the protocol):<sup>‡</sup>

- Pleural fluid culture  Diagnostic test for *Legionella* species
- Lung histopathology  Diagnostic test for selected viral pathogens

<sup>‡</sup>collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO<sub>2</sub> 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

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 25 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 3 v8.3

## Ventilator-Associated Event (VAE)

Page 2 of 4

Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>	DAPTO SNSN	GENTHL <sup>s</sup> 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		TETRA/DOXY/MINO SIRN		
_____		TMZ SIRN	TOBRA SIRN						
_____	<i>Escherichia coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	
_____		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB <sup>†</sup> 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 S I/S-DD R N	CEFOT/CEFTRX SIRN	
_____		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB <sup>†</sup> 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 S I/S-DD R N	CEFOT/CEFTRX SIRN	
_____	_____ <i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB <sup>†</sup> SRN		
_____		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
_____		TIG SIRN	TMZ SIRN	TOBRA SIRN					

## Ventilator-Associated Event (VAE)

Page 3 of 4

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

### Result Codes

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

<sup>s</sup> GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

<sup>†</sup> 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	

## Ventilator-Associated Event (VAE)

Page 4 of 4

### Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Comments