

Pediatric Ventilator-Associated Event (PedVAE)

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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: PedVAE		*Date of Event:	
Post-procedure PedVAE: Yes No		Date of Procedure:	
NHSN Procedure Code:		ICD-10-PCS or CPT 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:	
Risk Factors			
* Location of Mechanical Ventilation Initiation:		*Date Initiated: ____ / ____ / ____	
*If NICU: Birth Weight (grams):		*Gestational Age (weeks):	
Event Details			
*Specific Event: ☐ PedVAC *Specify Criteria Used: ☐ Daily min FiO ₂ increase ≥ 0.25 (25 points) for ≥ 2 days [†] OR ☐ Daily min Mean Airway Pressure (MAP) ≥ 4 cm H ₂ O for ≥ 2 days [†] [†] after 2+ days of stable or decreasing daily minimum values.			
Clinical event associated with the PedVAE? ☐ Yes ☐ No ☐ Unknown If Yes, check all that apply: ☐ Ventilator-associated Pneumonia ☐ Atelectasis ☐ Acute Respiratory Distress Syndrome (ARDS) ☐ Pulmonary Hypertension ☐ Pulmonary Edema ☐ Pulmonary Hemorrhage ☐ Sepsis or Septic Shock ☐ Neonatal Respiratory Distress Syndrome (RDS) ☐ Bronchopulmonary Dysplasia/Chronic Lung Disease ☐ Reopened Patent Ductus Arteriosus (PDA) ☐ Weaning from mechanical ventilation or other change in mechanical ventilation approach <u>without</u> clinical worsening ☐ Other (specify) _____			
Antimicrobial agent(s) administered? ☐ Yes ☐ No If Yes, select up to 3 antimicrobial agents: Drug1: _____; Drug1 start date: ____ / ____ / ____ Drug2: _____; Drug2 start date: ____ / ____ / ____ Drug3: _____; Drug3 start date: ____ / ____ / ____			
Pathogen identified from one or more of the listed specimens? ☐ Yes ☐ No If Yes, specify pathogen on pages 2-3 If Yes, which specimen type? (check all that apply) ☐ Lower Respiratory ☐ Upper Respiratory ☐ Lung Tissue ☐ Pleural Fluid ☐ Urine for <i>Legionella</i> or <i>Streptococcus pneumoniae</i> antigen testing			
Pathogen identified from BLOOD? ☐ Yes ☐ No			
**Died: Yes No		PedVAE contributed to death: Yes No	
		Discharge Date:	

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 30 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 57.113 (Front), R1, V8.8

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

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Pathogen #	Gram-negative Organisms (<i>continued</i>)									
_____	<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

§ 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= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
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Comments