

## 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-10-PCS or CPT 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 <b>not</b> 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									
<b>Event Details</b>									
*Specific Event: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> PVAP									
*Specify Criteria Used:									
<u>STEP 1: VAC (≥1 REQUIRED)</u>									
<input type="checkbox"/> Daily min FiO <sub>2</sub> increase ≥ 0.20 (20 points) for ≥ 2 days <sup>†</sup> <b>OR</b> <input type="checkbox"/> 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.									
<u>STEP 2: IVAC</u>									
<input type="checkbox"/> Temperature > 38°C or < 36° <b>OR</b> <input type="checkbox"/> White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm <sup>3</sup> <b>AND</b> <input type="checkbox"/> A new antimicrobial agent(s) is started, and is continued for ≥ 4 days									
<u>STEP 3: PVAP</u>									
<input type="checkbox"/> Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds as outlined in protocol, <sup>‡</sup> <u>without</u> requirement for purulent respiratory secretions: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Endotracheal aspirate</td> <td><input type="checkbox"/> Lung tissue</td> </tr> <tr> <td><input type="checkbox"/> Bronchoalveolar lavage</td> <td><input type="checkbox"/> Protected specimen brush</td> </tr> </table>				<input type="checkbox"/> Endotracheal aspirate	<input type="checkbox"/> Lung tissue	<input type="checkbox"/> Bronchoalveolar lavage	<input type="checkbox"/> Protected specimen brush		
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<input type="checkbox"/> Bronchoalveolar lavage	<input type="checkbox"/> Protected specimen brush								
<b>OR</b>									
<input type="checkbox"/> Criterion #2: Purulent respiratory secretions <sup>‡</sup> (defined in the protocol) <u>plus</u> organism(s) identified from one of the following specimens: <sup>‡</sup> <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Sputum</td> <td><input type="checkbox"/> Lung tissue</td> </tr> <tr> <td><input type="checkbox"/> Endotracheal aspirate</td> <td><input type="checkbox"/> Protected specimen brush</td> </tr> <tr> <td><input type="checkbox"/> Bronchoalveolar lavage</td> <td></td> </tr> </table>				<input type="checkbox"/> Sputum	<input type="checkbox"/> Lung tissue	<input type="checkbox"/> Endotracheal aspirate	<input type="checkbox"/> Protected specimen brush	<input type="checkbox"/> Bronchoalveolar lavage	
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<input type="checkbox"/> Endotracheal aspirate	<input type="checkbox"/> Protected specimen brush								
<input type="checkbox"/> Bronchoalveolar lavage									
<b>OR</b>									
<input type="checkbox"/> Criterion #3: One of the following positive tests (as outlined in the protocol): <sup>‡</sup> <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Organism(s) identified from pleural fluid</td> <td><input type="checkbox"/> Diagnostic test for <i>Legionella</i> species</td> </tr> <tr> <td><input type="checkbox"/> Lung histopathology</td> <td><input type="checkbox"/> Diagnostic test for selected viral pathogens</td> </tr> </table>				<input type="checkbox"/> Organism(s) identified from pleural fluid	<input type="checkbox"/> Diagnostic test for <i>Legionella</i> species	<input type="checkbox"/> Lung histopathology	<input type="checkbox"/> Diagnostic test for selected viral pathogens		
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<input type="checkbox"/> Lung histopathology	<input type="checkbox"/> 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								
<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 28 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 6 v8.8</small>									

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

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