

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-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 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"/> PVAP | | | |
| *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: 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, [‡] <u>without</u> requirement for purulent respiratory secretions: | | | |
| <input type="checkbox"/> Endotracheal aspirate | | <input type="checkbox"/> Lung tissue | |
| <input type="checkbox"/> Bronchoalveolar lavage | | <input type="checkbox"/> Protected specimen brush | |
| OR | | | |
| <input type="checkbox"/> Criterion #2: Purulent respiratory secretions [‡] (defined in the protocol) <u>plus</u> organism(s) identified from one of the following specimens: [‡] | | | |
| <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 | | | |
| OR | | | |
| <input type="checkbox"/> Criterion #3: One of the following positive tests (as outlined in the protocol): [‡] | | | |
| <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 | |
| [‡] 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 | | COVID-19: Yes No | |
| | | If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected | |
| **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).</small> | | | |



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2022
www.cdc.gov/nhsn

CDC 57.112 (Front), Rev 6 v8.8

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 ^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 | PIP/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-DDR N | 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 S I/S-DDR N | 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 pneumonia</i> | AMK SIRN | AMP SIRN | AMPSUL/AMXCLV SIRN | AZT SIRN | CEFAZ SIRN | CEFEP S I/S-DDR N | CEFOT/CEFTRX SIRN | | |
| _____ | _____ <i>Klebsiella oxytoca</i> | CEFTAZ SIRN | CEFUR SIRN | CEFOX/CETET SIRN | CIPRO/LEVO/MOXI SIRN | | COL/PB [†] SRN | | | |
| _____ | _____ <i>Klebsiella aerogenes</i> | 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 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 N S N | FLUCO S S-DD R N | FLUCY S I R N | ITRA S S-DD R N | MICA S N S 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

^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= 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 | |

Ventilator-Associated Event (VAE)

Page 4 of 4

Custom Fields

| Label | | | | Label | | | |
|-------|--|---|---|-------|--|---|---|
| _____ | | / | / | _____ | | / | / |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |

Comments