

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:									
<p>*MDRO Infection Surveillance:</p> <p><input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module</p> <p><input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module</p>											
*Date Admitted to Facility:		*Location:									
Risk Factors											
* Location of Mechanical Ventilation Initiation: _____		*Date Initiated: __ / __ / ____									
*If NICU: Birth Weight (grams): _____		*Gestational Age (weeks): _____									
Event Details											
<p>*Specify Criteria Used:</p> <p><input type="checkbox"/> Daily min FiO₂ increase ≥ 0.25 (25 points) for ≥ 2 days[†]</p> <p>OR</p> <p><input type="checkbox"/> Daily min Mean Airway Pressure (MAP) ≥ 4 cm H₂O for ≥ 2 days[†]</p> <p>[†]after 2+ days of stable or decreasing daily minimum values.</p>											
<p>Clinical event associated with the PedVAE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Ventilator-associated Pneumonia</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Sepsis or Septic Shock</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Atelectasis</td> <td style="border: none;"><input type="checkbox"/> Neonatal Respiratory Distress Syndrome (RDS)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS)</td> <td style="border: none;"><input type="checkbox"/> Bronchopulmonary Dysplasia/Chronic Lung Disease</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Pulmonary Hypertension</td> <td style="border: none;"><input type="checkbox"/> Reopened Patent Ductus Arteriosus (PDA)</td> </tr> </table>				<input type="checkbox"/> Ventilator-associated Pneumonia	<input type="checkbox"/> Sepsis or Septic Shock	<input type="checkbox"/> Atelectasis	<input type="checkbox"/> Neonatal Respiratory Distress Syndrome (RDS)	<input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS)	<input type="checkbox"/> Bronchopulmonary Dysplasia/Chronic Lung Disease	<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Reopened Patent Ductus Arteriosus (PDA)
<input type="checkbox"/> Ventilator-associated Pneumonia	<input type="checkbox"/> Sepsis or Septic Shock										
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<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Reopened Patent Ductus Arteriosus (PDA)										

Pulmonary Edema

Weaning from mechanical ventilation or other change in mechanical ventilation approach without clinical worsening

Pulmonary Hemorrhage

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 *Legionella* or *Streptococcus pneumoniae* antigen testing

Pathogen identified from BLOOD? Yes No

**Died: Yes No

PedVAE contributed to death: Yes No

Discharge Date:

COVID-19: Yes No

If Yes: Suspected Confirmed

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 57.113 (Front), R1, v9.2

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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	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-DDRN	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-DDRN	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 S I/S-DDRN	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						

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

[§] **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
CEFAZ= cefazime	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