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Pediatric Ventilator-Associated Event (PedVAE)

*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:
Sex at Birth: F M Unknown	Gender Identity (Specify):
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

*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_2O 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 without 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 *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

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Pathogen #	Gram-positive Organisms							
	Staphylococcus coagulase-negative (specify species if available):	**CEFOX/OX** S R N	**VANC** S I R N					
	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S I/S-DD NS R N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
	Staphylococcus aureus	**CEFOX/METH/OX** S R N	**CEFTAR** S S-DD I R N	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**GENT** S I R N
		LNZ S R N	**RIF** S I R N	**TETRA** S I R N	**TMZ** S I R N	**VANC** S I R N		
Pathogen #	*Gram-negative Organisms*							
	Acinetobacter (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**CEFEP** S I R N	**CEFTAZ/CEFOT/CEFTRX** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S R N	**DORI/MERO** S I R N
		DOXY/MINO S I R N	**GENT** S I R N	**IMI** S I R N	**PIPTAZ** S I R N	**TMZ** S I R N	**TOBRA** S I R N	
	Escherichia coli	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N	**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N
		CEFTAVI S R N	**CEFTAZ** S I R N	**CEFTOTAZ** S I R N	**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] I R N	**DORI/IMI/MERO** S I R N	**DOXY/MINO/TETRA** S I R N
		ERTA S I R N	**GENT** S I R N	**IMIREL** S I R N	**MERVAB** S I R N	**PIPTAZ** S I R N	**TIG** S I R N	**TMZ** S I R N
		TOBRA S I R N						
	Enterobacter (specify species) _____	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N	**CEFTAVI** S R N	**CEFTAZ** S I R N	**CEFTOTAZ** S I R N
		CIPRO/LEVO/MOXI S I R N	**COL/PB**[†] I R N	**DORI/IMI/MERO** S I R N	**DOXY/MINO/TETRA** S I R N	**ERTA** S I R N	**GENT** S I R N	**IMIREL** S I R N
		MERVAB S I R N	**PIPTAZ** S I R N	**TIG** S I R N	**TMZ** S I R N	**TOBRA** S I R N		
	____*Klebsiella pneumoniae* ____*Klebsiella oxytoca* ____*Klebsiella aerogenes*	**AMK** S I R N	**AMPSUL/AMXCLV** S I R N	**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N	**CEFTAVI** S R N
		CEFTAZ S I R N	**CEFTOTAZ** S I R N	**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] I R N	**DORI/IMI/MERO** S I R N	**DOXY/MINO/TETRA** S I R N	**ERTA** S I R N
		GENT S I R N	**IMIREL** S I R N	**MERVAB** S I R N	**PIPTAZ** S I R N	**TIG** S I R N	**TMZ** S I R N	**TOBRA** S I R N

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Pathogen #	Gram-Negative Organisms (continued)	
	Pseudomonas aeruginosa	**AMK** S I R N; **AZT** S I R N; **CEFEP** S I R N; **CEFTAVI** S R N; **CEFTAZ** S I R N; **CEFTOTAZ** S I R N; **CIPRO/LEVO** S I R N **COL/PB** S I R N; **DORI/IMI/MERO** S I R N; **GENT** S I R N; **PIPTAZ** S I R N; **TOBRA** S I R N
Pathogen #	Fungal Organisms	
	Candida (specify species if available) ______________	**ANID** S I R N; **CASPO** S I R N; **FLUCO** S S-DD R N; **MICA** S I R N; **VORI** S I R N
Pathogen #	Other Organisms	
	Organism 1 (specify) _____________	**Drug 1** S I R N; **Drug2** S I R N; **Drug3** 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; **Drug2** S I R N; **Drug3** 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; **Drug2** S I R N; **Drug3** 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 are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= cefazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

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