

# 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:                                                        |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| Sex at Birth: F M Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Gender Identity (Specify):                                             |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| 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<br><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><br><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><br><b>AND</b><br><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 border="0" style="width: 100%;"> <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                     |                                                 |  |
| <input type="checkbox"/> Endotracheal aspirate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Lung tissue                                   |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| <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 border="0" style="width: 100%;"> <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 |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| <b>OR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| <input type="checkbox"/> Criterion #3: One of the following positive tests (as outlined in the protocol): <sup>‡</sup> <table border="0" style="width: 100%;"> <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 |                                                 |  |
| <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  |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | *COVID-19: 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)).<br/>         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> |                                                                        |                                                             |              |                                                                    |                                                                        |                                                 |                                                                       |                                                 |  |



## Ventilator-Associated Event (VAE)

| Pathogen #                                                                                                                                                                                      | Gram-positive Organisms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____<br><i>Staphylococcus</i><br><i>coagulase-</i><br><i>negative</i><br><br>(specify species if<br>available):                                                                                | <b>CEFOX/OX</b> <b>VANC</b><br>SRN            S IRN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| _____ <i>Enterococcus</i><br><i>faecium</i><br><br>_____ <i>Enterococcus</i><br><i>faecalis</i><br><br>_____ <i>Enterococcus</i><br>spp. (Only those<br>not identified to<br>the species level) | <b>DAPTO</b> <b>GENTHL<sup>S</sup></b> <b>LNZ</b> <b>VANC</b><br>S I/S-DD NS R    SRN            S IRN            S IRN<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <i>Staphylococcus</i><br><i>aureus</i>                                                                                                                                                          | <b>CEFOX/METH/OX</b> <b>CEFTAR</b> <b>CIPRO/LEVO/MOXI</b> <b>CLIND</b> <b>DAPTO</b> <b>DOXY/MINO</b> <b>GENT</b><br>SRN                    S S-DD IRN            S IRN            S IRN            SNSN            S IRN            S IRN<br><br><b>LNZ</b> <b>RIF</b> <b>TETRA</b> <b>TMZ</b> <b>VANC</b><br>SRN                    S IRN                    S IRN                    S IRN            S IRN                                                                                                                                                                                                                                                                                                                                                 |
| Pathogen #                                                                                                                                                                                      | Gram-negative Organisms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| _____ <i>Acinetobacter</i><br>(specify species)<br><br>_____                                                                                                                                    | <b>AMK</b> <b>AMPSU</b> <b>CEFE</b> <b>CEFTAZ/CEFOT/</b><br>S IRN            L            P            CEFTRX<br>S IRN            S IRN            S IRN<br><br><b>DOXY/</b> <b>GENT</b> <b>IMI</b> <b>PIPTAZ</b> <b>TMZ</b> <b>TOBRA</b><br>MINO            S IRN            S IRN            S IRN                    S IRN            S IRN<br>S IRN                                                                                                                                                                                                                                                                                                                                                                                                       |
| <i>Escherichia coli</i>                                                                                                                                                                         | <b>AMK</b> <b>AMP</b> <b>AMPSUL/</b> <b>AZT</b> <b>CEFAZ</b> <b>CEFEP</b> <b>CEFOT/CEFTRX</b><br>S IRN    S IRN <b>AMXCLV</b> S IRN            S IRN    S I/S-DD RN            S IRN<br>S IRN<br><br><b>CEFTA</b> <b>CEFT</b> <b>CEFTOTAZ</b> <b>CIPRO/LEVO/</b> <b>COL/</b> <b>DORI/IMI/</b> <b>DOXY/MINO/</b><br><b>VI</b> <b>AZ</b> S IRN <b>MOXI</b> <b>PB<sup>†</sup></b> <b>MERO</b> <b>TETRA</b><br>SRN            S IRN            S IRN            S IRN            IRN            S IRN            S IRN<br><br><b>ERTA</b> <b>GENT</b> <b>IMIREL</b> <b>MERVAB</b> <b>PIPTAZ</b> <b>TIG</b> <b>TMZ</b><br>S IRN            S IRN            S IRN            S IRN            S IRN            S IRN            S IRN<br><br><b>TOBRA</b><br>S IRN |
| <i>Enterobacter</i><br>(specify species)<br><br>_____                                                                                                                                           | <b>AMK</b> <b>AZT</b> <b>CEFEP</b> <b>CEFOT/CEFTRX</b> <b>CEFTAVI</b> <b>CEFTAZ</b> <b>CEFTOTAZ</b><br>S IRN                    S IRN            S I/S-DD RN            S IRN            S IRN            S IRN            S IRN<br><br><b>CIPRO/LEVO/MOXI</b> <b>COL/PB<sup>†</sup></b> <b>DORI/IMI/MERO</b> <b>DOXY/MINO/TETRA</b> <b>ERTA</b> <b>GENT</b> <b>IMIREL</b><br>S IRN            IRN            S IRN            S IRN            S IRN            S IRN            S IRN<br><br><b>MERVAB</b> <b>PIPTAZ</b> <b>TIG</b> <b>TMZ</b> <b>TOBRA</b><br>S IRN                    S IRN            S IRN            S IRN                    S IRN                                                                                                    |
| _____ <i>Klebsiella</i><br><i>pneumoniae</i><br><br>_____ <i>Klebsiella</i><br><i>oxytoca</i><br><br>_____ <i>Klebsiella</i><br><i>aerogenes</i>                                                | <b>AMK</b> <b>AMPSUL/</b> <b>AZT</b> <b>CEFAZ</b> <b>CEFEP</b> <b>CEFOT/CEFTRX</b> <b>CEFTAVI</b><br>S IRN <b>AMXCLV</b> S IRN            S IRN    S I/S-DD RN            S IRN            S IRN<br>S IRN<br><br><b>CEFTA</b> <b>CEFTOTAZ</b> <b>CIPRO/LEVO/</b> <b>COL/PB<sup>†</sup></b> <b>DORI/IMI/</b> <b>DOXY/MINO/</b> <b>ERTA</b><br><b>Z</b> S IRN <b>MOXI</b> IRN <b>MERO</b> <b>TETRA</b> S IRN<br>S IRN            S IRN            S IRN            S IRN            S IRN            S IRN            S IRN<br><br><b>GENT</b> <b>IMIREL</b> <b>MERVAB</b> <b>PIPTAZ</b> <b>TIG</b> <b>TMZ</b> <b>TOBRA</b><br>S IRN            S IRN            S IRN            S IRN            S IRN            S IRN            S IRN                      |
| <i>Pseudomonas</i><br><i>aeruginosa</i>                                                                                                                                                         | <b>AMK</b> <b>AZT</b> <b>CEFEP</b> <b>CEFTAVI</b> <b>CEFTAZ</b> <b>CEFTOTAZ</b> <b>CIPRO/LEVO</b><br>S IRN            S IRN            S IRN            S IRN            S IRN            S IRN            S IRN<br><br><b>COL/PB</b> <b>DORI/IMI/MERO</b> <b>GENT</b> <b>PIPTAZ</b> <b>TOBRA</b><br>S IRN            S IRN            S IRN            S IRN            S IRN                                                                                                                                                                                                                                                                                                                                                                                |

|                   |                                                        |                          |                         |                            |                          |                        |                   |                   |                   |                   |  |
|-------------------|--------------------------------------------------------|--------------------------|-------------------------|----------------------------|--------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|--|
|                   |                                                        |                          |                         |                            |                          |                        |                   |                   |                   |                   |  |
| <b>Pathogen #</b> | Fungal Organisms                                       |                          |                         |                            |                          |                        |                   |                   |                   |                   |  |
|                   | <i>Candida</i> (specify species if available)<br>_____ | <b>ANID</b><br>S I R N   | <b>CASPO</b><br>S I R N | <b>FLUCO</b><br>S S-DD R N | <b>MICA</b><br>S I R N   | <b>VORI</b><br>S I R N |                   |                   |                   |                   |  |
| <b>Pathogen #</b> | Other Organisms                                        |                          |                         |                            |                          |                        |                   |                   |                   |                   |  |
|                   | Organism 1 (specify)<br>_____                          | <b>Drug 1</b><br>S I R N | <b>Drug2</b><br>S I R N | <b>Drug3</b><br>S I R N    | <b>Drug 4</b><br>S I R N | Drug 5<br>S I R N      | Drug 6<br>S I R N | Drug 7<br>S I R N | Drug 8<br>S I R N | Drug 9<br>S I R N |  |
|                   | Organism 1 (specify)<br>_____                          | <b>Drug 1</b><br>S I R N | <b>Drug2</b><br>S I R N | <b>Drug3</b><br>S I R N    | <b>Drug 4</b><br>S I R N | Drug 5<br>S I R N      | Drug 6<br>S I R N | Drug 7<br>S I R N | Drug 8<br>S I R N | Drug 9<br>S I R N |  |
|                   | Organism 1 (specify)<br>_____                          | <b>Drug 1</b><br>S I R N | <b>Drug2</b><br>S I R N | <b>Drug3</b><br>S I R N    | <b>Drug 4</b><br>S I R N | Drug 5<br>S I R N      | Drug 6<br>S I R N | Drug 7<br>S I R N | Drug 8<br>S I R N | Drug 9<br>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**

| <b>Drug Codes:</b>                   |                                   |                                      |                                     |
|--------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| 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= ceftoxitin                    | ERTA = ertapenem                  | MINO = minocycline                   |                                     |
| CEFTAZ = ceftazidime                 | FLUCO = fluconazole               | MOXI = moxifloxacin                  |                                     |



## Ventilator-Associated Event (VAE)

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### Custom Fields

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### Comments