



## Pediatric Ventilator-Associated Event (PedVAE)

Page 1 of 4

\*required for saving \*\*required for completion

Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
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:		
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module		
*Date Admitted to Facility:	*Location:	
<b>Risk Factors</b>		
* Location of Mechanical Ventilation Initiation: _____	*Date Initiated: __/__/____	
*If NICU: Birth Weight (grams): _____	*Gestational Age (weeks): _____	
<b>Event Details</b>		
*Specify Criteria Used:		
<input type="checkbox"/> Daily min FiO <sub>2</sub> increase ≥ 0.25 (25 points) for ≥ 2 days <sup>†</sup> <b>OR</b> <input type="checkbox"/> Daily min Mean Airway Pressure (MAP) ≥ 4 cm H <sub>2</sub> O for ≥ 2 days <sup>†</sup> <sup>†</sup> after 2+ days of stable or decreasing daily minimum values.		
Clinical event associated with the PedVAE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, check all that apply:		
<input type="checkbox"/> Ventilator-associated Pneumonia	<input type="checkbox"/> Sepsis or Septic Shock	
<input type="checkbox"/> Atelectasis	<input type="checkbox"/> Neonatal Respiratory Distress Syndrome (RDS)	
<input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS)	<input type="checkbox"/> Bronchopulmonary Dysplasia/Chronic Lung Disease	
<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Reopened Patent Ductus Arteriosus (PDA)	
<input type="checkbox"/> Pulmonary Edema	<input type="checkbox"/> Weaning from mechanical ventilation or other change in mechanical ventilation approach <u>without</u> clinical worsening	
<input type="checkbox"/> Pulmonary Hemorrhage	<input type="checkbox"/> Other (specify) _____	
Antimicrobial agent(s) administered?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify pathogen on pages 2-3		
If Yes, which specimen type? (check all that apply)		
<input type="checkbox"/> Lower Respiratory <input type="checkbox"/> Upper Respiratory <input type="checkbox"/> Lung Tissue <input type="checkbox"/> Pleural Fluid		
<input type="checkbox"/> Urine for <i>Legionella</i> or <i>Streptococcus pneumoniae</i> antigen testing		
Pathogen identified from BLOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
**Died: Yes No	PedVAE contributed to death: Yes No	Discharge Date:
*COVID-19: Yes No		



Form Approved

OMB No.

Exp. Date:

[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).  
CDC 57.113 (Front), R1, v9.2

## Pediatric Ventilator-Associated Event (PedVAE)

Pathogen #	Gram-positive Organisms																																
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Pathogen #	Gram-Negative Organisms (continued)									
	<i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFEP SIR N	CEFTAVI SRN	CEFTAZ SIR N	CEFTOTAZ SIR N	CIPRO/LEVO SIR N		
		COL/PB SIR N	DORI/IMI/MERO SIR N	GENT SIR N	PIPTAZ SIR N	TOBRA SIR N				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID SIR N	CASPO SIR N	FLUCO S S-DDR N	MICA SIR N	VORI SIR N				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIR N	Drug2 SIR N	Drug3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
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	Organism 1 (specify) _____	Drug 1 SIR N	Drug2 SIR N	Drug3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N

### Result Codes

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent  
N = Not tested**

<sup>§</sup> **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

<sup>†</sup> **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 = cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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Page 4 of 4

### Custom Fields

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

### Comments