

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 <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module			
*Date Admitted to Facility:		*Location:	
* Location of Mechanical Ventilation Initiation: _____		*Date Initiated: __/__/____ APRV: Yes No	
Event Details			
*Specific Event: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> PVAP			
*Specify Criteria Used:			
<u>STEP 1: VAC (≥1 REQUIRED)</u>			
<input type="checkbox"/> Daily min FiO ₂ increase ≥ 0.20 (20 points) for ≥ 2 days [†] OR <input type="checkbox"/> Daily min PEEP increase ≥ 3 cm H ₂ O for ≥ 2 days [†] [†] after 2+ days of stable or decreasing daily minimum values.			
<u>STEP 2: IVAC</u>			
<input type="checkbox"/> Temperature > 38°C or < 36° OR <input type="checkbox"/> White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm ³ AND <input type="checkbox"/> A new antimicrobial agent(s) is started, and is continued for ≥ 4 days			
<u>STEP 3: PVAP</u>			
<input type="checkbox"/> Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds as outlined in protocol, [‡] <u>without</u> requirement for purulent respiratory secretions:			
<input type="checkbox"/> Endotracheal aspirate		<input type="checkbox"/> Lung tissue	
<input type="checkbox"/> Bronchoalveolar lavage		<input type="checkbox"/> Protected specimen brush	
OR			
<input type="checkbox"/> Criterion #2: Purulent respiratory secretions [‡] (defined in the protocol) <u>plus</u> organism(s) identified from one of the following specimens: [‡]			
<input type="checkbox"/> Sputum		<input type="checkbox"/> Lung tissue	
<input type="checkbox"/> Endotracheal aspirate		<input type="checkbox"/> Protected specimen brush	
<input type="checkbox"/> Bronchoalveolar lavage			
OR			
<input type="checkbox"/> Criterion #3: One of the following positive tests (as outlined in the protocol): [‡]			
<input type="checkbox"/> Organism(s) identified from pleural fluid		<input type="checkbox"/> Diagnostic test for <i>Legionella</i> species	
<input type="checkbox"/> Lung histopathology		<input type="checkbox"/> Diagnostic test for selected viral pathogens	
[‡] collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO ₂ or PEEP.			
*Secondary Bloodstream Infection: Yes No		*COVID-19: Yes No	
**Died: Yes No		VAE Contributed to Death: Yes No	
Discharge Date:		*Pathogens Identified: Yes No *If Yes, specify on pages 2-3	
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small>			



Form Approved
OMB No.
Exp. Date:
www.cdc.gov/nhsn

CDC 57.112 (Front), Rev 6 v8.8

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

Pathogen #	Fungal Organisms	ANID SIRN	CASPO SIRN	FLUCO SS-DDRN	MICA SIRN	VORI SIRN				
	<i>Candida</i> (specify species if available) _____									
Pathogen #	Other Organisms	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____									
	Organism 1 (specify) _____									
	Organism 1 (specify) _____									

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent

N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= ceftazolin	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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Comments