

## Pediatric Ventilator-Associated Event (PedVAE)

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

Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
Gender: F M Other	*Date of Birth:	
Sex at Birth: F M Unknown	Gender Identity (Specify): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown	
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond	
Language: (Specify)	Interpreter needed: Yes No Declined to Respond Unknown	
*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?		

Yes  No If Yes, select up to 3 antimicrobial agents:

Drug1: \_\_\_\_\_; Drug1 start date: \_\_ / \_\_ / \_\_\_\_

Drug2: \_\_\_\_\_; Drug2 start date: \_\_ / \_\_ / \_\_\_\_

Drug3: \_\_\_\_\_; Drug3 start date: \_\_ / \_\_ / \_\_\_\_

Pathogen identified from one or more of the listed specimens?  Yes  No If Yes, specify pathogen on pages 2-3  
If Yes, which specimen type? (check all that apply)

Lower Respiratory  Upper Respiratory  Lung Tissue  Pleural Fluid

Urine for *Legionella* or *Streptococcus pneumoniae* antigen testing

Pathogen identified from BLOOD?  Yes  No

**Died: Yes No	PedVAE contributed to death: Yes No	Discharge Date:
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\*COVID-19: Yes No

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 34 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.113 (Front), R1, v9.2

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

Pathogen #	Gram-Negative Organisms (continued)									
	<i>Pseudomonas 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									
	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO SIRN	FLUCO SS-DDRN	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

### 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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### Custom Fields

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