Form Approved
OMB No. 0920-0666
Exp. Date:12/31/2027
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Ventilator-Associated Event (VAE)

*required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Sex: F M	*Date of Birth:
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: 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: ☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module ☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility:	*Location:
* Location of Mechanical Ventilation Initiation: _____	*Date Initiated: __ /__ /_____ APRV: Yes No

Event Details

*Specific Event: ☐ VAC ☐ IVAC ☐ PVAP

*Specify Criteria Used:

STEP 1: VAC (≥1 REQUIRED)

☐ Daily min FiO_2 increase ≥ 0.20 (20 points) for ≥ 2 days† **OR** ☐ Daily min PEEP increase ≥ 3 cm H_2O for ≥ 2 days†

†*after 2+ days of stable or decreasing daily minimum values.*

STEP 2: IVAC

☐ Temperature > 38°C or < 36° **OR** ☐ White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm^3

AND

☐ A new antimicrobial agent(s) is started, and is continued for ≥ 4 days

STEP 3: PVAP

☐ Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds as outlined in protocol,‡ without requirement for purulent respiratory secretions:

☐ Endotracheal aspirate ☐ Lung tissue
☐ Bronchoalveolar lavage ☐ Protected specimen brush

OR

☐ Criterion #2: Purulent respiratory secretions‡ (defined in the protocol) plus organism(s) identified from one of the following specimens:‡

☐ Sputum ☐ Lung tissue
☐ Endotracheal aspirate ☐ Protected specimen brush
☐ Bronchoalveolar lavage

OR

☐ Criterion #3: One of the following positive tests (as outlined in the protocol):‡

☐ Organism(s) identified from ☐ Diagnostic test for *Legionella* species

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pleural fluid

□ Lung histopathology □ 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

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

		COL/PB S I R N **DORI/IMI/MERO** S I R N **GENT** S I R N **PIPTAZ** S I R N **TOBRA** S I R N
Pathogen #	Fungal Organisms	
	Candida (specify species if available) ______________	**ANID** S I R N **CASPO** S I R N **FLUCO** S S-DD R N **MICA** S I R N **VORI** S I R N
Pathogen #	Other Organisms	
	Organism 1 (specify) ______________	**Drug 1** S I R N **Drug2** S I R N **Drug3** S I R N **Drug 4** S I R N Drug 5 S I R N Drug 6 S I R N Drug 7 S I R N Drug 8 S I R N Drug 9 S I R N
	Organism 1 (specify) ______________	**Drug 1** S I R N **Drug2** S I R N **Drug3** S I R N **Drug 4** S I R N Drug 5 S I R N Drug 6 S I R N Drug 7 S I R N Drug 8 S I R N Drug 9 S I R N
	Organism 1 (specify) ______________	**Drug 1** S I R N **Drug2** S I R N **Drug3** S I R N **Drug 4** S I R N Drug 5 S I R N Drug 6 S I R N Drug 7 S I R N Drug 8 S I R N Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent
N = Not tested
§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic
† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

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

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Custom Fields

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