

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:	
*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:			
<u>STEP 1: VAC (≥1 REQUIRED)</u>			
☐ Daily min FiO ₂ increase ≥ 0.20 (20 points) for ≥ 2 days [†] OR ☐ 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>			
☐ 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			
<u>STEP 3: PVAP</u>			
☐ 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: ☐ Endotracheal aspirate ☐ Bronchoalveolar lavage ☐ Lung tissue ☐ Protected specimen brush			
OR			
☐ Criterion #2: Purulent respiratory secretions [‡] (defined in the protocol) <u>plus</u> organism(s) identified from one of the following specimens: [‡] ☐ Sputum ☐ Endotracheal aspirate ☐ Bronchoalveolar lavage ☐ Lung tissue ☐ Protected specimen brush			
OR			
☐ Criterion #3: One of the following positive tests (as outlined in the protocol): [‡] ☐ Organism(s) identified from ☐ Diagnostic test for <i>Legionella</i> species			

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 FiO₂ or PEEP.

*Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
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**Died: Yes No	VAE Contributed to Death: Yes No
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Discharge Date:	*Pathogens Identified: Yes No	*If Yes, specify on pages 2-3
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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 32 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 57.112 (Front), Rev 6 v8.8

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

§ 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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Custom Fields

Label		Label	
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Comments