

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:	
*Sex: F M	*Date of Birth:		
Ethnicity: (Specify) 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: ☐ 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:		
Risk Factors			
* Location of Mechanical Ventilation Initiation: _____		*Date Initiated: __/__/____	
*If NICU: Birth Weight (grams): _____		*Gestational Age (weeks): _____	
Event Details			
*Specify Criteria Used: ☐ Daily min FiO ₂ increase ≥ 0.25 (25 points) for ≥ 2 days [†] OR ☐ Daily min Mean Airway Pressure (MAP) ≥ 4 cm H ₂ O for ≥ 2 days [†] [†] after 2+ days of stable or decreasing daily minimum values.			
Clinical event associated with the PedVAE? ☐ Yes ☐ No ☐ Unknown If Yes, check all that apply:			
☐ Ventilator-associated Pneumonia	☐ Sepsis or Septic Shock		
☐ Atelectasis	☐ Neonatal Respiratory Distress Syndrome (RDS)		
☐ Acute Respiratory Distress Syndrome (ARDS)	☐ Bronchopulmonary Dysplasia/Chronic Lung Disease		
☐ Pulmonary Hypertension	☐ Reopened Patent Ductus Arteriosus (PDA)		
☐ Pulmonary Edema	☐ Weaning from mechanical ventilation or other change in mechanical ventilation approach <u>without</u> clinical worsening		
☐ Pulmonary Hemorrhage	☐ 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:

*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				
	<table border="0"> <tr> <td><i>Staphylococcus coagulase-negative</i> (specify species if available):</td> <td> CEFOX/OX SRN VANC SIRN </td> </tr> </table>	<i>Staphylococcus coagulase-negative</i> (specify species if available):	CEFOX/OX SRN VANC SIRN		
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Pathogen #	Gram-Negative Organisms (continued)									
	<i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFEP SIR N	CEFTAVI SR N	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 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
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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 = ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields			
Label		Label	
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Comments			