**Ventilator-Associated Events (VAE) Antimicrobial Worksheet**

Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Mechanical Ventilation (MV) Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VAE Day | --(-4) | --(-3) | Baseline(-2) | Baseline(-1) | **Event Date:****VAE Day 1** | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  |
| Date (mm/dd) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MV Day (1, 2, 3, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| List antimicrobials:  | New? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Total consec-utive QADs:** |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Qualifying Antimicrobial Days (QADs)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Are there at least 4 consecutive QADs, starting in the VAE Window Period?**

[ ] Yes🡪meets IVAC, evaluate for PVAP

[ ]  No🡪does not meet IVAC, report as VAC