

Ventilator-Associated Event (VAE)

Page 1 of 4

*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: <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 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: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> PVAP *Specify Criteria Used: <div style="text-align: center;"><u>STEP 1: VAC (≥1 REQUIRED)</u></div> <input type="checkbox"/> Daily min FiO ₂ increase ≥ 0.20 (20 points) for ≥ 2 days [†] OR <input type="checkbox"/> Daily min PEEP increase ≥ 3 cm H ₂ O for ≥ 2 days [†] [†] after 2+ days of stable or decreasing daily minimum values. <div style="text-align: center;"><u>STEP 2: IVAC</u></div> <input type="checkbox"/> Temperature > 38°C or < 36° OR <input type="checkbox"/> White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm ³ AND <input type="checkbox"/> A new antimicrobial agent(s) is started, and is continued for ≥ 4 days <div style="text-align: center;"><u>STEP 3: PVAP</u></div> <input type="checkbox"/> 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: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> Bronchoalveolar lavage </div> <div> <input type="checkbox"/> Lung tissue <input type="checkbox"/> Protected specimen brush </div> </div> OR <input type="checkbox"/> Criterion #2: Purulent respiratory secretions [‡] (defined in the protocol) <u>plus</u> organism(s) identified from one of the following specimens: [‡] <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> Bronchoalveolar lavage </div> <div> <input type="checkbox"/> Lung tissue <input type="checkbox"/> Protected specimen brush </div> </div> OR <input type="checkbox"/> Criterion #3: One of the following positive tests (as outlined in the protocol): [‡]			

- | | |
|--|--|
| <input type="checkbox"/> Organism(s) identified from pleural fluid | <input type="checkbox"/> Diagnostic test for <i>Legionella</i> species |
| <input type="checkbox"/> Lung histopathology | <input type="checkbox"/> 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	
**Died: Yes No		VAE Contributed to Death: Yes No	
Discharge Date:		*Pathogens Identified: Yes No *If Yes, specify on pages 2-3	

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

Pathogen #	Fungal Organisms										
	<i>Candida</i> (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= ceftazidime	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	

Ventilator-Associated Event (VAE)

Page 4 of 4

Custom Fields

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

Comments