

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:
*Gender: F M Other		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
*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:			
<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:	
Risk Factors			
* Location of Mechanical Ventilation Initiation: _____		*Date Initiated: __/__/____	
*If NICU: Birth Weight (grams): _____		*Gestational Age (weeks): _____	
Event Details			
*Specify Criteria Used:			
<input type="checkbox"/> Daily min FiO ₂ increase ≥ 0.25 (25 points) for ≥ 2 days [†] OR <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, check all that apply:			
<input type="checkbox"/> Ventilator-associated Pneumonia <input type="checkbox"/> Atelectasis <input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS) <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> Pulmonary Hemorrhage		<input type="checkbox"/> Sepsis or Septic Shock <input type="checkbox"/> Neonatal Respiratory Distress Syndrome (RDS) <input type="checkbox"/> Bronchopulmonary Dysplasia/Chronic Lung Disease <input type="checkbox"/> Reopened Patent Ductus Arteriosus (PDA) <input type="checkbox"/> Weaning from mechanical ventilation or other change in mechanical ventilation approach <u>without</u> clinical worsening <input type="checkbox"/> Other (specify) _____	
Antimicrobial agent(s) administered?			
<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify pathogen on pages 2-3			
If Yes, which specimen type? (check all that apply)			
<input type="checkbox"/> Lower Respiratory <input type="checkbox"/> Upper Respiratory <input type="checkbox"/> Lung Tissue <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Urine for <i>Legionella</i> or <i>Streptococcus pneumoniae</i> antigen testing			
Pathogen identified from BLOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
**Died: Yes No		PedVAE contributed to death: Yes No	
Discharge Date:			
COVID-19: Yes No			
If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected			
<small>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 25 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.113 (Front), R1, v9.2</small>			

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

	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFTAZ S I R N	CEFEP S I R N	CEFTAVI S 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									
	<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 = ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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