



Instructions for Completion of Ventilator-Associated Event Form

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity Hispanic or Latino	Optional. If patient is Hispanic or Latino, check this box.
Not Hispanic or Not Latino	If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event Type	Required. VAE.
Date of Event	Required. The date of onset of worsening oxygenation (i.e., day 1 of the ≥ 2 -day period of worsening oxygenation, according to the VAE PEEP or FiO ₂ criterion). Enter date using this format: MM/DD/YYYY.
Post-procedure VAE	Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility; otherwise, check N.
Date of Procedure	Conditionally required. If Post-procedure VAE = Y, then enter the date the procedure was done.
NHSN Procedure Code	Conditionally required. Answer this question only if this patient developed the VAE during the same admission as an operative procedure. Enter the appropriate NHSN procedure code. NOTE: A VAE cannot be "linked" to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the "Link to Procedure" button is clicked, the fields pertaining to the operation will be auto-entered by the computer.
ICD-9-CM Procedure Code	Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the



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	ICD-9-CM code. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection Event Chapter (Chapter 9 of NHSN Manual: Patient Safety Component Protocol) are allowed.
MDRO Infection Surveillance	Required. Check Y if the event is a Possible or Probable VAP <u>AND</u> if one of the following pathogens is reported <u>AND</u> if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR- <i>Klebsiella</i> , CRE- <i>E. coli</i> , CRE- <i>Klebsiella</i> , MDR- <i>Acinetobacter</i> . If the pathogen for Possible or Probable VAP happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, check N for this question. Check N if the VAE specific event is VAC or IVAC, since pathogens cannot be reported for these events.
Date Admitted to Facility	Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. An NHSN Inpatient is defined as a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days. When determining a patient's admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such days, including any days spent in an inpatient location as an "observation" patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location.
Location	Required. Enter the inpatient location to which the patient was assigned when the VAE was identified (i.e., day 1 of the ≥ 2 -day period of worsening oxygenation). If the VAE develops in a patient within 2 days of transfer from a location (where the day of transfer is day 1), indicate the transferring location, not the current location of the patient.
Risk Factors: Location of Intubation or Mechanical Ventilation Initiation	Required. Enter the location in which the current episode of mechanical ventilation was initiated (the episode associated with the VAE). Location of intubation or location of mechanical ventilation initiation for patients with a tracheostomy. If this episode of mechanical ventilation was initiated in another facility or by mobile emergency services, enter the code you have mapped to "Location Outside Facility" (see Chapter 15, page 42) or Mobile Emergency Services/EMS (Chapter 15, page 30) as appropriate. An episode of mechanical ventilation is defined by the number of consecutive days during which the patient was mechanically ventilated. A period of at least 1calendar day off the ventilator, followed by reintubation or re-initiation of mechanical ventilation, defines a new episode of mechanical ventilation.



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Risk Factors: Date Initiated	Required. Enter the date that the current episode of mechanical ventilation was initiated (the episode associated with the VAE). Use this format: MM/DD/YYYY. An episode of mechanical ventilation is defined by the number of consecutive days during which the patient was mechanically ventilated. A period of at least 1 calendar day off the ventilator, followed by reintubation, defines a new episode of mechanical ventilation.
Risk Factors: APRV	Required. Check Yes if this event occurred in a patient on Airway Pressure Release Ventilation (APRV) or a related mode of mechanical ventilation (e.g., BiLevel, Bi Vent, BiPhasic, PCV+, DuoPAP) at the time of VAE onset; otherwise, check No. NOTE: VAEs in patients on APRV should be detected and reported using the FiO ₂ criterion; the PEEP criterion is not applicable to patients on APRV.
Event Details: VAE Specific Event	Required. Check one: Ventilator-Associated Condition (VAC), Infection-related Ventilator-Associated Complication (IVAC), Possible Ventilator-Associated Pneumonia (Possible VAP), Probable Ventilator-Associated Pneumonia (Probable VAP).
Event Details: Specify Criteria Used	Required. Check each of the elements that were used to identify this VAE.
Event Details: Secondary Bloodstream Infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related Possible or Probable VAP, otherwise check N. Note that secondary BSI must be checked N if the event is a VAC or IVAC.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: VAE Contributed to Death	Conditionally required. If the patient died, check Y if the VAE contributed to death, otherwise check N.
Event Details: Discharge Date	Optional. Date patient discharged from facility.
Event Details: Pathogen Identified	<p>Required. This field will be auto entered by the computer as N for VAC and IVAC (for which pathogens cannot be reported). Specify pathogens on reverse form.</p> <p><u>For specified Gram-positive, organisms, Gram-negative organisms, or other organisms, Pathogen #:</u></p> <p>Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If the species is not given on the lab report or is not found on the NHSN drop down list, then select the “spp” choice for the genus (e.g., <i>Bacillus cohnii</i> would be reported as <i>Bacillus</i> spp.).</p>



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	<p><u>Antimicrobial agent and susceptibility results:</u></p> <p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, enter a susceptibility result for at least one antimicrobial agent, even if that result is “Not Tested”. <p>Circle the pathogen’s susceptibility result using the codes on the event forms.</p> <p>Additional antimicrobial agents and susceptibility results may be reported for up to a total of 20 agents.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.</p> <p>NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	Optional. Enter any information on the event.

