Instructions for Completion of Pediatric Ventilator-Associated Event (PedVAE) Form

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-checked by the computer.
Event #	Event ID number will be auto-checked by the computer.
Patient ID #	Required. Check 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. Check the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Check the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Check 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	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
Event Type	Required. PedVAE.
Date of Event	Required. The date of onset of worsening oxygenation (specifically day 1 of the ≥ 2-day period of worsening oxygenation, according to the PedVAE Mean Airway Pressure or FiO_2 criterion). Check date using this format: MM/DD/YYYY.
Post-procedure PedVAE	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 PedVAE = Y, then check the date the procedure was done.
NHSN Procedure Code	Conditionally required. Answer this question only if this patient developed the PedVAE during the same admission as an operative procedure. Check the appropriate NHSN procedure code. NOTE: A PedVAE 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-checked by the computer.

Data Field	Instructions for Data Collection
ICD-10-PCS or CPT Code	Optional. The ICD-10-PCS or CPT code may be checked here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is checked, the NHSN code will be auto-checked by the computer. If the NHSN code is checked first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. Only those ICD-10-PCS or CPT codes identified in the excel documents in the SSI section of the NHSN website in the "Supporting Materials' section are allowed.
MDRO Infection Surveillance	Required. Check Yes if pathogen = Y AND if one of the following pathogens is reported AND 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-*Klebsiella*, CRE (*E. coli, Klebsiella pneumoniae, Klebsiella oxytoca, Klebsiella aerogenes* or *Enterobacter*), MDR-*Acinetobacter,* or *C. difficile*. If the pathogen 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 No for this question. Check No if pathogen = N or U
Date Admitted to Facility	Required. Check date patient admitted to an inpatient location using this format: MM/DD/YYYY. • 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. • When reporting a PedVAE which occurs on the day of or day after discharge use the previous date of admission as admission date.
Location	Required. Check the inpatient location to which the patient was assigned on the date of the PedVAE (specifically day 1 of the ≥ 2-day period of worsening oxygenation). If the date of the PedVAE occurs on the day of transfer/discharge or the next day, indicate the transferring /discharging location, not the current location of the patient, in accordance with the Transfer Rule.

Data Field	Instructions for Data Collection
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 PedVAE). This is the 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, check the code you have mapped to "Location Outside Facility" or Mobile Emergency Services/EMS (see Chapter 15) 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 1 calendar day off the ventilator, followed by re-intubation or re-initiation of mechanical ventilation, defines a new episode of mechanical ventilation.
Risk Factors: Date Initiated	Required. Enter the date that the current episode of mechanical ventilation was initiated (the episode associated with the PedVAE). Use this format: MM/DD/YYYY. The date admitted to the facility and the date of mechanical ventilation initiation are not one in the same. The actual date of mechanical ventilation (or an estimate when actual date is not available) is to be used. Note, the date of mechanical ventilation initiation may have occurred prior to the date admitted to the facility. Only when the actual date of mechanical ventilation is not provided **and** the ability to estimate the initiation date is not feasible should the date of admission be used. 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 re-intubation, defines a new episode of mechanical ventilation.
If NICU Birth weight Gestational age	 Required: Enter patient's weight in grams at the time of birth, not the weight on the date of event. (Birthweight range: 251 Grams to 7000 Grams) Required: Enter patient's gestational age in weeks at the time of birth. (Gest Age Range: > 20 to < 45 weeks)
Event Details: Specify Criteria Used	Required. Check the element that was used to identify this PedVAE.
Event Details: Clinical Event Associated with the PedVAE	Optional. Check Y if PedVAE is associated with any clinical diagnoses or events. Otherwise check No or Unknown If Yes check all that apply: • Ventilator-associated Pneumonia • Atelectasis • Acute Respiratory Distress Syndrome

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	• Pulmonary Hypertension • Pulmonary Edema • Pulmonary Hemorrhage • Sepsis or Septic Shock • Neonatal Respiratory Distress Syndrome (RDS) • Bronchopulmonary Dysplasia (BPD)/Chronic Lung Disease (CLD) • Reopened Patent ductus Arteriosus (PDA) • Weaning from mechanical ventilation or other change in mechanical ventilation approach without clinical worsening • Other (specify) _____
Event Details: Antimicrobial Agent Administered Drug	Optional. Check Y if antimicrobial agent(s) listed in the Appendix was administered on the event date or within the 2 days before or 2 days after the event date. Otherwise check N If antimicrobial agent(s) administered = Y Record Drug (up to 3) and enter administration start date. Administration start date is limited to 1 year prior to current admission date.
Event Details: Pathogen identified	Optional. Check Y if any pathogen was detected by culture or non-culture-based microbiological testing of upper or lower respiratory specimens and *Legionella* or *Streptococcus pneumoniae* detected by urine antigen testing on the date of event or within the 2 days before or 2 days after the event otherwise check N Specify pathogens on reverse form.
Event Details: Source of Pathogen Identified	Optional. If pathogen identified = Y select all specimen sources that apply: Lower Respiratory (for example, sputum, tracheal aspirate, bronchial washing, bronchoalveolar lavage) , Upper Respiratory (for example, nasopharyngeal wash or swab), Lung Tissue, Pleural Fluid, Urine for *Legionella* or *Streptococcus pneumoniae* antigen testing otherwise check N
Event Details: Pathogen identified in Blood	Optional. Check Y if pathogen was identified from blood with a specimen collection date within 2 days before the event date to 13 days after the event date otherwise check N. Specify pathogens on reverse form.
Event Details: Died	Required. Check Y if patient died during the hospitalization otherwise check N.
Event Details: PedVAE Contributed to Death	Conditionally required. If the patient died, check Y if such evidence is available (e.g., death/discharge note, autopsy report, etc.) otherwise check N
Event Details: Discharge Date	Optional. Date patient discharged from facility.

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COVID – 19	Optional. Check Y if the patient met the definition of suspected or confirmed COVID-19 on the date of event, otherwise check N. If Y select Suspected or Confirmed. Confirmed: A patient with a positive COVID-19 (SARS CoV-2) laboratory viral test indicating current infection (Note this does not include serology testing for antibody.) Suspected: A patient without COVID-19 (SARS CoV-2) laboratory viral test indicating current infection (note, this does not include serology testing for antibody) who in accordance with CDC's Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19), has signs and symptoms compatible with COVID-19. Most patients with confirmed COVID-19 have fever and/or symptoms of acute respiratory illness (cough, shortness of breath, difficulty breathing) but some people may present with other symptoms such as chills, repeated shaking with chills, muscle pain, new loss of taste or smell, headache or sore throat.
Pathogen # For specified Gram-positive organisms, Gram-negative organisms, or other organisms	Up to three pathogens may be reported. If multiple pathogens are identified, check 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 blood pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN drop down list, then select the genus (for example *Bacillus natto* would be reported as *Bacillus*).
Antimicrobial agent and susceptibility results	Optional. If Pathogen Identified = Y. • 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, the entry of susceptibility results is optional. Circle the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.

Data Field	Instructions for Data Collection
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYY), numeric, or alphanumeric. **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.
Comments	Optional. Check any information on the event.