

Ventilator-Associated Event (VAE)

****required for completion**

*Medical Record No (MRN):	National ID/IQAMA #:	
Patient Name (4 names)	Client ID:	
*Gender: F M	Age:	Nationality (Specify):
*Event Type: VAE	*Date of Event:	
Post-procedure VAE: Yes No	Date of Procedure:	
*Date Admitted to Facility:	*Location:	
*Location of Mechanical Ventilation Initiation: _____	*Date Initiated: __/__/_____	*APRV: Yes No (Airway Pressure Release Ventilation)
Event Details		
*Specific Event: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> Possible VAP		
*Specify Criteria Used:		
<u>STEP 1: Ventilator Associated Condition (VAC)</u>		
After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation:		
<input type="checkbox"/> Increase in daily minimum* FiO2 of ≥ 0.20 (20 points) over the daily minimum FiO2 of the first day in the baseline period, sustained for ≥ 2 calendar days.	OR	<input type="checkbox"/> Increase in daily minimum* PEEP values of ≥ 3 cmH2O over the daily minimum PEEP of the first day in the baseline period† sustained for ≥ 2 calendar days.
<small>*Daily minimum defined by lowest value of FiO2 or PEEP during a calendar day that is maintained for > 1 hour. *Daily minimum PEEP values of 0-5 cmH2O are considered equivalent for the purposes of VAE surveillance.</small>		
<u>STEP 2: Infection- related Ventilator Associated Complication (IVAC)</u>		
On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation (infection window period), the patient meets both of the following:		
<input type="checkbox"/> Temperature > 38°C or < 36° OR <input type="checkbox"/> White blood cell count $\geq 12,000$ or $\leq 4,000$ cells/mm ³		
AND		
<input type="checkbox"/> A new antimicrobial agent(s) is started, and is continued for ≥ 4 qualifying antimicrobial days (QAD).		
<u>STEP 3: Possible Ventilator Associated Pneumonia (PVAP)</u>		
On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation, ONE of the following criteria is met (taking into account organism exclusions specified in the protocol):		
<input type="checkbox"/> Criteria 1: Positive culture of one of the following specimens, meeting quantitative or semi quantitative thresholds* as outlined in protocol, without requirement for purulent respiratory secretions:	<input type="checkbox"/> Criteria 3 One of the following positive tests:	
a. Endotracheal aspirate, $\geq 10^5$ CFU/ml or corresponding semi-quantitative result	a. *Organism identified from pleural fluid (where specimen was obtained during thoracentesis or initial placement of chest tube and NOT from an indwelling chest tube)	
b. Bronchoalveolar lavage, $\geq 10^4$ CFU/ml or corresponding semi-quantitative result	b. Lung histopathology, defined as:	
c. Lung tissue, $\geq 10^4$ CFU/g or corresponding semi-quantitative result	1) abscess formation or foci of consolidation with intense neutrophil accumulation in bronchioles and alveoli;	
d. Protected specimen brush, $\geq 10^3$ CFU/ml or corresponding semi-quantitative result	2) evidence of lung parenchyma invasion by fungi (hyphae, pseudohyphae or yeast forms);	
	3) evidence of infection with the viral pathogens listed below based on results of immunohistochemical assays, cytology, or microscopy performed on lung tissue	
	c. Diagnostic test for Legionella species	
	d. Diagnostic test on respiratory secretions for influenza virus, respiratory syncytial virus, adenovirus, parainfluenza virus, rhinovirus, human metapneumovirus, coronavirus	
<input type="checkbox"/> Criteria 2 Purulent respiratory secretions (defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field [lpf, x100]) * PLUS organism identified from one of the following specimens (to include qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1):		
a. Sputum b. Endotracheal aspirate c. Bronchoalveolar lavage d. Lung tissue e. Protected specimen brush		
<small>* If the laboratory reports semi-quantitative results, those results must correspond to the quantitative thresholds. * If organism identified, specify the name: _____</small>		
*Secondary Bloodstream Infection: Yes No		
**Died: Yes No VAE Contributed to Death: Yes No		
Discharge Date: *Pathogens Identified: Yes No *If Yes, specify name of Organism: _____		

ORGANISM AND SENSITIVITY

Patient's Name:		MRN:		Unit/Ward:	
Age:	Gender: M/F	Date/Time of Specimen Collection:		Date /Time of Record:	
Type of Specimen: <input type="checkbox"/> Sputum <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> blood <input type="checkbox"/> Urine <input type="checkbox"/> BAL <input type="checkbox"/> Body tissue <input type="checkbox"/> Wound swab <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Body fluids <input type="checkbox"/> Others <input type="checkbox"/> Stool					
Name of Organism/s:					
ANTIMICROBIAL SENSITIVITY:					
For Gram Positive Organism		For Gram Negative organism		For Fungus Organism	
For Mycobacterial Organism					
1. Ciprofloxacin	1. Amikacin	16. Colistin	1. Amifulafungin	1. Ciprofloxacin	
2. Levofloxacin	2. Ampicillin	17. Polymycin B	2. Caspofungin	2. Isoniazid	
3. Moxifloxacin	3. Ampicillin sulbactam	18. Ertapenem	3. Fluconazole	3. Rifampicin	
4. Clindamycin	4. Aztreonam	19. Gentamicin	4. Flucytosine	4. Ethambutol	
5. Daptomycin	5. Amoxiclav	20. Imipenem	5. Itraconazole	5. Pyrazinamide	
6. Doxycycline	6. Cefazolin	21. Meropenem	6. Micafungin	6. Clarithromycin	
7. Minocycline	7. Cefepime	22. Doripenem	7. Variconazole	7. Capreomycin	
8. Erythromycin	8. Cefotaxime	23. Piperacillin/Tazobactam		8. Cycloserine	
9. Gentamicin	9. Cefuroxime	24. Tetracycline		9. Kanamycin	
10. Linezolid	10. Ceftriaxone	25. Doxycycline		10. Amikacin	
11. Oxacillin	11. Ceftazidime	26. Minocycline		11. Streptomycin	
12. Cefoxitin	12. Cefoxitin	27. Tigecycline			
13. Methicillin	13. Cefotetam	28. Levofloxacin			
14. Rifampicin	14. Ciprofloxacin	29. Moxifloxacin			
15. Tetracycline	15. Trimethoprim Sulfamethoxazole	30. Tobramycin			
16. Trimethoprim Sulfamethoxazole					
17. Vancomycin					

• Write for every antibiotic according to their sensitivity: **S- Susceptible** **I- Intermediate** **R- Resistant** **NT- not tested**