

Ventilator Associated Pneumonia Form

Patient Information			
*Medical Record No (MRN):		*National ID/IQAMA:	
Patient Name (4 names)		*Gender: F <input type="checkbox"/> M <input type="checkbox"/>	
Nationality (Specify):		Age:	
Country:		Region/Health Affairs:	
Telephone No:		Additional ID:	
Mobile No:		Address type: Primary home <input type="checkbox"/> No fixed address <input type="checkbox"/> temporary address <input type="checkbox"/> postal address <input type="checkbox"/> vacation home <input type="checkbox"/>	
*Date Admitted to Facility:		*Location(Area/Unit):	
VAP (according to current CDC/NHSN Criteria's and Definition)			
Event Date (DD/MM/YYYY): _____ 1. Patient had a ventilator at the time of or removed within 2 calendar days before VAP diagnosis Yes <input type="checkbox"/> No <input type="checkbox"/> Age: <input type="checkbox"/> Age ≤1 year <input type="checkbox"/> Age 1 to ≤12 years <input type="checkbox"/> Age > 12 to <70 years <input type="checkbox"/> Age ≥ 70 years Is the patient immunocompromised? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the patient has underlying pulmonary or? cardiac disease? Yes <input type="checkbox"/> No <input type="checkbox"/> Are there 2 or more positive chest imaging test results obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there any of the following chest imaging? test results? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. There must be at least one of the following chest imaging test Results (or 2 if there is underlying disease) to continue: <input type="checkbox"/> New or progressive and persistent infiltrate: <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatocoles (in ≤1 yr.) Date of Onset of First Signs and Symptoms (DD/MM/YYYY): _____ VAP signs and symptoms: 1. Temperature <input type="checkbox"/> Fever (>38.0°C) <input type="checkbox"/> Hypothermia (<36.0°C) <input type="checkbox"/> Temperature instability 2. WBC <input type="checkbox"/> Leukopenia (≤4000 WBC/mm ³) <input type="checkbox"/> Leukocytosis (For adults, >12,000 WBC/mm ³ , children less than 12 yr. >15,000 WBC/mm ³)		VAP signs and symptoms: <input type="checkbox"/> Altered mental status (in ≥70 y.o.) with no other recognized Cause <input type="checkbox"/> New onset of purulent sputum or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements <input type="checkbox"/> Cough (For adults, new onset or worsening) <input type="checkbox"/> Apnea <input type="checkbox"/> Dyspnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> Rales or bronchial breath sounds <input type="checkbox"/> Wheezing, rales, or rhonchi <input type="checkbox"/> Heart Rate: Bradycardia (<100 beats/min) Tachycardia (>170 beats/min) <input type="checkbox"/> Nasal flaring with retraction of chest wall or nasal flaring with grunting <input type="checkbox"/> Worsening gas exchange (e.g., O ₂ desaturations (e.g., PaO ₂ /FiO ₂ <240), increased oxygen requirements, or increased ventilator demand) <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Other Clinical Features (Please specify):	
Laboratory Findings			
*Does the patient has any of the following Common Bacterial or Filamentous Fungal Pathogens Lab results <input type="checkbox"/> Organism identified from blood <input type="checkbox"/> Organism identified from pleural fluid <input type="checkbox"/> Positive quantitative culture from minimally-contaminated LRT specimen (e.g., BAL or protected specimen brushing) ≥5% BAL-obtained cells contain intracellular bacteria on direct microscopic exam (e.g., Gram's stain) Positive quantitative culture of lung tissue <input type="checkbox"/> Positive quantitative culture of lung tissue <input type="checkbox"/> Histopathologic exam shows at least one of the following evidences of pneumonia: (1) Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and alveoli, (2) Evidence of lung parenchyma invasion by fungal hyphae or Pseudohyphae		*Does the patient has any of the following Viral, Legionella, and other Bacterial Pathogens Lab results? <input type="checkbox"/> Virus, Bordetella, Legionella, Chlamydia or Mycoplasma identified from respiratory secretions or tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., Not Active Surveillance Culture/Testing (ASC/AST). <input type="checkbox"/> Fourfold rise in paired sera (IgG) for pathogen (e.g., influenza viruses, Chlamydia) <input type="checkbox"/> Fourfold rise in Legionella pneumophila serogroup 1 antibody titer to ≥1:128 in paired acute and convalescent sera by indirect IFA. <input type="checkbox"/> Detection of L. pneumophila serogroup 1 antigens in urine by RIA or EIA	

Ventilator Associated Pneumonia Form

Laboratory Findings				
<p>* If immunocompromised, Does the patient have any of the following Lab results?</p> <p><input type="checkbox"/> Identification of matching Candida spp. from blood and sputum, endotracheal aspirate, BAL or protected specimen brushing</p> <p><input type="checkbox"/> Evidence of fungi from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing) from one of the following: (1) Direct microscopic exam (2) Positive culture of fungi (3) Non-culture diagnostic laboratory test</p>				
<p>VAP Criteria that patient has:</p> <p>PNEU 1 <input type="checkbox"/></p> <p>PNEU 2 <input type="checkbox"/></p> <p>PNEU 3 <input type="checkbox"/></p>				
<p>VAP Diagnosed after a Procedure: Yes <input type="checkbox"/> No <input type="checkbox"/></p>				
Procedure Name (encircle the procedure)				
Craniotomy	Limb amputation	Gallbladder surgery	Abdominal hysterectomy	Open reduction of fracture
Cesarean section	Appendix surgery	Colon surgery	Knee prosthesis	Abdominal aortic aneurysm repair
Spinal fusion	Shunt for dialysis	Heart transplant	Kidney transplant	Bile duct, liver or pancreatic surgery
Gastric surgery	Breast surgery	Liver transplant	Neck surgery	Laminectomy
Herniorrhaphy	Cardiac surgery	Carotid endarterectomy	Hip prosthesis	
Coronary artery bypass graft with both chest and donor site incisions			Coronary artery bypass graft with chest incision only	
Procedure Date: (DD/MM/YYYY): _____			Development of Secondary BSI: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hospitalization Death: Yes <input type="checkbox"/> No <input type="checkbox"/>		Death Date: _____		VAP Contributed to Death: Yes <input type="checkbox"/> No <input type="checkbox"/>
Pathogens identified: Yes <input type="checkbox"/> No <input type="checkbox"/>		If YES, specify in the next page		

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	
2. Levofloxacin		2. Ampicillin		17. Polymycin B	
3. Moxifloxacin		3. Ampicillin sulbactam		18. Ertapenem	
4. Clindamycin		4. Aztreonam		19. Gentamicin	
5. Daptomycin		5. Amoxiclav		20. Imipenem	
6. Doxycycline		6. Cefazolin		21. Meropenem	
7. Minocycline		7. Cefepime		22. Doripenem	
8. Erythromycin		8. Cefotaxime		23. Piperacillin/Tazobactam	
9. Gentamicin		9. Cefuroxime		24. Tetracycline	
10. Linezolid		10. Ceftriaxone		25. Doxycycline	
11. Oxacillin		11. Ceftazidime		26. Minocycline	
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**