

## Instructions for Completion of Ventilator-Associated Event (VAE) Form (CDC 57.112)

| 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.  |
| Sex               | Required. Select "F-Female" or "M-Male".  |
| Date of Birth     | Required. Record the date of the patient's birth using this format: MM/DD/YYYY.   |
| Ethnicity         | Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino; otherwise select<br>Declined to respond<br>Unknown<br><br><b>NOTE:</b> Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available.  |
| Race              | Optional. Specify one or more of the choices below to identify the patient's race:<br>American Indian or Alaska Native (1002-5)<br>Asian (2028-9)<br>Black or African American (2054-5)<br>Middle Eastern or North African (2118-8)<br>Native Hawaiian or Other Pacific Islander (2076-8)<br>White (2106-3)<br>Declined to respond<br>Unknown<br><br><b>NOTE:</b> Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available. |

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| Language                         | <p>Optional. Specify the patient’s preferred language from the NHSN abridged primary language list available at <a href="https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx">https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx</a>.</p> <p>Declined to respond<br/>Unknown</p> <p><b>NOTE:</b> Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>   |
| Interpreter Needed?              | <p>Optional. Select YES if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO.</p> <p>Declined to respond<br/>Unknown</p> <p><b>NOTE:</b> Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>   |
| Event Type                       | Required. VAE.  |
| 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 VAE PEEP or FiO <sub>2</sub> 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              | <p>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.</p> <p><b>NOTE:</b> 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.</p>   |
| ICD-10-PCS or CPT Procedure Code | <p>Optional. The <a href="#">ICD-10-PCS</a> or <a href="#">CPT</a> code may be entered here instead of (or in addition to) the NHSN Procedure Code.</p> <p>If the ICD-10-PCS or CPT code is entered, the NHSN procedure 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-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The NHSN ICD-10-PCS and CPT codes are found in the “Operative Procedure Code Documents” section of the <a href="#">Surgical Site Infection (SSI) Events</a> page on the NHSN website.</p> |

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| MDRO Infection Surveillance   | <p>Required. Select Yes if the event is a PVAP <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>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, <i>Klebsiella aerogenes</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for PVAP happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, select No for this question.</p> <p>Select No if the VAE specific event is VAC or IVAC since pathogens cannot be reported for these events.</p>   |
| Date Admitted to Facility   | <p>Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Non-bedded inpatient locations such as Operating Room or Interventional Radiology are eligible inpatient locations for determining date of admission.</li> <li>• When reporting a VAE which occurs on the day of or day after discharge use the previous date of admission as admission date.</li> </ul> |
| Location  | <p>Required. Enter the inpatient location to which the patient was assigned on the date of the VAE (specifically day 1 of the <math>\geq 2</math>-day period of worsening oxygenation). If the date of the VAE 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.</p>   |
| Risk Factors: Location of Intubation or Mechanical Ventilation Initiation | <p>Required. Enter the location in which the current episode of mechanical ventilation was initiated (the episode associated with the VAE). This is the location of intubation or location of mechanical ventilation initiation for patients with a tracheostomy.</p> <p>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” or “Mobile Emergency Services/EMS” (<a href="#">see Chapter 15</a>) as appropriate.</p>  |

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|  | <p>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 or reinitiation of mechanical ventilation, defines a new episode of mechanical ventilation.</p>   |
| Risk Factors: Date Initiated                   | <p>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. The date admitted to the facility and the date of mechanical ventilation initiation are not one and the same. The actual date of mechanical ventilation initiation (or an estimate when actual date is not available) is to be used.</p> <p><b>NOTE:</b> 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 initiation is not provided <b>and</b> the ability to estimate the initiation date is not feasible should the date of admission be used.</p> <p>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 or reinitiation of mechanical ventilation, defines a new episode of mechanical ventilation.</p> |
| Risk Factors: APRV                             | <p>Optional. Check Y if this event occurred in a patient on Airway Pressure Release Ventilation (APRV) or a related mode of mechanical ventilation (for example: BiLevel, Bi Vent, BiPhasic, PCV+, DuoPAP) <u>at the time of VAE onset</u>; otherwise, check N.</p> <p><b>NOTE:</b> VAEs in patients on APRV for the entire calendar day should be detected and reported using the FiO<sub>2</sub> criterion; the PEEP criterion is not applicable to patients on APRV unless intermittently on APRV during a calendar day.</p>   |
| Event Details: VAE Specific Event              | <p>Required. Check one: Ventilator-Associated Condition (VAC), Infection-related Ventilator-Associated Complication (IVAC), Possible Ventilator-Associated Pneumonia (PVAP)</p>   |
| Event Details: Specify Criteria Used           | <p>Required. Check each of the elements that were used to identify this VAE.</p>  |
| Event Details: Secondary Bloodstream Infection | <p>Required. Check Y if there is a bloodstream infection (BSI) attributable to PVAP as outlined in the VAE surveillance protocol; otherwise, check N.</p> <p><b>NOTE:</b> Secondary BSI is auto entered as N if the event is a VAC or IVAC (for which pathogens cannot be reported).</p>  |
| COVID-19                                       | <p>Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N.</p>  |

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|   | <p>Confirmed: A patient with a positive COVID-19 (SARS-CoV-2) laboratory viral test indicating current infection (<b>NOTE:</b> this does not include serology testing for antibody).</p> <ul style="list-style-type: none"> <li>• Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status.</li> <li>• Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event is negative.</li> </ul> |
| Event Details:<br>Died  | Required. Check Y if patient died during the hospitalization; otherwise, check N.   |
| Event Details:<br>VAE Contributed to<br>Death   | Conditionally required. If the patient died, check Y if such evidence is available (for example, death/discharge note, autopsy report, etc.); otherwise, check N  |
| Event Details:<br>Discharge Date  | Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY.  |
| Event Details:<br>Pathogens Identified  | <p>Required. Enter Y if an eligible pathogen was identified.</p> <p><b>NOTE:</b> This field will be auto entered as N for VAC and IVAC (for which pathogens cannot be reported). Specify pathogens on reverse form.</p>   |
| Pathogen # for specified<br>Gram-positive organisms,<br>Gram-negative<br>organisms, or other<br>organisms | <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 secondary BSI 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, <i>Bacillus natto</i> would be reported as <i>Bacillus</i>).</p>                  |
| Antimicrobial agent and<br>susceptibility results   | <p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> <li>• For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed.</li> <li>• For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional.</li> </ul> <p>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.</p>                                     |

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| Custom Fields | Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.<br><br><b>NOTE:</b> 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. Enter any information on the event.   |