Instructions for Completion of Pediatric Ventilator-Associated Event (PedVAE) Form (CDC 57.113)

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 Declined to Respond Unknown **NOTE**: 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: American Indian or Alaska Native (1002-5) Asian (2028-9) Black or African American (2054-5) Middle Eastern or North African (2118-8) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Language	Optional. Specify the patient's preferred language from the NHSN abridged primary language list available at: https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx. Declined to respond Unknown

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	NOTE: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Interpreter Needed?	Optional. Select YES if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO. Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
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 (MAP) or FiO_2 criterion). Enter 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. Enter 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 entered by the computer.
ICD-10-PCS or CPT Code	Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code. 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 Surgical Site Infection (SSI) Events page on the NHSN website.
MDRO Infection Surveillance	Required. Select Yes if pathogen = Yes 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, select No for this question. select No if pathogen = No or Unknown.

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Date Admitted to Facility	Required. Enter 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. • Non-bedded inpatient locations such as Operating Room or Interventional Radiology are eligible inpatient locations for determining date of admission. • 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. Enter 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.
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 reintubation or reinitiation 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 and the same. The actual date of mechanical ventilation initiation (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 initiation 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

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	1 calendar day off the ventilator, followed by reintubation or reinitiation of mechanical ventilation, 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. (Birth weight range: 251 grams to 7000 grams) Required: Enter patient's gestational age in weeks at the time of birth. (Gestational age range: > 20 weeks 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 • 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	Optional. Check Y if antimicrobial agent(s) listed in the Appendix was administered on the date of event or within the 2 days before or 2 days after the date of event; 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, or *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

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	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 date of event to 13 days after the date of event; 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 (for example, death/discharge note, autopsy report, etc.); otherwise, check N.
Event Details: Discharge Date	Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY.
COVID-19	Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N. 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). • 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. • Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event is negative.
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.

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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. **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. Enter any information on the event.