2022 NHSN Pediatric Ventilator-Associated Event (PedVAE) Checklist

Pediatric Ventilator-Associated Event (PedVAE) Summary		
Criterion	**Criterion Met**	**Date of Event (DOE)**
PedVAE	☐	
Please refer to Chapter 11 Pediatric Ventilator-Associated Event (PedVAE) of the Patient Safety Manual for additional information.		

Documentation Review Checklist		
Pediatric Ventilator-Associated Event (PedVAE)		
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Element	**Element Met**	**Date**
Patient has at least ***one*** of the following:		
• Baseline period of stability* on the ventilator	☐	
• Baseline period of improvement* on the ventilator	☐	
AND immediately following a period of stability or improvement (as above), patient has at least ***one*** of the following indicators of worsening oxygenation:		
1. Increase in daily minimum FiO_2** of ≥ 0.25 (25 points) over the daily minimum FiO_2 of the first day in the baseline period, sustained for ≥ 2 calendar days	☐	
2. Increase in daily minimum MAP† values of ≥ 4 cm H_2O over the daily minimum MAP of the first day in the baseline period, sustained for ≥ 2 calendar days	☐	

Note:
*****Stability or improvement*** *on the ventilator is defined by ≥ 2 calendar days of stable or decreasing daily minimum FiO_2 or MAP values. The* ***baseline period*** *is defined as the 2 calendar days immediately preceding the first day of increased daily minimum FiO_2 or MAP.*
***Daily minimum FiO_2 is the lowest value of FiO_2 documented during a calendar day that is maintained for > 1 hour.*
†Daily minimum MAP is the lowest value documented during the calendar day. For the purposes of surveillance, in patients < 30 days old, daily minimum MAP values of 0-8 cm H_2O are considered equal to 8 cm H_2O; in patients ≥ 30 days old, daily minimum MAP values of 0-10 cm H_2O are considered equal to 10 cm H_2O.

Comments/Notes:

REPORTING INSTRUCTIONS:

- Conducting in-plan PedVAE surveillance means assessing patients for the presence of events meeting the PedVAE definition.
- If the date of event (date of onset of worsening oxygenation) is on or after the date of documentation of evidence of consent AND the patient is being supported for organ donation purposes, the event should not be reported as a PedVAE.
- Secondary BSIs are not reported or attributable to a PedVAE.
- Clinical findings associated with a PedVAE may assist in better understanding the etiology and focusing efforts to prevent PedVAEs. Should a facility choose to provide the following information, the PedVAE form includes optional data fields to report:
  - Clinical diagnoses or events that were associated with the PedVAE. Note that multiple events may be reported for a single PedVAE.
  - Antimicrobial agents listed in the Appendix (PedVAE Protocol) that are administered on the date of event or within the 2 days before or 2 days after the event. The name of the specific antimicrobial agent and the administration initiation date may also be reported.
  - Pathogens detected by culture or non-culture-based microbiological testing of upper or lower respiratory specimens with a specimen collection date on the date of event or within the 2 days before or 2 days after the date of event or in blood with a specimen collection date within the 2 days before the date of event and up to 13 days after the date of event.

    Note: Because organisms belonging to the following genera are typically causes of community-associated respiratory infections and are rarely or are not known to be causes of healthcare-associated infections, they are excluded, and cannot be reported: *Blastomyces*, *Histoplasma*, *Coccidioides*, *Paracoccidioides*, *Cryptococcus*, and *Pneumocystis*.

  - *Legionella* or *Streptococcus pneumoniae* detected by urine antigen testing with a date of specimen collection on the date of event or within the 2 days before or 2 days after the event.