

### Ventilator-Associated Events (VAE) Antimicrobial Worksheet

Patient ID: \_\_\_\_\_

Date of Mechanical Ventilation (MV) Initiation: \_\_\_\_\_

VAE Day	-- (-4)	-- (-3)	Baseline (-2)	Baseline (-1)	Event Date: VAE Day 1	2	3	4	5	6	7	8	9	
Date (mm/dd)														
MV Day (1, 2, 3, etc.)														
List antimicrobials:	New?													
1														
2														
3														
4														
5														
6														
7														
8														Total consec- utive QADs:
9														
10														
Qualifying Antimicrobial Days (QADs)														

Are there at least 4 consecutive QADs, starting in the VAE Window Period?

- Yes → meets IVAC, evaluate for PVAP
- No → does not meet IVAC, report as VAC