



Pneumonia Event Form					
Section 1: Patient and Hospital Information:					
Full Name الإسم الثلاثي	Gender الجنس		Male / ذكر Female / أنثى	Date of Birth تاريخ الميلاد DD/MM/YYYY	Age / العمر
National ID/الهوية الوطنية رقمها / Iqama/ الإقامة	Passport/ الجواز	Border Number / رقم الحدود	Additional ID / الهوية الإضافية /		
Telephone Number / رقم الهاتف	Country / الدولة	Region (Health Affairs) / المنطقة (الشؤون الصحية)			
Mobile Number / رقم الجوال	City / المدينة Nationality/ الجنسية	Health Center or Health Affairs followed by المركز الصحي أو الشؤون الصحية التي يتبعها			
Address Type/ نوع العنوان	No fixed address/ لا يوجد عنوان ثابت temporary address / منزل مؤقت	Postal address / العنوان البريدي Vacation home / منزل قضاء العطلات	Primary home / المنزل الرئيسي		
Client HESN ID/رقم المراجع في حصن.....					
Section 2: VAP event information					
Event Date		DD/MM/YYYY			
Patient had a ventilator at the time of or removed within 2 calendar days before VAP diagnosis					Yes No
Age	Age ≤1 year	Age 1 to ≤12 years	Age > 12 to <70 years	Age ≥ 70 years	
Is the patient immunocompromised		Yes	No		
Does the patient have underlying pulmonary or cardiac disease		Yes	No		
Are there 2 or more positive chest imaging test results obtained		Yes	No		
Is there any of the following chest imaging test results		Yes	No		
<i>There must be at least one of the following chest imaging test results (or 2 if there is underlying disease) to continue</i>					
New or progressive and persistent infiltrate		Consolidation	Cavitation	Pneumatoceles (in ≤1 y.o.)	
VAP signs and symptoms according to CDC/NHSN Definitions 2015/2016					
Date of Onset of First Signs and Symptoms		DD/MM/YYYY			
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 , For children less than 12 y.o. >15,000 WBC/mm ³)			
<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	Heart Rate	<input type="checkbox"/> Bradycardia (<100 beats/min)	
<input type="checkbox"/> Nasal flaring with retraction of chest wall or nasal flaring with grunting		<input type="checkbox"/> Tachycardia (>170 beats/min)			
<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 have any of the following Common Bacterial or Filamentous Fungal Pathogens Lab results					Yes No
Organism identified from blood					
Organism identified from pleural fluid					
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					
Positive quantitative culture of lung tissue					
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 have any of the following Viral, Legionella, and other Bacterial pathogens Lab results?					Yes No
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).					



Fourfold rise in paired sera (IgG) for pathogen (e.g., influenza viruses, Chlamydia)				
Fourfold rise in Legionella pneumophila serogroup 1 antibody titer to $\geq 1:128$ in paired acute and convalescent sera by indirect IFA.				
Detection of L. pneumophila serogroup 1 antigens in urine by RIA or EIA				
<i>If immunocompromised, Does the patient have any of the following Lab results?</i>			Yes	No
Identification of matching Candida spp. from blood and sputum, endotracheal aspirate, BAL or protected specimen brushing				
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				
VAP Diagnosed after a Procedure		Yes, Complete next 2 question.		No
Procedure Name				
Limb amputation	Craniotomy	Gallbladder surgery	Abdominal hysterectomy	Open reduction of fracture
Appendix surgery	Cesarean section	Colon surgery	Knee prosthesis	Abdominal aortic aneurysm repair
Shunt for dialysis	Spinal fusion	Heart transplant	Kidney transplant	Bile duct, liver or pancreatic surgery
Breast surgery	Gastric surgery	Liver transplant	Neck surgery	Laminectomy
Cardiac surgery	Herniorrhaphy	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 of BSI :		Yes No
Hospitalization Death	Yes, Complete next 2 question.	No	Death Date	DD/MM/YYYY
VAP contributed to death	Yes	No		