

# Ventilator-Associated Pneumonia (VAP)\* Checklist

✓ Pneumonia documented in Medical Record during the patient's initial stay at your hospital

✓ Ventilator in place > 2 calendar days (Date of ventilator placement = Day 1)  
AND  
 ✓ Ventilator in place on the date of event or the day before.

**Imaging:**

<p><b>NO UNDERLYING PULMONARY OR CARDIAC DISEASE*</b></p> <p>✓ <b>ONE</b> definitive chest imaging result showing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New or progressive <b>and</b> persistent infiltrate</li> <li><input type="checkbox"/> Consolidation</li> <li><input type="checkbox"/> Cavitation</li> <li><input type="checkbox"/> Pneumatoceles in infants ≤1 yo</li> </ul>	<div style="border: 1px solid red; padding: 5px; display: inline-block;">OR</div>	<p><b>YES, UNDERLYING PULMONARY OR CARDIAC DISEASE*</b></p> <p>✓ <b>TWO</b> or more serial chest imaging results showing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New or progressive <b>and</b> persistent infiltrate</li> <li><input type="checkbox"/> Consolidation</li> <li><input type="checkbox"/> Cavitation</li> <li><input type="checkbox"/> Pneumatoceles in infants ≤1 yo</li> </ul>
---	---	--

\*Underlying Pulmonary or Cardiac Disease (e.g. Respiratory Distress, Bronchopulmonary Dysplasia, Pulmonary Edema, or COPD)

**Signs/Symptoms:**

✓ **ONE** of the following:

- Fever (> 38°C or > 100.4°F)
- Leukopenia (≤4000 WBC/mm<sup>3</sup> or leukocytosis (≥ 12,000 WBC/mm<sup>3</sup>)
- For adults ≥70 yo, altered mental status with no other recognized cause

✓ **AND** at least **ONE** of the following:

- New onset of purulent sputum, change in character of sputum, increased respiratory secretions, or increased suctioning requirements
- New onset worsening cough, dyspnea or tachypnea
- Rales or bronchial breath sounds
- Worsening gas exchange (O<sub>2</sub> desaturations, PaO<sub>2</sub>/FiO<sub>2</sub> ≤ 240, increased O<sub>2</sub> requirements, or increased ventilator demand)

Comments:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Laboratory:**

✓ **AND** at least **ONE** of the following:

- Organism identified from blood
- Organism identified from pleural fluid
- Positive quantitative culture from minimally contaminated LRT specimen (BAL or protected specimen brushing)
- ≥ 5% BAL-obtained cells contain intracellular bacteria on Gram's stain
- Positive quantitative culture of lung tissue
- Histopathologic exam shows at least one of the following evidences of pneumonia:
  - Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and alveoli
  - Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae

\*Definition taken from the National Trauma Data Standard Data Dictionary (2019 -2020 Admissions)

**ALL criteria in (✓) red** must be met for hospital event: **VAP** (Bacterial or Filamentous Fungal Pathogens). Please consult the appropriate Algorithm for VAP with Viral, Legionella, other Bacterial Pneumonias, VAP in Immunocompromised Patients, VAP for Infants ≤1 year old, or for VAP for Children > 1 or ≤ 12 years old.