



Vaping-Associated Lung Injury Evaluation Worksheet

Per WAC 246-80, health care providers are required to report **probable or confirmed** cases of vaping-associated lung injury to the local health department within three business days.

| PROVIDER/REPORTER INFORMATION | |
|---|--|
| Provider/Reporter Name: _____ | Organization: _____ |
| Phone Number: _____ | Date Reported: _____ |
| PATIENT INFORMATION | CLINICAL INFORMATION |
| Name (last, first) _____ WA Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless Address _____ City/State/Zip/County _____ Phone(s)/Email _____ Birth date ___/___/___ Age _____ Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> Unk Alt. contact <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ Name: _____ Phone: _____ Primary language: _____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk OK to talk to case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | MRN: _____ Date of initial symptom onset: ___/___/___ Was patient hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Admission Date: ___/___/___ Discharge Date: ___/___/___ |

| Report to your Local Public Health department if you answer YES to A, B, C, and D below. | | | |
|--|--|---|--|
| | Yes | No | Notes |
| A) Patient has reported use of e-cigarette (“vaping”, “Juuling”) or dabbing in the past 90 days? | | | |
| Nicotine containing products | | | Last used: ___/___/___ |
| THC containing products | | | Last used: ___/___/___ |
| Other product: _____ | | | Last used: ___/___/___ |
| B) Patient has abnormal chest imaging | | | |
| Pulmonary infiltrates on chest X-ray | | | Date of imaging: ___/___/___ |
| Ground-glass opacities on chest CT | | | Date of imaging: ___/___/___ |
| C) 1) Patient has no identified pulmonary infection <u>OR</u> 2) Patient has an identified infection and clinician feels this is not the sole cause of the lung injury <u>OR</u> 3) Complete infectious disease testing was not performed and clinician feels an infection is not the sole cause of the lung injury (please specify testing conducted :) | | | |
| Viral respiratory panel | | | Result: _____ |
| Influenza PCR or rapid test | | | Result: _____ |
| Other respiratory infectious disease testing (e.g. urine antigen, cultures, etc.) | | | Test: _____ Result: _____ Test: _____ Result: _____ |
| D) There is <u>no</u> alternative plausible diagnosis such as cardiac, rheumatologic or neoplastic process | <i>(yes, no plausible alternative)</i> | <i>(no, there is plausible alternative)</i> | |

- ✓ **If possible, collect detailed history regarding**
 - Substance(s) used including product brand and name
 - Substance source(s)
 - Device(s) used
 - Where the product(s) were purchased
 - Method of substance use (aerosolization, dabbing, or dripping)
 - Duration and frequency of use
- ✓ Vapor devices may be described as: JUULs, electronic nicotine delivery system (ENDS), electronic cigarette, e-cigarette, e-cigs, e-hookahs, vaporizer, vape(s), vape pen, mods, tanks, dab pen, or dabbing.
- ✓ Substances may include nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances.
- ✓ Ask the patient to retain any products that might be associated with the illness. These products may be requested for testing.

If you have questions about this assessment or collection and transport of product or device samples, or clinical specimens, call your local health department.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)