

Reported Case Intake Form: Vaping-Associated Lung Injury

Provider/Reporter Information

Caller Name

Organization

Phone Number

Date Reported

Patient Information and Demographics

Patient Name

Patient DOB

Age in years

Parent/Guardian Name (if under 18)

Patient/parent phone number

Patient Street Address Line 1

Patient Street Address Line 2

City

State

Zip Code

County

Sex

Race

Ethnicity

Patient Exposure Information

Has patient ever vaped? (any product)	Yes	No	Unk
Did the patient vape in the last 90 days?	Yes	No	Unk
How often does the patient report vaping?			
Did the patient vape a nicotine containing product?	Yes	No	Unk
Did the patient vape a THC containing product?	Yes	No	Unk

Reported Case Intake Form: Vaping-Associated Lung Injury

Patient Clinical Information

Patient Medical Record Number:

Date of initial symptom onset

Was patient hospitalized?

Yes No Unk

Admission Date

Discharge Date

Was patient in ICU? Yes No Unk

Was patient on mechanical ventilation? Yes No Unk

Symptoms

Indicate whether the following symptoms were experienced by this patient:

Fever Chills Chest pain Shortness of Breath

Cough Diarrhea or loose stools Nausea Vomiting

Weight loss Other:

Radiography

Was any radiographic imaging of the chest completed for this patient?

Chest X-Ray Chest CT No radiographic imaging

Did radiographic imaging show pulmonary infiltrates?

Yes, X-Ray Yes, CT No pulmonary infiltrates confirmed

Other Chest X-Ray findings:

Other Chest CT findings:

Did the patient have a pleural effusion? Yes No Unknown

Reported Case Intake Form: Vaping-Associated Pulmonary Illness

Laboratory Testing

Was laboratory testing performed?	Yes	No	Unknown
Were all lab tests negative for an infectious process?	Yes	No	Unknown
<i>If no, please indicate results:</i>			
Did the patient undergo bronchoscopy?	Yes	No	Unknown
<i>If yes, please indicate results:</i>			

Additional clinical information

Underlying conditions:

Provider's current diagnosis for the patient:

Could the illness be explained by any other process?

Additional comments:

Case Determination

Use the checkboxes below to determine if the case should be reported to ACDP.

- 1) Vaped in last 90 days
- 2) Hospitalized overnight
- 3) Pulmonary infiltrates, such as opacities on plain chest radiograph or ground-glass opacities on chest CT

→If "Yes" to all three minimum criteria, enter case into Orpheus as Under Investigation

→If "Yes" to 1) and 2) or 1) and 3), then enter case into Orpheus as a Suspect case. Ask the provider to report back if the case develops the third criteria