

Lung Injury Associated with Vaping – Case Report Form (CRF)



IDPH and local health departments are investigating cases of unexplained lung injury associated with electronic cigarette use (“vaping”). Please see the IDPH website for more details about this investigation (dph.illinois.gov). Please complete this form for any suspected case patient, encourage the patient to self-complete the Patient Survey (see IDPH Health Alert Notice on IDPH website), and **send these to your local health department** or to IDPH at Isaac.Ghinai@illinois.gov (fax 312-793-7963).

Date form completed _____ Name of Hospital _____
 Clinician Name _____ Clinician Phone Number _____

Patient Demographics

Full Name _____ Gender M F Date of Birth _____
 Phone number _____ Race White Black Other Ethnicity Hispanic Non-Hispanic
 Mailing address _____ Zip _____

Patient Inhalational Use in the Past 90 Days (please ask patient, or proxy if patient unable to answer)

Any combustible tobacco use? (i.e. cigarettes, cigars etc.) Yes No
 Any combustible marijuana use? (i.e. any non e-cigarette marijuana) Yes No
 Any **nicotine** e-cigarette (vaping) use reported? Yes No Date last used _____
 If yes, list brands: _____ Frequency _____ times per day
 Any **THC** e-cigarette (vaping) use reported? Yes No Date last used _____
 If yes, list brands: _____ Frequency _____ times per day

Please give the patient a copy of the attached Patient Survey and ask a staff member to assist them if needed.

Patient Symptoms

Chief complaint _____ Date first symptom started _____
 GI symptoms? Yes No If yes, describe _____
 Respiratory symptoms? Yes No If yes, describe _____
 Constitutional symptoms? Yes No If yes, describe _____
 Weight loss? Yes No If yes, amount (lb) _____

Past medical history

Chronic respiratory disease (asthma, COPD etc)? Yes No Specify _____
 Depression/anxiety? Yes No Specify _____

Imaging: *Please attach copy of the radiologist’s report for any chest imaging.*

Chest imaging performed CT chest Chest X-ray Both
 Location of abnormal findings Bilateral Right Left Normal (no findings)
 Infiltrates/opacities present Yes No
 Subpleural sparing on CT Yes No Unknown

Infectious Disease Testing:

Respiratory viral panel* Positive Negative Pending Not done
 Influenza Positive Negative Pending Not done
 Legionella Positive Negative Pending Not done
 Blood cultures* Positive Negative Pending Not done
 Strep pneumoniae Positive Negative Pending Not done
 Mycoplasma pneumoniae Positive Negative Pending Not done

*Organism found: _____

Clinical Course:

Admitted? Yes No Date admitted/attended _____
 Prior outpatient attendance? Yes No Date of OP attendance _____
 SIRS criteria met? Yes No
 Treated with steroids? Yes No Date started, if known _____
 Admitted to ICU (at time of reporting)? Yes No Date admitted to ICU _____
 Required respiratory support? Intubated BiPAP/CPAP/High flow
 Deceased (at time of reporting)? Yes No

Clinical specimens: *Please ask your laboratory to liaise with the local health department about submitting clinical samples to IDPH.*

Bronchoalveolar lavage performed? Yes No Date of BAL, if known _____
 Lung biopsy performed? Yes No Date of biopsy, if known _____
 Blood sample available for testing? Yes No Date of sample, if known _____
 Urine sample available for testing? Yes No Date of sample, if known _____

Clinical Impression

In your medical opinion, is the patient’s current illness due to vaping? Yes No
 Were cardiac, neoplastic, and rheumatologic etiologies ruled out? Yes No

Final/Working Diagnosis

_____ *Please attach a copy of the admission history and physical and discharge summary, if available.*