



Region IV Public Health

# 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.

<b>Patient Information:</b>	<b>Name:</b>	<b>DOB:</b>	<b>MRN #:</b>	
<b>Address:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Evaluation date:</b>	<b>(If patient is a minor) Parent/Guardian Name:</b>		<b>Phone #:</b>	
<b>Reporting Facility:</b>	<b>Clinician name:</b>	<b>Clinician phone #:</b>		

Report to your Public Health department if you answer YES to A, B, C, D and E below				
<b>A) Has patient reported use of e-cigarette (vaping) or dabbing in the 90 days prior to symptom onset?</b>	<b>YES</b>	<b>NO</b>	If case does not report use of e-cigarette or dabbing product in 90 days prior to onset, consider evaluation or testing for other causes of illness.	
<b>B) Was patient hospitalized for this illness?</b>	<b>YES</b>	<b>NO</b>	Facility: _____ Admit date: ___ / ___ / ___ Discharge date: ___ / ___ / ___	
<b>C) Does patient have a chest X-ray with pulmonary infiltrates or a chest CT scan with ground-glass opacities?</b>	<b>YES</b>	<b>NO</b>	Imaging type: _____ Imaging date: ___ / ___ / ___	
<b>D) Has no likely causative pulmonary infection* been identified; or complete infectious disease testing was not performed, but you feel an infection is not the sole cause of the lung injury?</b>	<b>YES</b>	<b>NO</b>	*ex. negative respiratory viral panel, negative flu test, and other clinically-indicated respiratory infectious disease testing negative.	
<b>E) Is there no alternative plausible diagnosis such as a cardiac, rheumatologic or neoplastic process?</b>	<b>YES</b>	<b>NO</b>		

**Reporting Instructions:**

- Submit this completed form to your public health department at the contact information listed below.
- Collect any available vaping products (including devices, cartridges, substances, packaging, and receipts) from the patient, or encourage patient to keep and store these products in a secure location for submission to public health.
- Provide additional clinical information and documentation, including:
  - Symptoms
  - Vitals
  - Other health conditions
  - Lab and imaging results
  - Medications and treatment

Local health jurisdiction	Phone	Fax
Clark County Public Health	564.397.8182	564.397.8080
Cowlitz County Health Department	360.414.5599	360.425.7531
Skamania County Community Health	509.427.3850	509.427.0188
Wahkiakum County Health and Human Services	360.795.6207	360.795.6143