Version 1.3

10/24/2019

Provider Preliminary Case Report Form
Pulmonary Disease Associated with E-cigarette Product Use

The Hawaii Department of Health (HDOH) is investigating cases of ***unexplained*** severe respiratory illness associated with electronic cigarette use (also known as "vaping"/"dabbing") as detailed in CDC's Health Advisory https://emergency.cdc.gov/han/han00421.asp

Please complete this form for any suspected case patient and **fax to the Disease Outbreak Control Division at (808) 586-8347 or email to doh.epi1@doh.hawaii.gov** using encryption or password protection. For questions contact the **Disease Reporting Line at (808) 586-4586.** HDOH may reach out to request additional records based on the findings of the preliminary case report.

Date form completed: _____ / _____ / _____

Clinician Name: _____ Clinician Phone Number: _____

Name of hospital or practice: _____ Clinical Specialty: _____

Patient Information

Full Name: _____ Gender: ☐ M ☐ F DOB: _____ / _____ / _____

Phone Number: _____ Email address: _____

Mailing address: _____

Please let patient know an HDOH staff member may try to follow-up with patient for additional information.

Patient Clinical Data

Reason for visit: _____ Date of visit: _____ / _____ / _____

Admitted? ☐ Yes ☐ No Date of hospital admission: _____ / _____ / _____ Date symptoms started: _____ / _____ / _____

Respiratory symptoms? ☐ Yes ☐ No If yes, describe _____

GI symptoms? ☐ Yes ☐ No If yes, describe _____

Constitutional symptoms? ☐ Yes ☐ No If yes, describe _____

Weight loss? ☐ Yes ☐ No If yes, describe _____

Chronic respiratory disease? ☐ Yes ☐ No If yes, describe _____

Depression/anxiety? ☐ Yes ☐ No If yes, describe _____

Imaging:

Chest X-Ray performed:	☐ Yes	☐ No	
Infiltrates/opacities present:	☐ Yes	☐ No	
Location of findings:	☐ Bilateral	☐ Right	☐ Left
Impression: *(please copy the Summary/Impression from the CXR radiologists report or attach a copy of the report)*			

CT performed:	☐ Yes	☐ No	
Infiltrates/opacities present:	☐ Yes	☐ No	
Location of findings:	☐ Bilateral	☐ Right	☐ Left
Impression: *(please copy the Summary/Impression from the CT radiologists report or attach a copy of the report)*			

For HDOH use
MAVEN ID:_____
Investigator: _____

Infectious Disease Testing:

	Result +	-	Not Done		Result +	-	Not Done
Respiratory Viral Panel	○	○	○	Blood cultures	○	○	○
Influenza	○	○	○	*Strep pneumoniae*	○	○	○
Legionella	○	○	○	*Mycoplasma pneumoniae*	○	○	○
Other testing or additional detail:							

Clinical Specimens: Please ask your laboratory to liaise with the local health department about submitting clinical samples to HDOH

Bronchoalveolar lavage (BAL) performed? ☐Yes ☐No Date of BAL: ____/____/_____

Lung biopsy performed? ☐Yes ☐No Date of lung biopsy: ____/____/_____

Blood sample available for testing? ☐Yes ☐No Date of blood sample: ____/____/_____

Urine sample available for testing? ☐Yes ☐No Date of urine sample: ____/____/_____

Clinical Impression:

In your medical opinion, is the patients current illness due to vaping? ☐Yes ☐No ☐Unsure

Were cardiac, neoplastic, and rheumatologic etiologies ruled out? ☐Yes ☐No ☐Unsure

Final/Working Diagnosis:_____

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

Any combustible cigarette smoking (nicotine)? ☐Yes ☐No (includes cigarettes, cigars, etc.)

Any combustible marijuana? ☐Yes ☐No (any non e-cigarette marijuana use)

Any e-cigarette use reported: ☐Yes ☐No (vaping, dabbing etc.)

Any **THC** e-cigarette use reported? ☐Yes ☐No

List THC product **brands**: _____

Date of last e-cigarette THC use? _____/_____/_____

Frequency of e-cigarette THC use: _____ x *per* ☐Day ☐Week ☐Month ☐Year

Any **nicotine** e-cigarette use reported? ☐Yes ☐No

List nicotine **brands**: _____

Date of last e-cigarette nicotine use _____/_____/_____

Frequency of e-cigarette nicotine use: _____ x *per* ☐Day ☐Week ☐Month ☐Year

Any other e-cigarette exposures reported? ☐Yes ☐No

Please describe: _____

Used any modified devices or sub-ohm devices*? ☐Yes ☐No *(An e-cigarette or vaping device with lower coil resistance)

Other notes or comments:

_____

_____

_____

For HDOH use
MAVEN ID:_____
Investigator: _____