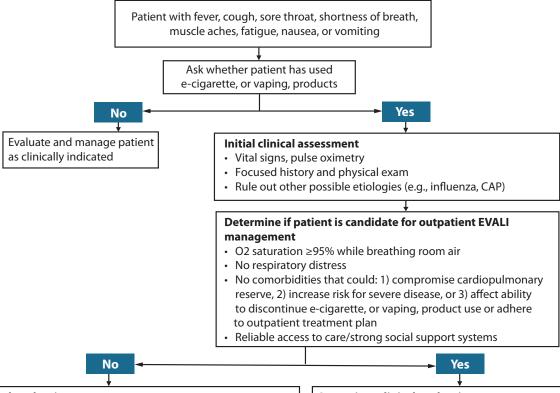
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# ALGORITHM FOR MANAGEMENT OF PATIENTS WITH RESPIRATORY, GASTROINTESTINAL, OR CONSTITUTIONAL SYMPTOMS AND E-CIGARETTE, OR VAPING, PRODUCT USE (12/20/2019)





# Inpatient clinical evaluation

- Urine toxicology, influenza, and other infectious disease testing as indicated by clinical findings
- CXR, and consider CT scan even if CXR is normal
- Consider pulmonary, critical care, medical toxicology, infectious diseases, psychiatry consultations; others
- Bronchoalveolar lavage or lung biopsy, if clinically indicated (in consultation with pulmonary specialists)

### Inpatient clinical management

- Discontinue e-cigarette, or vaping, products use
- Offer cessation services to all patients; facilitate connection
- Consider empiric antimicrobial use according to guidelines
- · Consider corticosteroids; use with caution
- Administer routine annual (inactivated or recombinant) influenza vaccination, if not previously received

# Discharge planning

- Screen for mental health, substance use disorders, and social care needs before discharge
- Ensure clinical stability for 24–48 hours before discharge
- Ensure access to social/mental health/substance use disorder services
- Conduct medication reconciliation and patient counseling by inpatient pharmacist before discharge
- Ensure initial outpatient follow-up appointment, optimally within 48 hours of discharge
- Follow-up with pulmonologist within 2-4 weeks

# Outpatient clinical evaluation

- Consider CXR if patient has chest pain, shortness of breath or if indicated by other clinical findings
- Consider influenza testing

#### **Management of possible EVALI**

- Advise discontinuation of all e-cigarette, or vaping, products
- Consider corticosteroids use with caution in outpatients due to risk of worsening of respiratory infections

# Management of possible EVALI with a pulmonary infection, per established guidelines

- Early initiation of antivirals for possible influenza
- · Appropriate antibiotics for CAP

#### **Additional management**

- Offer cessation services to all patients; facilitate connection
- Administer routine annual (inactivated or recombinant) influenza vaccination, if not previously received
- Ensure follow-up within 24–48 hours

continued >>

Abbreviations: CXR = chest x-ray, CT = computed tomography, CAP = community-acquired pneumonia



Reporting cases with suspected EVALI to state, local, territorial, or tribal health departments is critical for accurate surveillance of EVALI.

Determine whether any remaining product, including devices and liquids, is available for testing. Consider submission of any collected specimens, including bronchoalveolar lavage, blood, urine, biopsy, or autopsy specimens, to CDC for evaluation. Testing can be coordinated with <u>health departments</u>.

CDC recently developed <u>International Classification of Diseases</u>, <u>Tenth Edition</u>, <u>Clinical Modification coding guidance</u> for health care encounters related to EVALI.

For current guidance on influenza vaccination see: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season

Recommendations for clinicians regarding the Outbreak of EVALI will be updated at www.cdc.gov/lunginjury.

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