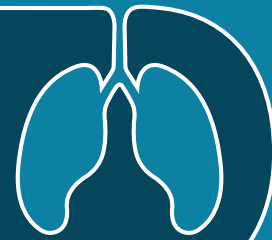


EVALI DISCHARGE READINESS CHECKLIST

Use this checklist in addition to institutional checklists and resources to assist with planning towards the safe discharge of patients hospitalized with e-cigarette, or vaping, product use–associated lung injury (EVALI).



CONFIRM PATIENT CLINICAL STABILITY

- Stable oxygenation and exercise tolerance for 24–48 hours prior to planned discharge*
- Stable vital signs, physical exam, resolution of symptoms, and normalized laboratory tests

ENSURE INITIAL FOLLOW-UP, OPTIMALLY WITHIN 48 HOURS

Confirm outpatient follow up with primary care and/or pulmonology optimally within 48 hours of anticipated discharge

ENSURE APPROPRIATE OUTPATIENT FOLLOW UP

Confirm outpatient follow up, as indicated by clinical course during hospitalization

Primary care: for all EVALI patients, optimally within 48 hours

Pulmonology: for all EVALI patients, follow up within 2–4 weeks, and at 1–2 months

Endocrinology: for pediatric EVALI patients given steroids, for all EVALI patients at heightened risk of adrenal suppression due to duration or intensity of steroid treatment

Cardiology: for those EVALI patients with history of cardiac pathology

Psychiatry: for those EVALI patients with concurrent anxiety, depression, PTSD, ADHD, previously diagnosed psychiatric illness, or if inpatient psychiatry consultation was required

Addiction medicine: for those EVALI patients with a positive substance use disorder screen

Physical therapy: for those EVALI patients demonstrating any deconditioning

Pain management: for those EVALI patients with a chronic pain syndrome or pain due to comorbidities

Provide written guidance about signs/symptoms and instructions on finding help, if symptoms recur

Consider additional measures to optimize outpatient follow up for patients with conditions of high risk for EVALI rehospitalization and death**

OPTIMIZE OUTPATIENT MEDICATION USE & SAFETY

Complete discharge medication reconciliation with outpatient medications, clinical course

Complete discharge medication counseling between inpatient pharmacist and patient

Counsel on signs of adrenal insufficiency if patient was prescribed corticosteroids during hospitalization, and on informing providers about corticosteroid treatment in case of acute injury or illness

CONNECT TO SOCIAL CARE WORKFORCE

Complete evaluation by social care workforce to identify, record, and address postdischarge support needs

Complete screening for mental health and substance use disorders

Connect to community services to address social determinants of health

OFFER AND OPTIMIZE CESSATION SUPPORT

Complete substance use disorder screening (ASSIST, CRAFFT-N, or institution's preferred tool) with connection to addiction medicine, follow up counseling, and medications when indicated

Discuss cessation from e-cigarette, or vaping, including documenting a quit plan, and offering evidence-based tobacco product cessation interventions, including behavioral counseling and medications***

¹ [Evans 2019], [Mikosz 2019], Clinical Lung Injury Working Group

*After EVALI admission or if prior home O₂ dependence, confirmed stability on low flow O₂ with home discharge on supplemental O₂ may be indicated.

**Older age, cardiac disease, diabetes, chronic pulmonary disease (including chronic obstructive pulmonary disease and obstructive sleep apnea), or multiple comorbidities.

*** Among patients aged < 18 years, health care professionals can consider the use of interventions that have been shown to increase cigarette smoking cessation among adults, including behavioral interventions. No medications are currently FDA-approved for tobacco product cessation, including e-cigarettes, in children and adolescents.

