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).[1]

CONFIRM PATIENT CLINICAL STABILITY

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

ENSURE INITIAL FOLLOW-UP, OPTIMALLY WITHIN 48 HOURS

- ☐ **Confirm outpatient follow-up with primary care 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 and 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 post-hospital 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***

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[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 might 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.