**INTRODUCTION**

E-cigarette use (also known as “vapes” or “mods” or “pens”) by middle and high school children doubled from 2017 to 2018. More than 20% of 12th graders report having used a vaping product in the past 30 days.

- As of Oct 8, 2019, 1299 cases of vaping-related lung injury had been reported to the CDC in 49 states and the District of Columbia, with 26 reported deaths in 21 states.
- Baystate has reported 4 cases to the MA DPH that have met the case definition.

**INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE**

- Symptoms may be insidious and tend to develop over days to weeks: cough, shortness of breath and chest pain, often associated with nausea, vomiting, abdominal pain, fever and fatigue.
- Progressive course in the absence of URI symptoms may help differentiate this from flu-like illnesses.
- History of vaping of any product should be elicited with a low threshold to obtain CXR to evaluate for pneumonitis.

**WHEN TO REFER**

- Clinical symptoms should be the primary trigger for referral to the hospital.
- Hypoxia or tachypnea out of proportion to the respiratory exam or a CXR demonstrating bilateral interstitial disease.

**HOW TO REFER**

- Patients can be referred to the Emergency Department or directly admitted for evaluation and respiratory support.
- For milder symptoms, providers should continue to follow closely for progression.
- Call the hospital operator 413-794-0000 to be connected to the Pediatric ED or Pediatric Inpatient Admitting Resident.

**WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT**

- Evaluation by the ED or inpatient team with consultation with the pulmonary service as needed, which could include diagnostic bronchoscopy to determine etiology.