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. In Sept 2019, the NEJM described severe vaping- related lung injury consisting of diffuse interstitial pneumonitis frequently associated with GI or constitutional symptoms. https://www.nejm.org/doi/full/10.1056/NEJMe1912032 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.