

Vaping-associated respiratory disease

Initial information form for suspected cases

Reporting clinician	
Name	
Contact details (ph/email)	
Happy to be contacted again?	
Case details	
Age, sex, MRN	
Hospital	
Case contact details	
OK to contact case for further history?	
Clinical presentation (focus: respiratory symptoms/signs, O ₂ sats)	
Comorbidities	
Current location/condition	
Investigations	
Chest x-ray/CT findings?	
Any respiratory infection test results?	
Other causes being investigated?	
Exposure history	
History of e-cigarette use ('vaping')?	
Substance used in e-cigarette/vape? (focus: nicotine, marijuana, THC, CBD oils)	
Any other substance use?	
Other notes	