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## **Vaping-associated respiratory distress syndrome (VARDS): New guidance provides first screening recommendations**

### **AT A GLANCE**

- New guidance for identifying and treating vaping-associated respiratory distress syndrome (VARDS) presented at SCCM's Critical Care Congress.
- Patients can help critical care professionals provide the most effective treatment by keeping records of vaping-related products and being honest about usage.
- The guidance recommends how critical care providers can quickly categorize patients with lung-related symptoms so they can receive effective treatment.
- Vaping products with THC and vitamin E may increase the risk of lung injury, but no vaping product is safe.
- To date, 60 people have died and there have been 2,711 cases of vaping-related lung injury, according to the CDC.

ORLANDO, Fla. – Familiarity with vaping lingo and knowing how to quickly identify patients at risk for lung injury can save a life, suggests the first screening guidance for what the authors call vaping-associated respiratory distress syndrome (VARDS). The guidance is being presented at the Society of Critical Care Medicine's 49<sup>th</sup> Critical Care Congress and concurrently published in the SCCM journal *Critical Care Explorations*.

People who have vaped or used e-cigarettes in the previous 90 days and have chest pain, weight loss, cough, fatigue or shortness of breath that is not due to another cause should seek medical evaluation. The guidance notes that healthcare providers need to be aware that patients may use a different term than "vaping" to describe the practice, including Juuling, dabbing and dripping.

"Patients can help ensure efficient care by documenting what they are consuming, taking pictures of the vaping product on their mobile phones, keeping the receipts from their vaping-related product purchases and being forthcoming regarding how often they vape," said Craig M. Lilly, M.D., lead author of the guidance and professor of medicine at the University of Massachusetts Medical School, Worcester. "This can help critical care professionals confirm and assess exposure, and provide the most effective treatment."

The Centers for Disease Control and Prevention (CDC) reports that to date there have been 60 deaths and 2,771 cases of what it calls e-cigarette, or vaping, product use-associated lung injury (EVALI). The CDC recommends against using e-cigarettes or vaping tetrahydrocannabinol (THC) or vitamin E products as those appear to increase the risk of lung injury.

"Even if you use vitamin E- or THC-free products, it does not guarantee your safety. We continue to see cases and not all of them are related to vitamin E and THC," said Dr. Lilly. "We're finding other things, such as allergic reaction and lung inflammation possibly caused by

heavy metals in vaping devices, which also can cause lung injury. Ultimately, no form of vaping is safe.”

Vaping-related lung injury is a fairly recent phenomenon and no formal guidelines for identification and treatment exist, so the authors developed the guidance to help critical care professionals quickly categorize and effectively treat patients at risk for respiratory failure. The new guidance is based on a protocol developed by a task force created at UMass Memorial Medical Center to address the vaping lung injury crisis. It also includes vaping terminology.

The guidance recommends patients seeking medical care who have vaped or been exposed to vaping fumes in the last 90 days be divided into three groups:

- **Worcester Group 1** – Those who do not have VARDS symptoms should be asked if they are interested in help with quitting and if so, be referred to a nicotine or THC-focused addiction medicine program.
- **Worcester Group 2** – Those who have symptoms should have a chest X-ray and noninvasive pulse oximetry test (a small device that is placed on the end of the finger) to determine if their blood oxygen levels are normal, e.g. 95% at rest or 88% during exercise. If results are normal, they can be evaluated and managed on an outpatient basis. Those whose X-rays are abnormal are at higher risk for developing respiratory failure.
- **Worcester Group 3** – Those whose pulse oximetry test is abnormal should be hospitalized for monitoring and provided oxygen therapy if necessary.

“Teenage cigarette smoking has increased for the first time in 20 years, which suggests that, even if it doesn’t cause injury, vaping is an entry way to tobacco use,” said Dr. Lilly.

The guidance is available at [ccejournal.org](http://ccejournal.org).

## **THE SOCIETY OF CRITICAL CARE MEDICINE**

*The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The SCCM Critical Care Congress brings together intensivists and critical care experts from around the world to share the latest scientific research, develop solutions to common issues and improve the care of critically ill and injured patients. Visit [sccm.org](http://sccm.org) for more information. Follow [@SCCM](https://twitter.com/SCCM) on Twitter or visit us on [Facebook](https://www.facebook.com/SCCM).*

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