

Survey

Vaping-related illness and injury

The use of vaping devices (also called e-cigarettes) has increased significantly in recent years. The CPSP is conducting a survey to assess the frequency of illnesses and/or injuries resulting from both the intentional and unintentional use of vaping products. This survey has been designed in collaboration with the Public Health Agency of Canada and Health Canada, and will be used to inform vaping product public policy. For more information on vaping, go to https://www.canada.ca/en/services/health/campaigns/vaping.html. Your contribution is greatly appreciated.

1. Which of the followin	. Which of the following best describes your practice?							
 General paediatric 		cialist, specify:						
	O Other health care provider, specify:							
	Please indicate the first three digits of the postal code of your practice:							
	clude the care of children or y		vaning products? O Yes O	No				
	complete the following ques			110				
	you with discussing vaping-re							
4. How comfortable areVery uncomfortable				fortable O N/A				
•			•	evice (i.e., direct inhalation or				
second-hand exposure)? This <u>does NOT</u> include addiction to e-cigarettes or use disrupting activities of daily living. • Yes • No If NO, proceed to question 6. If YES, complete the following information for each case encountered:								
ıj NO,	-	1	_	1				
	Case 1	Case 2	Case 3	Case 4				
Age of nationt:	O < 1 year	O < 1 year	O < 1 year	O < 1 year				
Age of patient:	O 1–4 years	O 1–4 years	O 1–4 years	O 1–4 years				
	○ 5–9 years	○ 5–9 years	○ 5–9 years	○ 5–9 years				
	○ 10–14 years	○ 10–14 years	○ 10–14 years	○ 10–14 years				
	O 15+ years	O 15+ years	O 15+ years	O 15+ years				
Co. of collect at heath	O Male	O Male	O Male	O Male				
Sex of patient at birth:	○ Female	○ Female	○ Female	○ Female				
	O Intersex	O Intersex	O Intersex	O Intersex				
_	O Direct inhalation	O Direct inhalation	O Direct inhalation	O Direct inhalation				
Type of exposure:	○ Second-hand exposure	O Second-hand exposure	○ Second-hand exposure	O Second-hand exposure				
	☐ Owned/purchased	☐ Owned/purchased	☐ Owned/purchased	☐ Owned/purchased				
How did the patient	☐ Borrowed/given from a	☐ Borrowed/given from a	☐ Borrowed/given from a	☐ Borrowed/given from a				
access the vaping	friend or family member	friend or family member	friend or family member	friend or family member				
device?	☐ Unknown	Unknown	Unknown	☐ Unknown				
(check all that apply)	Other:	Other:	Other:	Other:				
(oncon an enat appry)								
	☐ Flavouring	☐ Flavouring	☐ Flavouring	☐ Flavouring				
Vaping substances	☐ Nicotine	☐ Nicotine	☐ Nicotine	☐ Nicotine				
contained:	☐ Cannabis	☐ Cannabis	☐ Cannabis	☐ Cannabis				
(check all that apply)	☐ Unknown	☐ Unknown	☐ Unknown	☐ Unknown				
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	☐ Other:	☐ Other:	☐ Other:	☐ Other:				
	Respiratory	Respiratory	Respiratory	☐ Respiratory				
With which	distress/lung injury	distress/lung injury	distress/lung injury	distress/lung injury				
complaint(s) did the	☐ Mouth/throat irritation	☐ Mouth/throat irritation	☐ Mouth/throat irritation	☐ Mouth/throat irritation				
patient present?	and/or burn	and/or burn	and/or burn	and/or burn				
(check all that apply)	☐ Skin burn	Skin burn	☐ Skin burn	Skin burn				
(* *** * * * *** * * * * * * * * * * *	☐ Abdominal pain	☐ Abdominal pain	☐ Abdominal pain	☐ Abdominal pain				
	☐ Nausea/vomiting	☐ Nausea/vomiting	☐ Nausea/vomiting	☐ Nausea/vomiting				
	☐ Symptoms of acute	☐ Symptoms of acute	☐ Symptoms of acute	☐ Symptoms of acute				
	nicotine toxicity (e.g.,	nicotine toxicity (e.g.,	nicotine toxicity (e.g.,	nicotine toxicity (e.g.,				
	tachycardia, headache,	tachycardia, headache,	tachycardia, headache,	tachycardia, headache,				
	dizziness) other than	dizziness) other than	dizziness) other than	dizziness) other than				
	nausea/vomiting	nausea/vomiting	nausea/vomiting	nausea/vomiting				
	CNS depression	CNS depression	CNS depression	CNS depression				
	Other:	☐ Other:	Other:	☐ Other:				
	☐ Walk-in/outpatient	☐ Walk-in/outpatient	☐ Walk-in/outpatient	☐ Walk-in/outpatient				
Where did the patient	clinic	clinic	clinic	clinic				
receive treatment?	1		· ··· =	· · · ·				

(check all that apply) What was the patient's outcome? 6. In the last 12 months	□ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other: □ Full recovery ○ Ongoing health issue(s) ○ Death ○ Unknown	□ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other: □ Full recovery ○ Ongoing health issue(s) ○ Death ○ Unknown	☐ Emergency room ☐ Hospital ward ☐ Intensive care unit ☐ Referred to specialist ☐ Other: ☐ Full recovery ☐ Ongoing health issue(s) ☐ Death ☐ Unknown Ingestion (i.e., drinking) of e	□ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other: □ Full recovery ○ Ongoing health issue(s) ○ Death ○ Unknown			
6. In the last 12 months, have you seen a patient for illness or injury related to the ingestion (i.e., drinking) of e-liquids and/or other vaping substances? O Yes O No If NO, proceed to question 7. If YES, complete the following information for each case encountered:							
ı, no,	Case 1	Case 2	Case 3	Case 4			
Age of patient:	 ○ < 1 year ○ 1-4 years ○ 5-9 years ○ 10-14 years ○ 15+ years 	 ○ < 1 year ○ 1-4 years ○ 5-9 years ○ 10-14 years ○ 15+ years 	 ○ < 1 year ○ 1-4 years ○ 5-9 years ○ 10-14 years ○ 15+ years 	 O < 1 year O 1-4 years O 5-9 years O 10-14 years O 15+ years 			
Sex of patient at birth:	O Male O Female O Intersex	O Male O Female O Intersex	O Male O Female O Intersex	O Male O Female O Intersex			
Type of ingestion:	O Unintentional O Intentional O Unknown intent	O Unintentional O Intentional O Unknown intent	O Unintentional O Intentional O Unknown intent	O Unintentional O Intentional O Unknown intent			
How did the patient come into contact with the vaping substance? (check all that apply)	☐ Spill ☐ From a refill bottle ☐ From prefilled cartridge/pod products ☐ From the device itself ☐ Unknown ☐ Other:	□ Spill □ From a refill bottle □ From prefilled cartridge/pod products □ From the device itself □ Unknown □ Other:	□ Spill □ From a refill bottle □ From prefilled cartridge/pod products □ From the device itself □ Unknown □ Other:	☐ Spill ☐ From a refill bottle ☐ From prefilled cartridge/pod products ☐ From the device itself ☐ Unknown ☐ Other:			
Vaping substances ingested contained: (check all that apply)	☐ Flavouring ☐ Nicotine ☐ Cannabis ☐ Unknown ☐ Other:	☐ Flavouring ☐ Nicotine ☐ Cannabis ☐ Unknown ☐ Other:	☐ Flavouring ☐ Nicotine ☐ Cannabis ☐ Unknown ☐ Other:	☐ Flavouring ☐ Nicotine ☐ Cannabis ☐ Unknown ☐ Other:			
With which complaint(s) did the patient present? (check all that apply)	Respiratory distress Mouth/throat irritation and/or burn Skin burn Abdominal pain Nausea/vomiting	Respiratory distress Mouth/throat irritation and/or burn Skin burn Abdominal pain Nausea/vomiting	☐ Respiratory distress ☐ Mouth/throat irritation and/or burn ☐ Skin burn ☐ Abdominal pain ☐ Nausea/vomiting	☐ Respiratory distress ☐ Mouth/throat irritation and/or burn ☐ Skin burn ☐ Abdominal pain ☐ Nausea/vomiting			
	☐ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ☐ CNS depression ☐ Other:	□ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting □ CNS depression □ Other:	□ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting □ CNS depression □ Other:	□ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting □ CNS depression □ Other:			
Where did the patient receive treatment? (check all that apply)	□ Walk-in/outpatient clinic □ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other:	□ Walk-in/outpatient clinic □ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other:	□ Walk-in/outpatient clinic □ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other:	□ Walk-in/outpatient clinic □ Emergency room □ Hospital ward □ Intensive care unit □ Referred to specialist □ Other:			

	O Full recovery	O Full recovery	O Full recovery	O Full recovery				
What was the patient's	Ongoing health issue(s)	Ongoing health issue(s)	Ongoing health issue(s)	Ongoing health issue(s)				
outcome?	O Death	O Death	O Death	O Death				
	O Unknown	O Unknown	O Unknown	O Unknown				
7 In the leat 12 months	-	ion illugas on inivision negative	from the molf-metion of our					
7. In the last 12 months, have you seen any patients for illness or injuries resulting from the malfunction of a vaping device (e.g., explosion,								
fire)? O Yes O No If NO, we thank you for completing this survey. If YES, complete the following information for each case encountered:								
If NO, we to	hank you for completing this	survey. If YES, complete the f	following information for eac	h case encountered:				
	Case 1	Case 2	Case 3	Case 4				
Ago of mationts	O < 1 year	O < 1 year	O < 1 year	O < 1 year				
Age of patient:	O 1–4 years	O 1−4 years	O 1–4 years	O 1–4 years				
	○ 5–9 years	○ 5–9 years	○ 5–9 years	○ 5–9 years				
	○ 10–14 years	○ 10–14 years	○ 10–14 years	○ 10–14 years				
	O 15+ years	O 15+ years	O 15+ years	O 15+ years				
6 6	O Male	○ Male	O Male	O Male				
Sex of patient at birth:	○ Female	○ Female	○ Female	○ Female				
	O Intersex	O Intersex	O Intersex	O Intersex				
	☐ Owned/purchased	☐ Owned/purchased	☐ Owned/purchased	☐ Owned/purchased				
How did the patient	☐ Borrowed/given from a	☐ Borrowed/given from a	☐ Borrowed/given from a	☐ Borrowed/given from a				
access with the vaping	friend or family member	friend or family member	friend or family member	friend or family member				
device?	Unknown	Unknown	Unknown	Unknown				
(check all that apply)	Other:	Other:	Other:	Other:				
(check all that apply)	d other.	Guiler.	d other.	d Other.				
Was the device								
modified or used in a	O Yes	O Yes	O Yes	O Yes				
	O No	O No	O No	O No				
way that differed from	O Unknown	O Unknown	O Unknown	O Unknown				
recommended use?								
What was the cause of	☐ Battery malfunction	☐ Battery malfunction	☐ Battery malfunction	☐ Battery malfunction				
the injury?	☐ Electrical fire	☐ Electrical fire	☐ Electrical fire	☐ Electrical fire				
the injury:	☐ Smoke inhalation	☐ Smoke inhalation	☐ Smoke inhalation	☐ Smoke inhalation				
(check all that apply)	Unknown	Unknown	Unknown	Unknown				
	☐ Other:	☐ Other:	☐ Other:	☐ Other:				
	D five initial history land	Dr	D five initial history land	D. F. va in it was / violate land				
What injury/injuries	☐ Eye injury/vision loss	☐ Eye injury/vision loss	☐ Eye injury/vision loss	☐ Eye injury/vision loss				
did the patient sustain	☐ Head or neck burn	☐ Head or neck burn	☐ Head or neck burn	☐ Head or neck burn				
as a result of the use	☐ Mouth injury/burn	☐ Mouth injury/burn	☐ Mouth injury/burn	☐ Mouth injury/burn				
or malfunctioning of	☐ Acute lung injury	☐ Acute lung injury	☐ Acute lung injury	☐ Acute lung injury				
the vaping device?	☐ Injury to lower limbs	☐ Injury to lower limbs	☐ Injury to lower limbs	☐ Injury to lower limbs				
	☐ Injury to upper limbs or	☐ Injury to upper limbs or	☐ Injury to upper limbs or	☐ Injury to upper limbs or				
(check all that apply)	torso	torso	torso	torso				
	☐ Other:	☐ Other:	☐ Other:	☐ Other:				
	DM: II : /: · · · ·	DM: II to to the to	DM: II : / · · · ·	DW/III : / · · · · ·				
Where did the patient	☐ Walk-in/outpatient	☐ Walk-in/outpatient	☐ Walk-in/outpatient	☐ Walk-in/outpatient				
receive treatment?	clinic	clinic	clinic	clinic				
	☐ Emergency room	☐ Emergency room	☐ Emergency room	☐ Emergency room				
(check all that apply)	☐ Hospital ward	☐ Hospital ward	☐ Hospital ward	☐ Hospital ward				
	☐ Intensive care unit	☐ Intensive care unit	☐ Intensive care unit	☐ Intensive care unit				
	Referred to specialist	Referred to specialist	Referred to specialist	Referred to specialist				
	☐ Other:	☐ Other:	☐ Other:	☐ Other:				
	O Full recover:	O Full recover:	O Full recover:	O Full recover:				
What was the	O Full recovery	O Full recovery	O Full recovery	O Full recovery				
patient's outcome?	Ongoing health issue(s)	O Ongoing health issue(s)	Ongoing health issue(s)	O Ongoing health issue(s)				
	O Death	O Death	O Death	O Death				
	O Unknown	O Unknown	O Unknown	O Unknown				
Investigators: N Chadi, M Do, S Beno, R Graham, C Moore Hepburn, S Richmond, W Thompson								

Please return this survey with your monthly reporting form. Thank you for your participation.

09/2019