

## Report estimates readmission, death after vaping illness discharge

24 December 2019



Mary E. Evans, M.D., also from the CDC, and colleagues updated guidance regarding timing of the initial postdischarge follow-up of hospitalized EVALI patients and other EVALI patient management. The authors offer the following recommendations: confirmation of no clinically significant fluctuations in vital signs for 24 to 48 hours prior to discharge; ensuring outpatient primary care or specialist follow-up, ideally within 48 hours of discharge; planning for discharge care, early follow-up, and comorbidity management; organizing posthospitalization specialty care: following best practices for medication adherence; and ensuring social support and access to services for mental and behavioral health and substance use disorder.

"Incorporating these updated recommendations into the management of patients with EVALI might reduce their risk for rehospitalization and avert further mortality among patients hospitalized for EVALI," Evans and colleagues write.

One author from the Evans study disclosed financial ties to the pharmaceutical industry.

More information: <u>Abstract/Full Text - Mikosz</u> <u>Abstract/Full Text - Evans</u>

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The prevalence of rehospitalization and death after electronic cigarette, or vaping, product useassociated lung injury (EVALI) has been determined, and guidelines have been developed based on these findings. Both reports were published in the Dec. 20 early-release issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Christina A. Mikosz, M.D., from the CDC in Atlanta, and colleagues analyzed national data on EVALI patients to determine the prevalence of rehospitalization and death after discharge. The researchers found that of the 1,139 EVALI patients discharged on or before Oct. 31, 2019, 2.7 percent were rehospitalized after discharge (median of four days from discharge to rehospitalization) and seven deaths occurred after discharge (median of three days from discharge to death). Among some EVALI patients, <u>chronic medical conditions</u>, including cardiac disease, chronic pulmonary disease, and diabetes, were <u>risk factors</u> leading to higher morbidity and mortality.



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