Tobacco Use: Guideline for Supporting Residents in the Management of Nicotine Withdrawal

Site Applicability

All VCH and PHC Long-Term Care Homes

Practice Level

Profession	Basic Competency	Advanced Competency (requiring additional education)
LPN	• Screening for use of tobacco or vapour products • Care Planning	
RN, RPN	• Screening for use of tobacco or vapour products • Care Planning	**Nurse Independent Activity (NIA)** • Dispensing and Administering Nicotine Replacement Therapy (NRT)
Other regulated staff, Recreation Therapists, Spiritual Care Practitioners, Respiratory Therapists	• Identify nicotine vapour use and contribute to and support care planning	• For SCPs – Strategic spiritual interventions designed to support underlying addiction dynamics
Unregulated health care providers (such as rehabilitation assistants, recreation assistants and care aids)	• Identify nicotine vapour use and within the competencies of their training and job descriptions and support care planning under the supervision of appropriate regulated health care professionals	

*Performance of a Nurse Independent Activity is an advanced skill requiring additional education.

Requirements

1. Long-Term Care Homes comply with Tobacco and Vapour Products Control Act and VCH/PHC Smoke Free / Smoke and Vape Free Policies Premises Policies as well as municipal bylaws.

2. Tobacco is a ceremonial and sacred plant for many Indigenous people and is often used for healing. When screening for tobacco use, it is important to understand the nature of the use and follow VCH / PHC policy for ceremonial use. For additional guidance consult the Indigenous Patient Experience and Professional Practice team at info.indigenoushealth@vch.ca. Peer Support Program and Indigenous Wellness Liaison Referral.
3. Care home staff, residents and visitors must not be exposed to the harmful effects of second-hand smoke.
4. Staff are not permitted to assist or supervise residents when they are smoking or using vapour products.
5. All residents will be screened for use of tobacco or vapour products prior to and on moving in to LTC homes or on transfer from another facility.
6. All residents using tobacco or vapour products will be:
    a. Offered and encouraged to use Nicotine Replacement Therapy (NRT
    b. Monitored for withdrawal symptoms (whether using NRT or not)
    c. Engaged in planning for when they are no longer able to smoke or vape independently in a safe manner.
7. The use of Nurse Independent Activities (NIA) is supported within VCH and PHC and defined within Nurse Independent Activities (NIA) and Nurse-Initiated Protocols (NIP). NIAs are used at long-term care homes where they been approved for practice.
8. An order from a Physician or Nurse Practitioner (MRP) is required to continue NRT beyond 24 hours.
9. An MRP order over-rides the use of NIA.

Need to Know

1. According to the Diagnostic and Statistical Manual of Mental Disorders (5th edition), DSM-5, tobacco dependence is classified as a Tobacco Use Disorder (TUD), where there is a problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two criteria within a 12-month period as outlined in the manual. E.g. (1) having a craving, or a strong desire or urge to use tobacco, AND (2) tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.
2. Addressing tobacco use (reducing or stopping) can improve the quality of residents' lives and lives of people around them. [1]
3. Tobacco use exacerbates symptoms of many chronic conditions such as Coronary Arterial Disease (CAD), Peripheral Vascular Disease (PVD), and Chronic Obstructive Pulmonary Disease (COPD).[2]
4. NRT can also be used to manage withdrawal, including reducing cravings and overall tobacco use, even when transitioning to a palliative approach. In addition, nicotine patches can be safely used at doses higher than those recommended by the product monograph when carefully titrated.
5. NRT should be offered and can be used when residents continue to smoke (e.g. by offering short-acting NRT prior to going for a cigarette). This is an opportunity to use a harm reduction approach. If titrated appropriately, residents can successfully experience being completely smoke-free (even if it is temporary depending on the situation).
6. NRT must not be stopped abruptly.
7. Signs and symptoms of nicotine withdrawal can include the following[3] (Box 1):

Box 1: Signs and Symptoms of Nicotine Withdrawal	
• Anger • Irritability • Depression • Drowsiness • Trouble concentrating • Tobacco cravings	• Headache • Increased appetite • Dry mouth • Trouble sleeping • Frustration

8. Nicotine withdrawal can be more effectively managed with NRT treatment (e.g. patch, gum, lozenge, and inhaler). Close monitoring and titration are recommended in NRT Guidelines (see PPO / CERNER Power Plan). For a description and possible side effects of each product, see Nicotine Replacement Therapy (NRT) and Medications.
9. Engagement of Substitute Decision Maker (SDM) and family, (if appropriate), to support a resident's choice to manage nicotine withdrawal, reduce or stop tobacco/vapour product use may improve success.
10. Many tobacco users are vulnerable to relapse and may require support even if they have not used tobacco for a period of time.
11. Vapour products are thought, although not yet proven, to be less harmful than combustible tobacco products[5]. These are regulated by the E-Substances Regulation. Most contain nicotine.
12. Some residents may be using vapour products as a cessation aid. However, some questions remain unanswered, including risks of long-term use[4]. While some residents choose to vape instead of smoke tobacco, the VCH/PHC Smoke Free / Smoke and Vape Free Policies still apply. With MRP guidance, NRT may be used to manage nicotine withdrawal -refer to Seven Tips to Lower Your Risk When Using Nicotine.
13. Residents with dysphagia are at risk of aspiration if they use chewing tobacco.
14. When smoking is reduced or stopped, liver enzyme induction reduces or ceases, elevating certain medication levels in the body. It is recommended a medication review be conducted to prevent risk of side effects.[5,6,7,8]
    Smoking increases the metabolism of caffeine (and certain medications as indicated above in #14). During cessation, metabolism decreases and caffeine levels can rise. This rise in caffeine can cause caffeine toxicity which may be confused with nicotine withdrawal symptoms.[9] It is advisable to reduce caffeine consumption by 50% during smoking cessation [10].

Guideline

Procedure – based on the 5As approach[11]

The 5As approach provides an evidence-based framework to assess nicotine use, nicotine dependence, strategies to manage nicotine withdrawal and strategies to support smoking cessation. For people who identify as Indigenous who use traditional tobacco for ceremonial and healing purposes see VCH/PHC policy. For people who vape marijuana see VCH/PHC Decision Support Tools (DSTs).

1. Screen for risk of withdrawal from nicotine on move in or on transfer:
    a. Tobacco use - Ask the following questions:
        i. "Have you used any tobacco products in the last 6 months?" (If "no" go to 1.b)
        ii. "Have you used any tobacco products in the last 7 days?"
    b. For vapour product use – see Vaping Cessation Guidance

    If "yes" to any of the screening questions for tobacco or vapour products, inform resident of the VCH / PHC Smoke Free / Smoke and Vape Free Policy. **Note:** people who have quit using tobacco in the last 6 months are high risk for relapse and should be monitored for tobacco use.
2. If "yes" to using tobacco products in the last 7 days:
    a. Explain the risk of nicotine withdrawal and withdrawal symptoms (Box 1).
    b. Assess level of nicotine dependence using Brief Fagerstrőm Test (Box 2).

Box 2: Level of Nicotine Dependence (Brief Fagerstrőm Test)	
1. How soon after waking does the resident have their first cigarette?	☐ within 5 minutes (3 points) ☐ 6 to 30 minutes (2 points) ☐ 31 to 60 minutes (1 point) ☐ more than 1 hour (0 points)
2. On average, how many cigarettes does the resident smoke per day?	☐ more than 30 (3 points) ☐ 21 to 30 (2 points) ☐ 11 to 20 (1 point) ☐ 10 or less (0 points)
3. Assign Score: _____ points	5 to 6 points = High nicotine dependence 3 to 4 points = Moderate nicotine dependence 0 to 2 points = Low nicotine dependence
4. Does the resident feel they would need assistance with managing withdrawal or cessation? (Note: NRT may not be needed if "low" nicotine dependence.)	☐ Yes ☐ No

3. For residents at risk of nicotine withdrawal (scored 3 or above on the Brief Fagerstrőm Test), provide advice on NRT (Nicotine Replacement Therapy (NRT) and Medications). **Note:** NRT advice may also be offered to anyone who scores 2 or less.
4. Assess resident's readiness and willingness to use NRT for managing nicotine withdrawal or cessation.
5. If resident is willing to use NRT, determine suitable product(s) (e.g. nicotine patch, gum, lozenge and/or inhaler – Use PPO or NIA or CERNER Power Plan as a guide). **Note:** For residents at risk of aspiration, gum is not recommended. If resident uses smokeless tobacco, see Smokeless Tobacco Treatment Recommendation (Appendix A) for equivalencies. An NIA may be used to initiate NRT. An MRP order must be obtained for on-going NRT.

6. Inform resident, SDM and family (if appropriate) about how to use NRT, use Nicotine Replacement Therapy (NRT) and Medications and Quit Kit VCH and PHC as guides.
7. Monitor and assess residents using NRT for:
    a. Nicotine withdrawal symptoms
    b. Continued tobacco use while on NRT
    c. Caffeine intake. **Note:** Caffeine toxicity mimics nicotine withdrawal symptoms
    d. NRT side effects –see Nicotine Replacement Therapy (NRT) and Medications
    e. Correct use (e.g. incorrect use of nicotine gum may cause side effects including GI symptoms).
8. Provide education and advice to minimise side effects of NRT e.g. decaffeinated beverages while on NRT.
9. Inform the MRP and request NRT dose titration – see PPO / CERNER Power Plan:
    a. If withdrawal symptoms or cravings persist despite appropriate use of short-acting NRT PRN (i.e. gum, lozenge and/or inhaler)
    b. If resident exhibits signs of nicotine side effects or toxicity.
10. For residents who continue to use tobacco or vapour products, reassess willingness to use NRT to manage nicotine withdrawal or stop use on change of condition or every 3 months at time of RAI-MDS.

NRT Patch Management

- Nicotine patch replacement between standard administration times: Regardless of the reason for patch removal, accidental or intended, replace with a new patch as soon as possible. DO NOT change the standard administration time on the MAR. Change patch as per schedule.
- If resident continues to smoke/use tobacco, there is no need to remove the patch. It may be an indicator the resident is under-dosed and experiencing withdrawal symptoms. Reassess and discuss titrating resident's NRT upwards with MRP.
- Magnetic Resonance Imaging (MRI) Scans – Nicotine patches cannot be worn inside an MRI scanner. If resident has a nicotine patch, inform MRI staff to coordinate removal prior to scan and apply a new one following scan.

Care Planning for Residents Who Choose to Continue Using Tobacco or Vapour Products

1. Ensure resident, SDM, family and visitor(s) are informed of the VCH/PHC Smoke Free / Smoke and Vape Free Policies. **Note:** Residents who use oxygen must not smoke while connected to their oxygen[12].
2. Where appropriate, review benefits of using NRT and encourage use whenever possible - see Appendix B for additional tips.
3. Use Supporting Choices DST to engage resident, SDM and family (if appropriate) and as a guide for care planning and consider the following:
    a. Supporting residents who require assistance to maintain safety
    b. Engaging resident, SDM and family (if appropriate) to find creative solutions
    c. Scheduling NRT to manage nicotine withdrawal symptoms and offering to resident at times when they are wanting to smoke or vape as a harm reduction approach
    d. Offering NRT as an alternative to tobacco products to manage withdrawal when on outings, during illness, etc. see Appendix B
    e. Referring to interdisciplinary team members for support e.g. Spiritual Care, Social Work, Recreational Therapy, Physiotherapy, Occupational Therapy

f. Engaging resident in taking up interest or hobbies and as a form of distraction to manage nicotine withdrawal
g. Where all options have been considered and additional support for care planning is needed - see Resources for guidance.

4. Develop a safety plan that can be supported. If adaptive devices would be of benefit to improve safety consult Occupational Therapist / Clinical Resource Therapist / Practice Co-ordinator for guidance.
5. Set a review date.

Residents who are unwilling or unable to follow VCH/PHC Smoke Free / Smoke and Vape Free Policies

1. Remind resident verbally about the VCH/PHC Smoke Free / Smoke and Vape Free Policies
2. Collaborate with resident, SDM or family (if appropriate) to assess what strategies and supports will help to manage nicotine withdrawal and not smoke or vape on property
3. Offer, as appropriate, NRT to manage nicotine withdrawal symptoms and/or reduce or eliminate the urge to smoke or vape Consider where tobacco or vapour products are stored. It may be appropriate to store products for residents if their use poses a harm to others – See Supporting Choices DST to determine risk.
4. Document in care plan and communicate to each shift. It is important to provide a consistent clear message regarding expectations for adhering to the VCH/PHC Smoke Free / Smoke and Vape Free Policy
5. Consider consulting Ethics Services and/or Client Relations and Risk Management if non-adherence to the VCH/PHC Smoke Free / Smoke and Vape Free Policy continues to be a concern

Support during transitions

- Residents moving from one facility to another: ensure the transfer pack includes information on resident's smoking and NRT status
- Residents moving out of Long-Term Care refer to Community Resources as needed

Resident and Family Education

Quit Kit VCH and PHC– available from VCH Tobacco and Vapour Products Reduction Program at 604-675-3800

Patient Health Education Materials Resource Catalogue website (multiple languages also available): VCH and PHC

Nicotine Replacement Therapy (NRT) and Medications

Documentation

Document all assessments, interventions and resident or family education as per VCH / PHC Documentation Policy or care home policy and professional standards

Resources

Access to Nicotine Replacement Therapy (NRT)

1. VCH and PHC-owned and operated care homes:
   - NRT is available through VCH or PHC pharmacy
2. Affiliate and Contracted Care Homes:

- NRT can be obtained from community pharmacies -see BC Smoking Cessation Program and Smoking Cessation Program – for prescribers for further information

VCH Tobacco and Vapour Products Reduction Program

For additional support for staff, consider contacting the VCH Tobacco and Vapour Products Reduction Program at smokefree@vch.ca or 604-675-3800.

VCH Tobacco and Vapour Products Reduction Coordinators:

Location	Phone Number
Vancouver	604-675-3800
Richmond	604-233-3112
North Shore and Sea to Sky	604-983-6711
Sunshine Coast	604-885-5164
Powell River	604 485 3211 ext. 3241

Community Resources:

- BC Smoking Cessation Program – for free NRT access
- VGH Smoking Cessation Clinic (counselling available by phone or video). Contact: Cessationclinic@vch.ca or 604-875-4800 Press 2
- QuitNow Services
  - Online support (www.quitnow.ca)
  - Phone (1-877-455-2233)

Other Resources

- Seven Tips to Lower Risk when Using Nicotine
- Smoking Cessation Program – Information for Prescribers
- Nicotine Replacement Therapy and Medications
- Vaping Cessation Guidance Resource
- VCH Ethics Services or PHC Ethics Services
- VCH Contracted Homes resource: Vancouver Aboriginal Friendship Centre Cultural Worker : 604-251-4844
- VCH LTC Homes Referral Form Indigenous Patient Experience.pdf

Related Documents

Smoke and Vape Related Policies

- Cultural and Ceremonial Use of Tobacco and Smudging Medicines
- See “Appendix C: Ceremonial Use of Tobacco and Smudging Medicines” in Indigenous Cultural Safety
- PHC Smoke and Vape Free Premises Policy
- VCH Smoke-Free Premises Policy

Nicotine Replacement Therapy Pre-Printed Orders (PPO)

- **VCH:**
  - **Coastal:** NRT PPO (Regional) – VCH.CO.3020
  - **Richmond:** NRT PPO (Regional) – VCH.RD.RH.0051
  - **VA:** NRT PPO (Regional) – VCH.VA.PPO.638
- **PHC:**
  - CERNER PowerPlan Nicotine Replacement Therapy (NRT) (Module)
  - CERNER PowerPlan – NIA Nicotine Replacement Therapy (NRT)

Related Decision Support Tools (DSTs)

- Cannabis for Non-Medical Purposes
- Cannabis for Medical Purposes
- Documentation Policy
- Harm Reduction:
  - VCH - Harm Reduction Practice
  - PHC - Harm Reduction and Managing Substance Use – Acute Care
- Supporting Choices DST

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12. VCH Home Oxygen Program Guidelines http://www.vch.ca/Documents/Home-Oxygen-Program-Application.pdf Accessed 3 Sept 2021.

Definitions

"Nicotine" is a highly addictive chemical compound present in a tobacco plant. All tobacco products contain nicotine, including cigarettes, non-combusted cigarettes (commonly referred to as "heat-not-burn tobacco products" or "heated tobacco products"), cigars, smokeless tobacco (such as dip, snuff, snus, and chewing tobacco), hookah tobacco, and vapour product liquids (also known as e-juice or e-liquid).

"**Smoke**" or "**Smoking**" means inhaling, exhaling, burning, heating, carrying or having possession of a burning or lit tobacco and/or plant product (including cannabis) or any other substances (whether natural or synthetic) in any manner or form. This includes the use of electronic nicotine delivery systems or electronic non-nicotine delivery systems (including electronic cigarettes) that create an aerosol or vapour, in any manner or form.

"**Staff**" means all care home employees, contracted staff, volunteers and any other service providers.

"**Tobacco**" means a product containing, made from, or derived from tobacco or nicotine that is burned, heated or lighted to be smoked or inhaled by any other means, including, but not limited to, cigarettes, cigars, little cigars or pipe tobacco. Other forms of tobacco can include chew tobacco, snus or snuff.

"**Vape**" or "**vaping**" means to inhale and exhale the aerosol or vapour produced by vapour products such as an electronic cigarette or a similar device.

Vapour product(s)" which includes an electronic nicotine delivery system or electronic non-nicotine delivery system such as an "**electronic cigarette**", capable of heating a substance or e-substance for inhalation or release into the air.

Appendices

- Appendix A: Smokeless Tobacco Recommendations
- Appendix B: Practical Uses for Nicotine Replacement Therapy

Appendix A: Smokeless Tobacco Recommendations

Smokeless Tobacco Nicotine Equivalencies

- If resident uses 2 or more cans or pouches of smokeless tobacco per week start with 21 mg patch daily plus PRN option.
- If resident uses less than 2 cans or pouches per week, start with 14 mg patch plus PRN option.
- Titrate based on withdrawal symptoms, aiming for comfort.

After 4 to 6 weeks of abstinence, taper the nicotine patch every 2 weeks by 7 mg as tolerated.

Appendix B: Practical Uses for Nicotine Replacement Therapy

If a resident chooses to continue tobacco, a Harm Reduction approach should be followed by encouraging the use nicotine replacement therapy (NRT) to reduce overall tobacco use.

The following are some practical teaching examples that staff can use when discussing NRT use with a resident, SDM or family (if appropriate):

- NRT can be used alongside tobacco products
- Unlike tobacco products, NRT can be used in various settings or situations such as:
    - within the care home
    - in their room especially at night
    - in the presence of others
    - on the grounds
    - on outings to venues where smoking is not permitted
    - to manage nicotine withdrawal overnight
    - during periods of illness e.g. exacerbation of COPD, droplet and contact precautions, end of life care
    - when unable to go out due to inclement weather e.g. rain, snow, extreme heat or poor outdoor air quality
    - attending a clinic or treatment appointments e.g. dialysis
    - on outings with family
    - preparing for surgery as this improves surgical outcomes e.g. improved healing, decreased risk of infection
    - reducing the effect of tobacco products on other chronic health conditions

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	Senior Environmental Health Officer, Health Protection Clinical Nurse Specialist Long-Term Care and Assisted Living Team **Development Team:** • Regional Tobacco & Vapour Products Reduction Coordinator, Environmental Health • Tobacco and Vapour Products Reduction Coordinator, Health Protection	Practice Consultant, Professional Practice **Development Team:** Manager Clinical Excellence and Program Education , Elder Care Clinical Nurse Specialist, Elder Care