

Tobacco Dependence Management Guideline

Site Applicability

All VCH and PHC acute care sites, tertiary mental health and addictions units

Practice Level

RN and RPN: Basic Skill

- **Performance of a Nurse Independent Activity (NIA)** is an advanced skill requiring additional education.
 - The following NIA have been approved for use as noted in the site applicability above. The following medication can be used by RNs/RPNs to independently treat Nicotine Withdrawal:
 - Nicotine gum &/or lozenges &/or patch &/or inhaler
 - Education includes LearningHub [NIA course](#)

LPN: Basic Skill (does not include the performance of an NIA).

Policy Statement

- All patients will be screened for tobacco use on admission. Tobacco dependence will be documented on the patient record. All tobacco dependent patients will be given strategic advice and supported using the 5 A's of tobacco treatment (see guideline).
- The use of NIA is supported within VCH/PHC and is defined within the Policy: [Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\)](#)
 - NIA can only be used at the sites where the NIA has been approved for RN/RPN practice
 - Physician or NP order is required to continue Nicotine Replacement Therapy (NRT) beyond 24 hours
 - NRT Pre-printed Physician/NP orders override the use of NIA
- **LPNs** require Physician or NP order for nicotine replacement therapy

Need to Know

- Treatment focus is withdrawal management and patient comfort while patients are in our care. There is no pressure to quit, only support for relief from withdrawal symptoms. Research shows that brief intervention by a health professional can increase the quit rate by 30%. Many people choose to quit while in hospital.
- All tobacco dependent patients will
 - have their level of nicotine dependence assessed
 - be offered Nicotine Replacement Therapy (NRT)
 - be monitored for withdrawal symptoms whether using NRT or not
 - have NRT titrated as necessary
 - be provided with information / support to quit
 - be referred to appropriate cessation or follow up resources including family physician where possible
- If a patient wishes to smoke s/he must be physically and mentally capable of getting themselves off property. Staff cannot facilitate patient smoking including wheeling them anywhere to smoke, lighting a cigarette for them, or waiting for them while they smoke.

- Tobacco Dependence is due to Nicotine addiction which is a physical dependency. It is now recognized as a chronic relapsing disease that typically requires multiple interventions. Withdrawal symptoms can be severe and can last up to four weeks^{1,2}

Signs of Nicotine Withdrawal
<ul style="list-style-type: none"> • Craving tobacco • Headache, nausea, poor concentration, dizziness • Decreased heart rate • Irritability, anxiety, anger • Fatigue, insomnia, restlessness • Gas, stomach pain, constipation, diarrhea • Tightness in the chest • Depression • Sore throat, tongue, gums

- NRT products have been shown to decrease symptoms of nicotine withdrawal and are identified as first-line medications to increase smoking abstinence. Patients who want to stop smoking, reduce the amount smoked or simply be comfortable and avoid withdrawal while in a smoke-free premise can use NRT products¹.
- Nicotine is the active component of tobacco. Nicotine delivery by patch, gum, lozenge or inhaler does not cause the rapid plasma nicotine concentrations that occur with cigarette smoking. Rapid plasma increases are the primary mechanism responsible for tobacco addiction. Chronic smoking causes the development of tolerance, which means that chronic smokers can tolerate acute, highly toxic doses of nicotine. NRT can cause adverse reaction similar to those associated nicotine administered by smoking or those that accompany tobacco withdrawal, especially in the GI and CNS systems. However, since plasma nicotine concentrations reached with NRT are substantially lower and fluctuate less than those produced by smoking, nicotine related adverse reactions occurring during NRT treatment can be expected to be markedly lessened.³
- The nicotine patch can be safely used at doses higher than those recommended by the product monograph.⁴
- Treatment is usually with a continuous nicotine replacement option (the patch) plus PRN (gum, lozenge, inhaler). For comparison of each choice and possible side effects, see NRT Teaching Sheet ([Stop Smoking Medications](#)).
- Smoking harms nearly every organ of the body. Smoking causes many diseases and reduces the health of smokers in general⁵. Scientific evidence indicates that there is no risk-free level of exposure to second-hand smoke⁵.
- Addressing tobacco dependence can improve the quality and length of patient's lives and the lives of the people around them. Patients who quit smoking have shorter length of stays, fewer complications, and are less likely to be re-admitted^{7,8,9}
- Initial, effective, smoking cessation counselling can be delivered as part of routine clinical practice in as little as two minutes.
- VCH/PHC each have a Smoke-Free Premises Policy ([VCH Policy](#) or [PHC Policy](#)). No-one (including patients, visitors, volunteers and Staff) is permitted to smoke in the hospital or on hospital grounds.
 - **Note:** Cultural and Ceremonial Use of Tobacco and Smudging is an exception and is separate from nicotine dependence or withdrawal (see [VCH Smoke-Free Premises Policy](#))

Equipment & Supplies

- Nicotine patches, gum, lozenge, and inhaler as available at your site
- Quit Kit. Available from Tobacco Program Assistant at 604-675-3801 or Patient Health Education Materials Resource Catalogue website: [VCH](#) and [PHC](#)
- Quitnow [fax referral forms](#)

Practice Guideline

The 5 A's of Tobacco Treatment¹⁰

A systematic approach is used to provide information and assistance to all tobacco users in the hospital. For a summary of this process, refer to the [Inpatient Plan of Care Flowchart for the Tobacco Dependent Patient](#).

1. ASK: Identify Tobacco Users on Admission

During admission, all patients are screened for tobacco use by asking:

- "Have you used any tobacco products in the last 6 months?"
- "Have you used any tobacco products in the last 7 days?"
- **Note:** Upon admission to (some) Emergency Departments, patients are screened by the intake clerks for tobacco use in the last 30 days.

2. ADVISE: Inform Patient of Hospital Smoke-Free Premises Policy, the Benefits of Quitting and the Support Available

- If yes to any of the smoking screening questions, inform patient of the following:
 - *This is a non-smoking facility and you cannot smoke in the building or on the grounds. There is help available if you have the urge to smoke. (Note: ceremonial use is an exception)*
 - *Quitting smoking is the best thing you can do for your health.*
- If yes to the 7 day or 30 day question:
 - *Nicotine Replacement Therapy (NRT) can help you avoid withdrawal and keep you comfortable while in our care. As a standard of care I would like to order NRT for you. Would you like the patch and gum or the patch and the inhaler or lozenge?*

3. ASSESS: Level of Nicotine Dependence

All tobacco users who are nicotine-dependent and experiencing, or at risk of experiencing nicotine withdrawal, are offered nicotine replacement therapy.

- Assess patient's willingness to utilize NRT for withdrawal management.
If patient wishes to have pharmacotherapy support, complete the "Level of Nicotine Dependence" assessment on reverse of Regional Nicotine Replacement Therapy Pre-Printed Order (PPO) or NRT RNIA available from [VCH Printing Services](#). Nicotine Replacement Therapy Registered Nurse Initiated Activity" (NRT RNIA) (see sample [Appendix A](#)).

VCH:

RNIA:

- **Coastal:** NRT RNIA (Regional) - [VCH.CO.3021](#)
- **VA:** NRT RNIA (Regional) - [881](#)

PPO:

- **Coastal:** NRT PPO (Regional) - [VCH.CO.3020](#)
- **Richmond:** NRT PPO (Regional) - [VCH.RD.RH.0051](#)
- **VA:** NRT PPO (Regional) - [638](#)

PHC: PHC-PH242 (print from ChartScan)

- If patient uses smokeless tobacco, see [Smokeless Tobacco Treatment Recommendation](#) for equivalencies.

Level of Nicotine Dependence (Brief Fagerström test)	
1. How soon after waking does the patient have their first cigarette?	<input type="checkbox"/> within 5 minutes (3 points) <input type="checkbox"/> 6 to 30 minutes (2 points) <input type="checkbox"/> 31 to 60 minutes (1 point) <input type="checkbox"/> more than 1 hour (0 points)
2. On average, how many cigarettes does the patient smoke per day?	<input type="checkbox"/> more than 30 (3 points) <input type="checkbox"/> 21 to 30 (2 points) <input type="checkbox"/> 11 to 20 (1 point) <input type="checkbox"/> 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 patient feel they need assistance with smoking abstinence in hospital/facility. (May not be needed if low nicotine dependence)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. ASSIST: Initiate NRT and Follow Up

- LPN:** contact most responsible prescriber with "Dependence Level" score and to initiate Regional Nicotine Replacement Therapy Pre-Printed Orders.
- VCH:**
 - Coastal:** NRT PPO (Regional) - [VCH.CO.3020](#)
 - Richmond:** NRT PPO (Regional) - [VCH.RD.RH.0051](#)
 - VA:** NRT PPO (Regional) - [638](#)
- PHC:** PHC-PH242 (print from ChartScan)
- RN/RPN:** initiate Regional Nicotine Replacement Therapy RNIA Preprinted Order (see sample [Appendix A](#)) and obtain NRT Pre-printed orders from most responsible prescriber within 24 hours for ongoing treatment.
- Inform patient about the use of NRT. Utilize [NRT Teaching Sheet \(Stop Smoking Medications\)](#) (In Quit Kit) as appropriate.
- Give [Quit Kit](#) including information on 811 - free pharmacotherapy from the BC government and Quit Now - a phone, text and online cessation support service.

Monitoring and Dose Titration

- Monitor and assess closely PRN for
 - withdrawal symptoms (see [Need to Know](#) section)
 - continued smoking
 - NRT side effects that indicate patient is getting too much nicotine such as sleep disturbance, headaches and nausea.
 - NRT side effects that indicate a patient is using the product incorrectly (i.e. stomach disturbances from chewing the gum incorrectly). See [NRT Teaching Sheet \(Stop Smoking Medications\)](#) for more details regarding potential side effects with stop smoking medications.

Note: This is a **controlled** document for VCH & PHC internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

- Contact the most responsible prescriber if:
 - withdrawal symptoms or craving persist despite appropriate use of short acting PRN therapy (gum, inhaler, lozenge)
 - patient exhibits signs of nicotine toxicity (sleep disturbance, headache, nausea)
 - patient expresses new or worsening ischemia, new dysrhythmia, nausea, vomiting, sweating, tremor

Precautions and Special Considerations

- Patients on nicotine gum and inhaler who are suffering from active esophagitis, oral or pharyngeal inflammation, or gastritis may experience exacerbated side effects¹¹.
- Patients with Diabetes (Insulin Dependent) using any NRT products may experience fluctuations in blood sugar levels as nicotine inhibits the release of insulin from the pancreas. When a patient stops smoking or receives NRT, monitor blood sugar levels closely¹².
- Tobacco addiction is a principal contributor to the development of coronary artery disease (CAD) and its consequences including sudden cardiac death, acute myocardial infarction, and heart failure.¹³ Counselling and pharmacotherapy are well-tolerated and effective treatments for CHD patients; treatments initiated in hospital following a CHD related event are more effective than those initiated outside the hospital setting. Use of NRT is safer than the patient smoking¹⁴.
- **Pregnant or lactating patients: NRT initiated by PRESCRIBERS ONLY** (i.e. Physician or NP order required)
 - Because of the serious risks of smoking to the pregnant smoker and fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit. Abstinence in early pregnancy will produce the greatest benefits, but quitting at any point will yield results¹⁵.
 - Nicotine crosses the placental barrier and is also excreted in breast milk. Smoking exposes the mother and fetus to multiple harmful toxins (many of which are carcinogenic). Although there is a probable relationship between nicotine and spontaneous abortion, low birth weight and neonatal neurotoxicity, NRT is a safer option for addressing nicotine dependence than smoking. NRT is recommended if a woman smokes greater than 10 cigarettes per day and is unable to quit with counseling alone¹⁶.
 - The risks and benefits of NRT must be discussed with pregnant/lactating patients. For these patients, nicotine gum or inhaler is recommended on a PRN basis; if the nicotine patch is used, it should be removed at night¹⁵.
- **VGH and UBC – Acute Mental Health Units** utilize [Nicotine Dependent Patient in Acute Mental Health - Care and Management](#)
- Though there are theoretical risks to the use of NRT in the free flap surgical setting, it is highly probable that the use of tobacco poses a greater threat. In the event that the patient is at high risk of returning to smoking, clinical judgment will be required in the decision to use NRT.

NRT Patch Management

- MRI: Nicotine patch must be removed before patient goes for an MRI.
- Nicotine patch replacement between standard administration times: Regardless of the reason for the 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 the patch as per schedule.
- If patient continues to smoke, there is no need to remove the patch. It may be an indicator that the patient is under-dosed and suffering withdrawal symptoms. Reassess and consider titrating patient's NRT upwards.

5. ARRANGE: Supports for Patient in Hospital and Upon Discharge

Smoking Cessation Support

- REFER in hospital: If yes to any of the tobacco screening questions, refer to Tobacco Cessation Educator (TCE) or Tobacco Champion per site availability. Be aware that many smokers relapse, may be vulnerable while in hospital, and may require support even if they haven't smoked in a few months.
- ENSURE patient has a [Quit Kit](#) including information on the BC Smoking Cessation Program: call 811 for free pharmacotherapy from the BC Government.
- REFER on discharge as appropriate:
 - [Community Tobacco Dependence programs or Smoking Cessation Clinic](#)
 - [Fax Referral](#) to [QuitNow Services](#).
 - Follow-up with patient's family physician, especially if patient is using NRT

Patient/Client/Resident Education

- **Quit Kits** – available from Tobacco Program Assistant at 604-675-3801 or Patient Health Education Materials Resource Catalogue website: [VCH](#) and [PHC](#)
- [NRT Teaching Sheet \(Stop Smoking Medications\)](#) for NRT product prescribed in hospital. Available from VCH and PHC connect website and is in Quit Kit.
- All resources listed below available from Tobacco Program Assistant at 604-675-3801:
 - "QuitNow.ca" brochure
 - "QuitNow Fax Referral"
 - BC Smoking Cessation Program (811 for free pharmacotherapy)
 - Other cessation resources as available

Area specific Community Resources – Tobacco Reduction Coordinators

- Vancouver: 604-675-3838
- Richmond: 604-233-3112
- North Shore and Sea to Sky: 604-983-6711
- Sechelt and Sunshine Coast: 604-885-5164

Documentation

Document all assessment interventions and patient / family education on the appropriate site-specific tools.

Includes:

- Screening documentation (Admission assessment – site/unit-specific)
- Client care record (e.g. Narrative notes, Nurses' notes, Progress notes, Kardex)
- Nicotine Replacement Therapy Orders (PPO)
- Nicotine Replacement Therapy RNIA Preprinted order (see sample [Appendix A](#))
- Medication Administration record (MAR)
- [Smoking Cessation Consult Form](#) (For Tobacco Champion or Tobacco Cessation Educator)
- Discharge planning notes (Include use of NRT, education, resources given etc.)

Related Documents

Smoke Free Premises Policy:

- [VCH Smoke-Free Premises Policy](#)
- [PHC Smoke-Free Premises Policy](#)

Nicotine Replacement Therapy RNIA Preprinted Order

available from [VCH Printing Services](#) (see sample [Appendix A](#))

- **VCH:**
 - **Coastal:** NRT RNIA (Regional) - [VCH.CO.3021](#)
 - **VA:** NRT RNIA (Regional) - [881](#)
- **PHC:** PH242-RN (print from ChartScan)

Nicotine Replacement Therapy Orders (PPO)

- **VCH:**
 - **Coastal:** NRT PPO (Regional) - [VCH.CO.3020](#)
 - **Richmond:** NRT PPO (Regional) - [VCH.RD.RH.0051](#)
 - **VA:** NRT PPO (Regional) - [638](#)
- **PHC:** PHC-PH242 (print from ChartScan)

Tobacco Consult Form:

- [Smoking Cessation Consult Form](#)
To be attached to the chart; to be used by Tobacco Cessation Educator, Respiratory Therapist, Tobacco Champion or other healthcare provider.
- [Fax Referral form](#) to [QuitNow Services](#).

References

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<https://www.oma.org/Resources/Documents/e2008RethinkingStop-SmokingMedications.pdf>
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12. Sherman, J.J., MCS, PharmD (2005). The Impact of Smoking and Quitting Smoking on Patients With Diabetes. *Diabetes Spectrum* October 2005 vol. 18 no. 4 202-208
13. Pipe, A.L.; Eisenberg, M.J.; Gupta, A.; Reid, R.D.; Suskin, N.G.; Stone, J.A. (2011) Smoking cessation and the cardiovascular specialist: Canadian Cardiovascular Society position paper. *Can J Cardiol* 2011 Mar-Apr; 27(2):132-7
14. Reid, R.D.; Mullen, K.A.; Pipe, A.L (2011) Systematic approaches to smoking cessation in the cardiac setting. *Curr Opin Cardiol*. 2011 Sep;26(5):443-8
15. Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update, US Department of Health and Human Services. Public Health Service; 2008
16. British Columbia Reproductive Care Program (2006). BCRCP Guideline: *Tobacco Use in the Prenatal Period, 2006*, Prenatal Services BC, Vancouver, BC Retrieved from <http://www.perinatalservicesbc.ca>

Developed by

CPD Developer Lead(s):

Community Care Lead - Clinical Smoking Cessation Program, VCH & PHC
Acute Lead - Clinical Smoking Cessation Program, VCH & PHC

Other members:

Regional Manager, Tobacco Reduction Program, VCH Tobacco Reduction Program
Addiction Physician, Addiction Services – Pacific Spirit, Vancouver Community
Medication Use Management Pharmacist, Pharmacy, Vancouver - Acute

Endorsed by

VCH: (Regional SharePoint 2nd Reading)
Health Authority Profession Specific Advisory Council Chairs (HAPSAC)
Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)
Operations Directors
Professional Practice Directors
Regional Pharmacy & Therapeutics Committee
Health Authority Medication Advisory Council (HAMAC)

PHC: Professional Practice Standards Committee

Final Sign-off & Approved for posting by

Chief Nursing Officer & Executive Lead Professional Practice – VCH
Professional Practice Standards Committee - PHC

Date of Approval/Review/Revision

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Posted: Feb 28, 2014



Effective Date: (*staggered implementation across VCH CoCs*)

Vancouver: February 28, 2014

Coastal: August 8, 2014

Revised: February 21, 2017 (RH implementation Feb 17, 2017)

Appendix A: Nicotine Replacement Therapy RNIA

IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604 -XXX XXXX IMMEDIATELY												
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Vancouver Coastal Health </div> <div style="text-align: center;">  Providence HEALTH CARE </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Locally-modifiable elements are indicated in grey text</p>	<div style="text-align: right; font-style: italic; font-size: small;">Approved Regional P&T Jan. 2014</div>											
REGISTERED NURSE INITIATED ACTIVITY NICOTINE REPLACEMENT THERAPY (REGIONAL) <small>(items with check boxes must be selected to be ordered)</small>												
Date: _____ Time: _____		(Page 1 of 2) Time Processed RN Initials Comments										
<ul style="list-style-type: none"> Medications and other actions documented on this form are only valid for 24 hours Orders for continuing therapy beyond 24 hours must be obtained from a prescriber <p style="text-align: center; margin-top: 10px;">Refer to Nicotine Replacement Therapy (NRT) Medication Guidelines for prescribers Pregnant or lactating patients - PRESCRIBER'S ORDER NEEDED</p> <p>NICOTINE DEPENDENCE ASSESSMENT:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Level of Nicotine Dependence (or Functional Test)</th> <th style="width: 50%;">Points</th> </tr> </thead> <tbody> <tr> <td>1. How long after waking does the patient smoke their first cigarette?</td> <td> <input type="checkbox"/> within 5 minutes (3 points) <input type="checkbox"/> 6 to 30 minutes (2 points) <input type="checkbox"/> 31 to 60 minutes (1 point) <input type="checkbox"/> more than 1 hour (0 points) </td> </tr> <tr> <td>2. On average, how many cigarettes does the patient smoke per day?</td> <td> <input type="checkbox"/> more than 30 (3 points) <input type="checkbox"/> 21 to 30 (2 points) <input type="checkbox"/> 11 to 20 (1 point) <input type="checkbox"/> 10 or less (0 points) </td> </tr> <tr> <td>3. Assign Score: _____ points</td> <td> 5 to 6 points = high nicotine dependence 3 to 4 points = moderate nicotine dependence 0 to 2 points = low nicotine dependence </td> </tr> <tr> <td>4. Does the patient feel they need assistance with smoking abstinence in hospital/facility? (May not be needed if low nicotine dependence)</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table> <p><input type="checkbox"/> HIGH NICOTINE DEPENDENCE (10 or more cigarettes/day *OR* a score of 5 to 6 points on assessment): Order both Continuous Replacement *AND* PRN Replacement Therapies</p> <p>Continuous Replacement:</p> <p><input type="checkbox"/> nicotine patch 21 mg x 24 hours</p> <p>PRN Replacement:</p> <p><input type="checkbox"/> nicotine gum 4 mg chewed Q1H PRN to a maximum of 80 mg in 24 hours</p> <p><input type="checkbox"/> nicotine lozenge 4 mg buccal Q1H PRN to a maximum of 80 mg in 24 hours</p> <p><input type="checkbox"/> nicotine inhaler PRN to a maximum of 12 cartridges in 24 hours</p>			Level of Nicotine Dependence (or Functional Test)	Points	1. How long after waking does the patient smoke their first cigarette?	<input type="checkbox"/> within 5 minutes (3 points) <input type="checkbox"/> 6 to 30 minutes (2 points) <input type="checkbox"/> 31 to 60 minutes (1 point) <input type="checkbox"/> more than 1 hour (0 points)	2. On average, how many cigarettes does the patient smoke per day?	<input type="checkbox"/> more than 30 (3 points) <input type="checkbox"/> 21 to 30 (2 points) <input type="checkbox"/> 11 to 20 (1 point) <input type="checkbox"/> 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 patient feel they need assistance with smoking abstinence in hospital/facility? (May not be needed if low nicotine dependence)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of Nicotine Dependence (or Functional Test)	Points											
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4. Does the patient feel they need assistance with smoking abstinence in hospital/facility? (May not be needed if low nicotine dependence)	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Signature _____ Printed Name _____ CRNBC College ID _____ <small>xxxxx Rev xx-xxxx</small>												

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NICOTINE REPLACEMENT THERAPY (NRT) MEDICATION GUIDELINES

To reduce withdrawal symptoms, support abstinence while in hospital and to promote smoking cessation on discharge

VCH and PHC are smoke-free premises. Some patients* who smoke may require assistance during their stay to prevent or treat nicotine withdrawal. Nicotine replacement therapy (NRT): nicotine patch, gum, lozenge or inhaler is available to help improve patient comfort and support abstinence. NRT by any delivery system has been shown to double the smoking cessation rate.¹

Use of NRT is justified in patients with acute coronary syndrome or stroke within the past 14 days if the patient is at risk of resuming smoking or is experiencing severe withdrawal symptoms.

Though there are theoretical risks to the use of NRT in the free flap surgical setting, it is highly probable that the use of tobacco poses a greater threat. In the event that the patient is at high risk of returning to smoking, clinical judgment will be required in the decision to use NRT

Consider smoking cessation medications for long-stay patients and residents.

- Combination NRT therapy (patch and gum or lozenge or inhaler) is recommended for high or moderate nicotine dependence

Nicotine Replacement Therapy Options			
Nicotine Patch	Nicotine Gum	Nicotine Inhaler	Nicotine Lozenge
<ul style="list-style-type: none"> Easiest to use Continuous delivery Increases efficacy when used in combination with a PRN nicotine gum, inhaler or lozenge. Remove prior to bedtime Peak nicotine levels are reached in 4 hours 	<ul style="list-style-type: none"> Useful adjunct to patch for PRN use (if patient can chew; no dentures) Must use correct technique: Bite gum once, hold between teeth and gum for 30 seconds. Vary the time between uses. Keep in mouth until bitter taste subsides. Alternative to patch; can use regularly Q1H if patch unsuitable 	<ul style="list-style-type: none"> Useful adjunct to patch for PRN use Use 8 to 12 puffs of 1 cartridge = 1 cigarette 1 cartridge delivers 4 mg nicotine and can replace 4 cigarettes and lasts up to 20 minutes of continuous puffing Most expensive 	<ul style="list-style-type: none"> Alternative to gum in patients who find gum difficult to chew May be easier to use than gum or inhaler
Adverse Effects			
<ul style="list-style-type: none"> May cause insomnia (if develops, remove patch at night and reapply in AM) Skin rash (ensure sites rotated daily) 	<ul style="list-style-type: none"> Can cause jaw pain (if develops, review correct technique) 	<ul style="list-style-type: none"> Can cause throat irritation 	

Monitoring and Dose Titration

- Monitor and assess closely PRN for withdrawal symptoms, continued smoking and adverse effects
- Increase patch dose if withdrawal symptoms (e.g. irritability, headaches, ↓ HR) or cravings persist despite appropriate use of PRN therapy
 - Increase dose by 7 mg Q12H PRN to a maximum of twice the starting dose. Consult physician/NP/pharmacist if further increase required
- Advise the most appropriate healthcare provider to initiate NRT PPO for continued withdrawal management

Promote Smoking Cessation

On Admission

- Ask** patient about tobacco use
- Advise** patient about the benefits of withdrawal support and quitting
- Assess** patient's need for NRT and readiness to quit
- Assist** by providing NRT and other supports
- Arrange** appropriate follow-up and provide patient teaching sheets** for NRT and Quit Kit

At Discharge

- Assist** by ensuring patient has teaching sheets** for NRT product used in hospital
- Provide** self help materials (Quit Kit)
- Arrange** further support by referring patient to Quitnow or other smoking cessation resource www.quitnow.ca or 1-877-455-2233

* Patient=resident/client

**http://vhnet/programs_services/pharmacy_va/patient_counselling/drug_monographs/page_4101.htm

1. Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update. U.S. Department of Health and Human Services. Public Health Service; 2008

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IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604 -XXX XXXX IMMEDIATELY



NOTE: Locally-modifiable elements are indicated in grey text

**REGISTERED NURSE INITIATED ACTIVITY
NICOTINE REPLACEMENT THERAPY (REGIONAL)**

(items with check boxes must be selected to be ordered)

(Page 2 of 2)

- ☐ **MODERATE NICOTINE DEPENDENCE** (less than 10 cigarettes/day or a score of 3 to 4 points on assessment):
Order both Continuous Replacement *AND* PRN Replacement Therapies

Continuous Replacement:

- ☐ nicotine patch 14 mg x 24 hours

PRN Replacement:

- ☐ nicotine gum 2 mg chewed Q1H PRN to a maximum of 16 mg in 24 hours
☐ nicotine lozenge 2 mg buccal Q1H PRN to a maximum of 40 mg in 24 hours
☐ nicotine inhaler PRN to a maximum of 6 to 12 cartridges in 24 hours

- ☐ **LOW NICOTINE DEPENDENCE** (less than 10 cigarettes/day or a score of 0 to 2 points above):

- ☐ nicotine patch 7 mg x 24 hours
☐ nicotine gum 2 mg chewed Q1H PRN to a maximum of 40 mg in 24 hours
☐ nicotine lozenge 2 mg buccal Q1H PRN to a maximum of 40 mg in 24 hours
☐ nicotine inhaler PRN to a maximum of 6 to 12 cartridges in 24 hours

Time Processed
RN Initials
Comments

Signature
XXXXX

Rev XX-XXXX

Printed Name

CRNBC College ID

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