

## Physician Guidelines for Titration of Nicotine Replacement Therapy

Encourage the use of Short-acting NRT, to address cravings as necessary. Ensure patient has access to Short-acting NRT at bedside.

**Assess Q shift** for withdrawal symptoms or cravings. If these persist move to the next higher dose protocol.

**When Using protocol one ( greater than 40 Cigarettes per day):**

If within 24 hours of initial application, withdrawal or cravings persist, add Nicotine Transdermal Patch 7mg patch and repeat as needed every 24 hours until cravings controlled.

May Consult pharmacist for other Tobacco cessation pharmacotherapies

**For all protocols:** If patient experiences persistent nausea or palpitations, discontinue protocol and move to the next lower dose protocol.

It may be necessary for patient to remain on Nicotine Replacement Therapy longer than above schedule.

It may be necessary for patient to remain on a particular step of Nicotine Replacement Therapy longer than above schedule.

**For Pregnant Women:** Ontario Medical Association guidelines state “ *NRT is safer than smoking for the pregnant woman and her fetus if she is unable to quit smoking with a behavioural intervention.* ”

A Discussion regarding the risks and benefits of any form of nicotine to the developing fetus should be discussed with the patient. However, it should be stressed that NRT removes the risk of other highly toxic chemicals from the developing fetus. Dosing should be based on an individuals needs.

### Nicotine Replacement Therapy (NRT) Instructions

**Instructions for NRT Patch:** Apply patch to dry, hairless area between neck and waist. Remove old nicotine patch daily prior to applying new patch. Application sites should be rotated to avoid local skin irritation. Patch may be removed 1 hour prior to bed time if patient complains of insomnia and/or vivid dreams.

**There are three forms of short acting NRT. The patient should be provided with guidance as to which form may be most suitable for them. For example, gum may not be appropriate for patients with dentures. However, the patient's choice should be the ultimate factor in deciding which form to use.**

**Instructions for NRT Gum:** Bite gum once or twice, then “park it” between cheek and gum. This is done because the nicotine is absorbed through the cheeks and not by the act of chewing the gum. Encourage the patient to repeat the bite each time they would have normally taken another puff on a cigarette. After 30 minutes, all medication is released and gum can be discarded. Chew a new piece as soon as the urge for a cigarette occurs.

**Instructions for NRT Lozenge:** Suck on the lozenge until a strong taste is noted, then park it between gum and cheek and allow it to dissolve. Periodically, the lozenge should be moved from one side of the mouth to the other, and repeated, until the lozenge is completely dissolved (Approximately 20-30 minutes). The lozenge should not be chewed or swallowed whole.

**Instructions for NRT Inhaler:** Place cartridge into inhaler. Place the tapered end of the inhale r in mouth and puff in short breaths. Puff on inhaler as often as needed. Replace cartridge when taste or tingling in mouth is no longer present

#### WITHDRAWAL SCALE ( Symptoms based on last 24 hours )

0 = None 1 = Slight 2 = Mild 3 = Moderate 4 = Severe

#### Withdrawal Symptom

- Desire or craving to smoke
- Anger, irritability, frustration
- Anxiety, restlessness
- Other (headache, coughing, sore throat)
- Difficulty concentrating
- Depressed mood
- Insomnia, waking at night

#### Alternate Tobacco Cessation Pharmacotherapies

Varenicline, Bupropion SR