

WEST LINCOLN MEMORIAL HOSPITAL – POLICY AND PROCEDURE MANUAL

Section: **CLINICAL NURSING**

Title: **SMOKING CESSATION PROTOCOL FOR INPATIENTS**

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	Changed:	Number:
	Reviewed:	Developed By: Smoke-Free WLMH Advisory Committee
	Page: 1 of 4	Applies To: All Staff, Professional Staff
Approved by: Medical Advisory Committee	Signature:	

POLICY

West Lincoln Memorial Hospital (WLMH) will use an evidence-based approach to identify and assist patients admitted to the organization who use tobacco products. This includes support for patients who request assistance in their efforts to attain a smoke-free lifestyle and/or to manage nicotine withdrawal symptoms while unable to smoke within the hospital or on hospital property. Where applicable/appropriate, both drug and non-drug support measures will be used.

Dialogue with the patient regarding smoking cessation will be framed using the “5A’s Model” of Ask, Advise, Assess, Assist and Arrange.

Key elements of the patient support program include:

- On admission, the relevant aspects of the organization’s Tobacco and Smoke Free Environment Policy (WLMH Policy #80-07-100) are reviewed with all patients and their families/designates.
- All patients admitted to WLMH are screened for tobacco use using the Tobacco Use Record – the 5As – WLMH Form #00256 (“Tobacco Use Record”)
- All patients who self-identify as using tobacco products within the last six months are:
 - advised in a non-judgmental, respectful manner regarding the health benefits of smoking cessation
 - offered education and counseling on smoking cessation or strategies to manage nicotine withdrawal symptoms while unable to smoke in hospital or on hospital property
 - offered a referral to an ongoing community smoking cessation program upon discharge from WLMH

PROCEDURE

- On admission, the nurse will screen for tobacco use using the Tobacco Use Record (form #00256)
- In a non-judgmental, respectful manner, advise the patient who self-identifies as using tobacco products in the last six months that quitting smoking is one of the best things they can do for their health.
- **For the patient who requests assistance to either (a) reduce or quit smoking or (b) manage nicotine withdrawal symptoms while unable to smoke during hospital stay, clinical staff will:**
 1. Ensure that an assessment of the patient's tobacco use history appears on the Tobacco Use Record (form #00256).

Title: SMOKING CESSATION PROTOCOL FOR INPATIENTS

2. Provide education and support on tobacco cessation by using the 5As model, including use of the Tobacco/Smoking Cessation Teachback Record (form #00286-A).
 3. Provide the patient and family members with patient-friendly education materials (refer to “Assist” section on the Tobacco Use Record)
 4. Provide information on pharmacotherapy options using the Medications To Help You Quit Smoking Handout
 5. Notify the most responsible physician (MRP) or delegate that the patient may be a candidate for nicotine replacement therapy (NRT)
 6. Where applicable/appropriate, the MRP will complete the Physician’s Order: Nicotine Replacement Therapy (form # 00284). (This should be used in conjunction with the NRT Scheduled Medication Administration Record [MAR], form #00273-C.)
 7. Record/monitor the patient’s progress via the Tobacco/Smoking Cessation Withdrawal Record (form #00286-B).
- **If the patient does not want to quit smoking or to receive assistance to manage nicotine withdrawal symptoms:**
 1. Provide the patient with education as outlined in the “Assist” section on the Tobacco Use Record
 2. Reassure patient that if they change their mind and would like assistance, they can inform a member of the healthcare team at any time
 3. Nursing staff will assess patient for signs and symptoms of nicotine withdrawal using the Tobacco/Smoking Cessation Withdrawal Record (form #00286-B).
 4. If the patient experiences withdrawal symptoms ranking 3 or 4 on the Nicotine Withdrawal Scale, discuss with the patient that (a) they may be experiencing nicotine withdrawal, and (b) that medication may help to relieve symptoms while they are unable to smoke.

Patients on Nicotine Replacement Therapy

The patient’s nurse will:

1. Assess the patient for signs and symptoms of nicotine withdrawal using the Tobacco/Smoking Cessation Withdrawal Record (form #00286-B).
2. Contact the MRP if the patient experiences withdrawal symptoms ranking 3 or 4 on withdrawal scale despite the use of NRT
3. Assess the patient for signs and symptoms of nicotine toxicity (nausea, vomiting, palpitations, dizziness, rapid heart rate, blurred vision, headaches and cold sweats) and document in nursing notes as necessary.
4. In the event of nicotine toxicity, contact the MRP for further orders and discontinue the patient’s use of NRT (e.g., remove patch, instruct patient not to use NRT gum) until further direction from the MRP.
5. If the patient using an NRT patch develops a severe skin rash and/or has sensitivity to adhesives, contact the MRP for further orders.

Title: SMOKING CESSATION PROTOCOL FOR INPATIENTS

Preparing for Transfer or Discharge

- Upon transfer to another unit or discharge of patient to another level of care, information about continued NRT use will be provided during the unit to unit transfer of accountability or on the transfer sheet.
- On discharge from the facility, patients should be provided with written instructions for continued tobacco cessation pharmacotherapy if applicable
- Tobacco cessation should be included as part of the WLMH discharge medication reconciliation process and communicated to the patient's family physician in the discharge summary.
- The physician, nurse, or allied health professional will discuss with the patient the options for community tobacco cessation follow-up on discharge from WLMH and where feasible will facilitate a referral to the appropriate program.

Program*	Contact Information	Notes
Smokers' Helpline Fax Referral Program	Fax referral form available in the Forms directory (#00281), and copies at each nursing station	The patient's written informed consent is required on the referral form. Fax form prior to discharge.
Heart Niagara Smoking Cessation Program	Call 905-358-5552	Support program lasting up to 12 weeks, with NRT product up to 8 weeks. Requires completion of Heart Niagara referral form

* Not a comprehensive program list.

SUMMARY OF DOCUMENTATION/RELATED DOCUMENTS

- WLMH Policy #80-07-100 Tobacco and Smoke Free Environment
- Tobacco Use Record (form # 00256)
- Preprinted Order: Nicotine Replacement Therapy (form # 00284)
- NRT Scheduled Medication Administration Record [MAR], form #00273-C.)
- For patients who self identify as using tobacco products, record the patient's progress via the Tobacco/Smoking Cessation Withdrawal Record (form #00286-B), whether they are using NRT or not
- Record the assessment for excess nicotine on the Kardex (or other unit-specific patient documentation tool).
- For the patient requesting follow-up with a community resource (see above), use the 'Assist' portion of the Tobacco Use Record (form # 00256) to document that referral has been arranged
- Education provided to the patient regarding ongoing tobacco cessation regime is documented on the Tobacco Cessation Teaching Record (page 2 of the Tobacco Use Record [form #00256]) and/or in the interdisciplinary patient care notes.
- Patient education materials/pamphlets:
 - "Medications to Help You Quit Smoking"
 - Other pamphlets as available

REFERENCES

- Hamilton Health Sciences Tobacco Cessation Protocol (accessed January 18, 2013)
- Ontario Pharmacists' Association Smoking Cessation Program Tools. Available at: <http://www.opatoday.com/index.php/resources/smoking-cessation.html>. Accessed January 18, 2013.
- Smokers' Help Line Quit Connection. Available at: <http://quit.smokershelpline.ca/refer/>. Accessed February 20, 2013.