

Title: Tobacco Cessation and Nicotine Replacement Therapy Protocol	
Manual:	Section:
Document Number:	Issuing Authority:
Date Issued: January 2010	Date Revised: June 2012

1.0 PURPOSE:

BCHS has developed a tobacco cessation protocol which systematically identifies, provides treatment, and offers follow-up to all tobacco users seen in clinical practice. To ensure there is an evidence-based approach to identify and assist patients who use tobacco products, this protocol, also known as the “5 A Model for Minimal Contact Intervention”, is based on the Ottawa Model for Smoking Cessation and the RNAO Best Practice Recommendations for Smoking Cessation. The protocol outlines the support for patients who request assistance in their efforts to attain a tobacco-free lifestyle or to manage nicotine withdrawal symptoms while unable to use tobacco within the hospital or on hospital owned sites and property. Tobacco cessation rates are dramatically increased when clinicians provide even brief interventions to patients.

The following policy will:

- outline the process for identifying patients admitted to BCHS (including patients admitted to the Emergency Department (ED)) who use tobacco products.
- outline the use of the "5A Model of Minimal Contact Intervention" process for assisting patients to reduce tobacco use, quit tobacco, or to manage nicotine withdrawal symptoms while unable to smoke within the hospital or on hospital owned sites and property.
- describe the referral process to community resources and supports for patients who request ongoing tobacco cessation follow-up upon discharge from BCHS.
- outline the proper use of Nicotine Replacement Therapy (NRT).
- outline the nicotine withdrawal/toxicity assessment.

2.0 DEFINITIONS:

Tobacco: Any processed or unprocessed form of tobacco that may be smoked, inhaled, or chewed, including but not limited to snuff, chewing tobacco, snus, cigarettes, contraband cigarettes, cigarillos, cigars, pipe tobacco, hookah pipe, and herbal cigarettes.

5 A Model of Minimal Contact Tobacco Intervention: Evidence-based approach to tobacco intervention that is advocated in many clinical best practice guidelines and is designed to be implemented in less than three to five minutes. The 5 A Model consists of Ask, Advise, Assess, Assist and Arrange. The 5 A Model will be captured in the Tobacco Use Record in PCS for inpatients, and within the unit-specific documentation form in the ED and outpatient settings.

3.0 POLICY:

3.1: On admission, and at each contact, the relevant aspects of the Smoke-Free & Tobacco-Free Property Policy are reviewed with all patients and their families, or with those individuals who accompany a patient.

3.2: Using the 5 A Model for Minimal Contact Intervention, all patients admitted to BCHS and all outpatients at BCHS will be screened for tobacco use using the Tobacco Use Record in PCS (Appendix A), or the unit-specific documentation form in the ED or outpatient settings (refer to Appendix B for the 5 A Model procedure).

3.3: All patients who self-identify as using tobacco products within the last six months are advised in a non judgmental, respectful manner that quitting smoking (or tobacco use) is one of the best things they can do for their health.

3.4: All patients who self-identify as using tobacco products within the last six months are offered education and counselling on tobacco cessation or strategies to manage nicotine withdrawal symptoms while unable to smoke in hospital or on hospital owned sites and property.

3.5 All appropriate inpatients including patients admitted to the ED who self-identify as using tobacco products within the last six months and who are interested in managing their nicotine withdrawal while in hospital, are offered Nicotine Replacement Therapy (NRT) (patch, gum, inhaler) as per the Nicotine Replacement Therapy pre-printed orders (refer to Appendix C for the procedure on the use of NRT products). Staff will assess for nicotine withdrawal and toxicity symptoms once every shift and as required. Findings from this assessment will be documented in the Tobacco Use Record in PCS (refer to Appendix B for the procedure on nicotine withdrawal and toxicity assessment).

3.6: All patients who self-identify as using tobacco products within the last six months are offered ongoing community tobacco cessation follow-up. Those who request ongoing follow-up are referred to the Smokers' Helpline Fax Referral Program (Appendix D), the Brant County Health Unit Quit Smoking Clinic (Appendix E), their primary care provider, and/or their community pharmacist.

4.0 PROCEDURE:

4.1 Refer to Appendix B for the inpatient, ED, and outpatient procedure for the Implementation & Documentation of the 5 A Model for Minimal Contact Intervention, and Nicotine Withdrawal and Toxicity Assessment.

RELATED PRACTICES AND / OR LEGISLATIONS:

Smoke-Free & Tobacco-Free Property Policy

REFERENCES:

University of Ottawa Heart Institute; Smoking Cessation Rounds

www.smokingcessationrounds.ca

Canadian Cancer Society www.cancer.ca

RNAO Best Practice Guidelines: www.rnao.org

Hamilton Health Sciences Tobacco Cessation Protocol, 2010

APPENDICES:

Appendix A: Tobacco Use Record (inpatient form)

Appendix B: Procedure: Implementation & Documentation of the 5 A Model for Minimal Contact Intervention, and Nicotine Withdrawal and Toxicity Assessment

Appendix C: Procedure: Use of Nicotine Replacement Therapy (NRT) Products

Appendix D: Smokers' Helpline Fax Referral Program

Appendix E: Brant County Health Unit Quit Smoking Clinic

Tobacco Use Record: The 5As

Ask	
Have you used any form of tobacco in the past 6 months?	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 150px;" type="text"/>
Have you used any form of tobacco in the last 7 days?	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 150px;" type="text"/>
Type of tobacco	<input type="radio"/> Cigarettes <input type="radio"/> Other <input style="width: 150px;" type="text"/>
Amount per day	<input style="width: 100px;" type="text"/>
Advise ALL Patients Who Use Tobacco	
Provide personalized, nonjudgmental advice	<input type="radio"/> Complete Advise: "As your healthcare provider, the best advice I can give you is to quit using tobacco products."
Advise: tobacco use is prohibited on all hospital property	<input type="radio"/> Complete
Assess	
Would you like help with reducing/quitting tobacco?	<input type="radio"/> Yes <input type="radio"/> No
Would you like help with managing nicotine withdrawal?	<input type="radio"/> Yes <input type="radio"/> No
Assist	
Provide assistance to quit tobacco/manage withdrawal	<input type="checkbox"/> Education provided <input type="checkbox"/> NRT offered-pt accepted <input type="checkbox"/> NRT offered-pt refused Refer to tobacco use teaching record
Arrange	
Arrange for support to quit tobacco	<input type="checkbox"/> Advise Followup Pharmacy <input type="checkbox"/> Advise Followup Family MD <input type="checkbox"/> Referral BCHU Quit Clinic <input type="checkbox"/> Referral Smokers Helpline
Tobacco Use Record Comments	
Tobacco Use Record Comments	<div style="border: 1px solid black; height: 40px;"></div>
Nicotine Withdrawal Assessment	
Nicotine withdrawal symptoms	<input type="checkbox"/> None <input type="checkbox"/> Anger, Irritability <input type="checkbox"/> Anxiety, Restlessness <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Desire/Craving to Smoke <input type="checkbox"/> Depressed Mood <input type="checkbox"/> Headache <input type="checkbox"/> Insomnia, Waking at Night Assess for nicotine withdrawal q shift and prn
Nicotine Toxicity Assessment	
Nicotine toxicity symptoms	<input type="checkbox"/> None <input type="checkbox"/> Cold Sweats <input type="checkbox"/> Dizziness <input type="checkbox"/> Nausea <input type="checkbox"/> Rapid Heart Rate <input type="checkbox"/> Tremors <input type="checkbox"/> Vomiting Assess for nicotine toxicity q shift and prn
Withdrawal/Toxicity Comments	
Withdrawal/Toxicity Comments	<div style="border: 1px solid black; height: 40px;"></div>

Appendix B

Procedure: Implementation and Documentation of the 5 A Model for Minimal Contact Intervention & Nicotine Withdrawal and Toxicity Assessment

Inpatient and Emergency Department Procedure	Outpatient Procedure
<p>The 5 A Model for Minimal Contact Intervention is documented on the Tobacco Use Record which can be found as a stand alone on the intervention work list within PCS. Patient education is documented on the Tobacco Cessation Teaching Record within PCS. A paper version of the Tobacco Use Record is available in the ED.</p>	<p>The 5 A Model for Minimal Contact Intervention is documented in the unit-specific documentation form.</p>
Responsibilities of the Nurse or other Health Care Provider	Responsibilities of the Nurse or other Health Care Provider
<p>ASK:</p> <ul style="list-style-type: none"> • Screen for tobacco use on admission and prn using the Tobacco Use Record, or the unit-specific documentation form in the emergency department. <p>ADVISE:</p> <ul style="list-style-type: none"> • Advise the patient who self-identifies as using tobacco products in the last six months in a non-judgmental, respectful manner that quitting smoking is one of the best things he/she can do for his/her health. • Advise patient, family member(s), or those accompanying the patient that tobacco use is prohibited on all hospital property. <p>ASSESS:</p> <ul style="list-style-type: none"> • Assess the tobacco user's readiness to reduce or quit using tobacco. • Assess if the tobacco user would like assistance with managing nicotine withdrawal symptoms while in hospital. If yes, contact the most responsible physician to obtain Nicotine Replacement Therapy (NRT) orders. <p>ASSIST:</p> <ul style="list-style-type: none"> • Provide assistance to patients who are interested in quitting tobacco and/or managing nicotine withdrawal by providing education and self-help materials. For patients not interested in quitting, provide the appropriate resources. For inpatients, document education in Tobacco Cessation Teaching Record in PCS. For ED patients, document education in the progress notes. • Intensive smoking cessation intervention (more than 10 minutes) can occur when staff knowledge and time enables them to do so. For inpatients, this is identified in the Comments section of the Tobacco Use Record in PCS. For ED patients, document intensive interventions in the progress notes. • For patients not interested in quitting or receiving assistance to manage nicotine withdrawal, provide the 	<p>ASK:</p> <ul style="list-style-type: none"> • Screen for tobacco use on admission using your unit-specific documentation form. <p>ADVISE:</p> <ul style="list-style-type: none"> • Advise the patient who self-identifies as using tobacco products in the last six months in a non-judgmental, respectful manner that quitting smoking is one of the best things he can do for his/her health. • Advise patient, family member(s), or those accompanying the patient that tobacco use is prohibited on all hospital property. <p>ASSESS:</p> <ul style="list-style-type: none"> • Assess the tobacco user's readiness to reduce or quit using tobacco. <p>ASSIST:</p> <ul style="list-style-type: none"> • Provide assistance to patients who are interested in quitting tobacco by providing education and self-help materials. For patients not interested in quitting, provide the appropriate resources. • Intensive smoking cessation intervention (more than 10 minutes) can occur when staff knowledge and time enables them to do so. • For patients not interested in quitting provide the most appropriate resources, and reassure them that if they change their mind and would like assistance, they should inform a member of the healthcare team.

<p>most appropriate resources, and reassure them that if they change their mind and would like assistance, they should inform a member of the healthcare team.</p> <p>ARRANGE:</p> <ul style="list-style-type: none"> • Discuss with the patient the options for community tobacco cessation follow-up on discharge. • Upon discharge, arrange tobacco cessation support for patients by: <ul style="list-style-type: none"> I. Faxing a referral to Smokers' Helpline II. Faxing a referral to the Brant County Health Unit Quit Smoking Clinic III. Advising the patient to follow-up with their primary care provider and/or community pharmacist 	<p>ARRANGE:</p> <ul style="list-style-type: none"> • Discuss with the patient the options for community tobacco cessation follow-up. • Arrange tobacco cessation support for patients by: <ul style="list-style-type: none"> I. Faxing a referral to Smokers' Helpline II. Faxing a referral to the Brant County Health Unit Quit Smoking Clinic III. Advising the patient to follow-up with their primary care provider and/or community pharmacist
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Nicotine Withdrawal & Toxicity Assessment for Inpatients and Patients in the ED

Nicotine Withdrawal Assessment	Nicotine Toxicity Assessment
<ul style="list-style-type: none"> • Assess for nicotine withdrawal symptoms (craving to smoke, irritability, frustration, anger, headache, anxiety, difficulty concentrating or restlessness not accounted for by other physical or mental health condition) once every shift and as required. For inpatients, document findings in the Tobacco Use Record in PCS. For ED patients, document findings in the progress notes. • Contact the most responsible physician or delegate if the patient experiences withdrawal symptoms despite NRT patch and short acting prn NRT use, to discuss possible titration of NRT therapy. 	<ul style="list-style-type: none"> • Assess all patients prescribed NRT therapy for signs and symptoms of nicotine toxicity (nausea, vomiting, palpitations, dizziness, rapid heart rate, blurred vision, headaches and cold sweats) once every shift and as required. For inpatients, document findings in the Tobacco Use Record in PCS. For ED patients, document findings in the progress notes. • If the signs or symptoms are identified: <ul style="list-style-type: none"> i. remove NRT patch ii. instruct patient to not utilize breakthrough NRT products (e.g. gum, inhaler) iii. notify the most responsible physician or delegate for further orders

Requirements of the Most Responsible Physician

<ul style="list-style-type: none"> • Complete Nicotine Replacement Therapy Pre-printed Orders for patients who have requested assistance to reduce or quit smoking or to manage nicotine withdrawal symptoms while during hospital stay. • Consider requesting a pharmacist consultation for patients using other forms of tobacco (pipes, cigars, snuff, chewing tobacco, herbal cigarettes) or patients using alternative forms of smoking cessation pharmacotherapy.

Appendix C

Procedure: Use of NRT Products

NRT PATCH	NRT GUM
<ol style="list-style-type: none"> 1) Apply the patch to a clean, dry, non-hair area on the upper part of the body (arms, chest and back). Replace with a new patch every 24 hours and rotate the site of application. 2) Remove patch and notify MRP to reassess the ordered NRT if the patient: <ul style="list-style-type: none"> • Develops a skin rash or a reaction • Experiences a sensitivity to the adhesive 3) Assess the patient for nicotine toxicity (too much nicotine) and/or nicotine withdrawal (not enough nicotine) at least once every shift and more often, if required. 4) Dose adjustment for too much nicotine: If patient experiences nausea, vomiting, sweats, tremors, light headedness, confusion, racing heart, or weakness, <i>remove the nicotine patch and notify MRP</i> to have the dose reassessed. 5) Dose adjustment for not enough nicotine: If patient experiences <i>withdrawal symptoms</i> (craving to smoke, irritability, frustration, anger, headache, anxiety, difficulty concentrating or restlessness not accounted for by other physical or mental health condition), <i>notify MRP to reassess dose.</i> <p>*MRP may use the information provided on the first page of the NRT pre-printed orders to guide dosing.</p>	<ol style="list-style-type: none"> 1) Patient to chew 1 piece of gum when urge to smoke occurs. No food or drink (except water) for 15 minutes before and during chewing 2) Advise patient to use the “bite and park” method. Bite it once or twice, then, park it between your cheek and gums. Wait a minute and then repeat. BITE, BITE, PARK; BITE, BITE, PARK. 3) Chew the gum slowly until the taste becomes strong, then tuck it between the gums and cheek. Chew the gum again when the taste has faded. Use the method described above. Slow down if you start feeling uncomfortable. 4) After about 30 minutes, most of the nicotine would have been released. Discard the gum safely, and start a new piece as soon as the urge to smoke arises. 5) Do not chew more than one gum at a time. Acidic beverages like coffee, tea, soft drinks or citrus juices should be avoided while chewing. They can decrease the absorption of Nicotine and thereby render the gum ineffective. 6) Avoid using the gum in patients with dentures and temporomandibular joint dysfunction.
	NRT Inhaler
	<ol style="list-style-type: none"> 1. Patient to inhale the nicotine from the cartridge when urge to smoke occurs. Avoid drinking acidic beverages such as coffee, tea, soft drinks or citrus juices when using the NRT Inhaler. They reduce the absorption of nicotine and will thereby render the inhaler ineffective. 2. Prepare the inhaler for use as follows. Remove the mouthpiece from the plastic wrap. Align marks and separate the two parts of the mouthpiece. Take out the cartridge tray. Peel back the foil and take out one cartridge. Press the cartridge firmly into the bottom of the mouthpiece until the seal breaks. Replace the top on the mouthpiece. Align the marks to close. Press down firmly to break the top foil seal of the cartridge. Twist to misalign marks, and secure. 3. Place the tapered end of the inhaler in your mouth and inhale deeply into the back of your throat or puff in short breaths. As you inhale or puff through the mouth-

piece, nicotine turns into a vapour and is absorbed through the lining of your mouth and throat and not into your lungs. Use the inhaler at room temperature (15 – 30C). Cold temperatures reduce the amount of nicotine you inhale.

4. Use longer and more often at first to help control the cravings. After about 20 minutes of frequent continuous puffing, nicotine in the cartridge is used up (the nicotine content may last longer if you use the inhaler less intensively).
5. Try different schedules to help control cravings. Puffing on the inhaler for 5 minutes at a time will give you enough nicotine for 4 uses. Puffing on the inhaler for 10 minutes at a time will give you enough nicotine for 2 uses. In a few days you'll find what works best for you and know when nicotine in cartridges is used up.
6. When the cartridge is empty, take off the top of the mouth-piece and throw the used cartridge away, for safe disposal.
7. You may clean the mouthpiece regularly with soap and water. But make sure the inhaler is completely dry before the next use.



Smokers' Helpline

Fax: 1 877 513-5334
CONFIDENTIAL
Fax Referral Form



CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333

HEALTHCARE PROVIDER REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Healthcare Provider Discipline (select one)

- Physician Nurse Social Worker Pharmacist Physiotherapist
 Occupational Therapist Respiratory Therapist Dietitian Other:(specify) _____

Contact Information of Referring Clinician

_____ (_____) _____
 FIRST NAME LAST NAME TELEPHONE

- Unit** (select one) Inpatient Medicine Inpatient Surgery Maternal Child Rehabilitation
 Pre Op. Clinic Day Surgery Oncology Dialysis Emergency
 Diabetes Clinic Organizational Health Mental Health Other:(specify) _____

Anticipated Date of Patient Discharge _____ (dd/mm/yyyy)

PATIENT / CLIENT- CONTACT INFORMATION – REQUIRED – PLEASE PRINT

 FIRST NAME LAST NAME

 STREET ADDRESS CITY/TOWN

Ontario _____
 PROVINCE POSTAL CODE BIRTHDATE (mm/yyyy)

(_____) _____
 TELEPHONE
 HOME CELL WORK

(_____) _____
 ALTERNATE TELEPHONE (optional)
 HOME CELL WORK

 email ADDRESS

Language preference of service
 English French
 Interpreter requested (specify language) _____

Gender
 Male Female _____

(Females only) Are you pregnant? Yes No

Have you given birth within the past 6 months? Yes No

The Smokers' Helpline usually calls the client within 3 business days of receiving a referral. When should we call?

Please call me in the Morning Afternoon Evening Anytime

May we leave a message identifying ourselves as *Smokers' Helpline*? Yes No

PATIENT / CLIENT-INFORMED CONSENT

I give permission for this form to be faxed to *Smokers' Helpline* (SHL), so that SHL can contact me regarding my attempt to quit smoking, and also for SHL to communicate with my healthcare provider. I understand that SHL will keep my information confidential and will only use it for the purpose of administering the fax referral program.

Yes No

I give permission for a Brant Community Healthcare System (BCHS) volunteer or staff person to contact me for program follow-up / evaluation purposes. BCHS will keep my information confidential and use it only for evaluation purposes.

Yes No

SIGNATURE OF PATIENT/CLIENT

DATE (dd/mm/yyyy)

This fax is private and confidential and may contain privileged information. It is intended for *Smokers' Helpline* only. If you have received this fax in error please notify the sender and destroy this faxed message immediately. Any unauthorized use or disclosure of this faxed information is strictly prohibited.

Brant County Health Unit Quit Smoking Clinic Referral Form

For residents of **Brantford and Brant County**

Please complete this form and fax to the Quit Smoking Clinic: **519-753-2140**

Patient Information

Patient Name: _____ DOB: _____

Address: _____

Telephone: _____ Alternate Number: _____

Name of Family Physician: _____

Date of Discharge: _____

Patient has consented to being contacted by the Brant County Health Unit for follow up regarding quitting smoking and the Quit Smoking Clinic services offered.

Did the patient receive NRT in hospital? Yes No

Type of NRT: _____ Dosage: _____

Health Care Provider Comments: _____

Referral Source

Health Care Provider Name: _____ Discipline: _____

Department: _____ Date: _____

Health Unit Use Only: Interested in Quit Clinic Services? Yes No PHN: _____ Date: _____

The Quit Smoking Clinic: Background Information

The Quit Smoking Clinic at the Brant County Health Unit offers one-to-one counselling with a public health nurse, and the provision of FREE Nicotine Replacement Therapy (NRT) (patch or gum) for eligible individuals. Please note that not all patients will be eligible to receive NRT as per Health Unit policy. According to the Brant County Health Unit policy, patients with the following conditions are NOT eligible to receive NRT:

- Stroke/TIA within last 4 weeks
- Heart attack within last 4 weeks
- Pregnant or chance of pregnancy
- Breastfeeding
- Unstable or worsening angina
- Severely irregular heart beat
- Under 18 years of age

This information is collected under the authority of the *Health Protection and Promotion Act*, Section 5 (or other appropriate legislation), and in accordance with the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Co-ordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519.753.4937, x.222

