

POLICY

Tobacco Withdrawal Management

POLICY

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Policy

All patients at admission or during a clinic visit at Grand River Hospital (GRH) will be screened for tobacco use and dependency and advised that GRH will become a tobacco-free facility, effective April 2, 2013. Patients identified as using tobacco products within the last six months will be advised to quit or reduce and offered education and counselling on cessation using the "5A Model of Minimal Contact Tobacco Intervention: "Ask, Advise, Assess, Assist and Arrange".

This policy applies to all GRH clinicians providing clinical care including nurses, allied health (i.e. occupational therapists, physiotherapists, social work, dietitians, pharmacists, recreation therapists, speech and language pathologists, respiratory therapists, counselors) medical and midwifery staff and medical learners who provide inpatient and outpatient care at GRH.

Definitions

5 A Model of Minimal Contact Tobacco Intervention: evidence-based approach to tobacco intervention that is advocated in many clinical best practice guidelines that is designed to be implemented in less than three to five minutes. 5 A Model consists of Ask, Advise, Assess, Assist and Arrange.

Adult Nicotine Withdrawal and Toxicity Scale: validated self report scale that is utilized to evaluate the level of nicotine withdrawal in admitted patients to use to titrate nicotine replacement therapy.

Tobacco Products: any processed or unprocessed form 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, herbal cigarettes, or any products which can be smoked legally or otherwise (i.e. marijuana, shisha). E-cigarettes are also prohibited on hospital property.

Responsibilities

GRH clinicians will integrate the 5 A Model of Minimal Contact Tobacco Intervention into routine practice for all admitted and clinic patients.

Procedure

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

1. **ASK:** Using the 5 A Model for Minimal Contact Intervention, all patients admitted to GRH and all outpatients at GRH will be screened for tobacco use.
 - If the patient is not a tobacco user the protocol is complete. If the patient uses tobacco document the tobacco use management strategy in Horizon Electronic Documentation (HED) or the unit specific documentation record.

2. **ADVISE:** Clinicians are to advise patients in a non judgmental, respectful manner that quitting or reducing tobacco use is one of the best things they can do for their health.
 - Advise patient, family member(s), or those accompanying the patient that tobacco use is prohibited on all hospital property.
3. **ASSESS:** 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 Routine Nicotine Replacement Therapy (NRT) orders. See [Appendix A](#) for Routine Nicotine Replacement Orders for the KW site or [Appendix B](#) for Routine Nicotine Replacement Orders for the Freeport site.
4. **ASSIST:** For patients not interested in assistance to manage nicotine withdrawal reassure them that if they change their mind and would like assistance, they should inform a member of the healthcare team.
 - For those inpatients who indicate they would like to receive pharmacotherapy, clinicians are to contact the physician to arrange for implementation of Routine Tobacco Cessation Pharmacotherapy Orders. See [Appendix C: Procedure for Use of Nicotine Replacement Therapy Products](#).
 - Nurses/clinicians will assess for nicotine withdrawal and toxicity symptoms once every shift and as required. See [Appendix D: Adult Nicotine Withdrawal Toxicity Assessment Flow Sheet](#).
 - Intensive tobacco cessation intervention (more than 10 minutes) can occur when staff knowledge and time enables them to do so.
5. **ARRANGE:** Discuss with the patient the options for community tobacco cessation follow-up on discharge. The clinician will offer the following community tobacco cessation options:
 - Smokers' Helpline Fax Referral Program
 - [Appendix E - Smokers' Helpline Fax Referral Form - KW Site](#)
 - [Appendix F - Smokers' Helpline Fax Referral Form - Freeport Site](#)
 - [Appendix G - Smokers' Helpline Fax Referral Form - Withdrawal Management Site](#)
 - [Appendix H - Smokers' Helpline Fax Referral Form - 850 King Street Site](#)
 - Smokers' Helpline Resources
 - Primary care provider
 - Community pharmacist
 - Tobacco Patient Education

Package For Patients who agree to the Smokers' Helpline Fax Referral Program:

Clinicians are to complete all fields with the patient and ensure the patient has provided consent by signing at the bottom. The form will be faxed and the original will be placed in the back of the patients chart.

Nicotine Withdrawal Assessment: 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 conditions) once every shift and as required.

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.

Documentation

All documentation will be in HED or unit specific documentation record.

On admission to hospital or clinic visits, clinicians will complete the Adult Tobacco Cessation Admission History.

For patients on Nicotine Replacement Therapy, the Withdrawal Scale will be assessed by nurses every shift.

As part of the discharge planning process, the clinician will determine the patient's preference for ongoing tobacco

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cessation community follow-up.

For patients requesting Smokers' Helpline Fax Referral, the clinician will fax the completed referral and place in the patient chart.

For patients discharged on nicotine replacement therapy, there will be documentation of the education provided to patients regarding the continued nicotine replacement regime upon discharge.

Related Documents

Tobacco-Free Grounds Policy (to follow, currently under development)

[Appendix A - Routine Nicotine Replacement Orders – KW Site](#)

[Appendix B - Routine Nicotine Replacement Orders – Freeport Site](#)

[Appendix C - Procedure for Nicotine Replacement](#)

[Appendix D - Adult Nicotine Withdrawal Toxicity Assessment Flow Sheet](#)

[Appendix E - Smokers' Helpline Fax Referral Form – KW Site](#)

[Appendix F - Smokers' Helpline Fax Referral Form – Freeport Site](#)

[Appendix G - Smokers' Helpline Fax Referral Form – Withdrawal Management Site](#)

[Appendix H - Smokers' Helpline Fax Referral Form – 850 King Street Site](#)

Quality Monitoring Process

Management will ensure staff have completed LMS learning module. Management will review monthly audit tools to ensure Tobacco Documentation is completed.

References

Brant Community Healthcare System (July 2008) *Tobacco Cessation Support Program Policy and Procedure*.

Canadian Cancer Society www.cancer.org .

Ontario Medical Association (2008) Rethinking *Stop-smoking medications: Treatment myths and medical realities*. Ontario Medical Review, 75(1): 22 - 34.

Pipe, A., Reid, R.D., Quinlan, B. (March 2007) *Systematic Approach to Smoking Cessation*. *Smoking Cessation Rounds* (www.smokingcessationrounds.ca). 1(1):1 - 6.

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Registered Nurses Association of Ontario Best Practice Guidelines (2007) *Integrating Smoking Cessation into Daily Nursing Practice - Revised 2007*. www.rnao.org.

St. Joseph's Healthcare and Hamilton Health Sciences (March, 2010) *Tobacco Free Policy*

The Ottawa Tobacco Research Unit, www.otru.org .

Tobacco Enhancement in Applied Cessation Counselling and Health. www.eachproject.ca.

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University of Ottawa Heart Institute *Model of Smoking Cessation* www.ottawamodel.ca .

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