



Adult Nicotine Replacement Therapy (NRT) Order Set

These Orders Are For:

Assisting patient to quit smoking **OR** To manage nicotine withdrawal symptoms in hospital

****** For Clients who are pregnant please see Physician Guidelines for Nicotine Replacement Therapy for recommendations regarding treatment options*******

Pharmacist consult for clients **less than 18 years of age**

Provide patient with Medications to help you quit Smoking Patient Information Pamphlet and Smoker's Helpline Patient Education Resources

Nicotine Replacement Therapy (NRT) Patch:

Protocol One - (Patient smoking greater than 40 cigarettes per day)

Nicotine Transdermal Patch 42 mg (21mg + 21 mg) applied once daily for 6 weeks, followed by Nicotine Transdermal Patch 35 mg (21mg +14 mg) applied once daily for 2 weeks, followed by Nicotine Transdermal Patch 28 mg (14mg +14mg) applied once daily for 2 weeks followed by Nicotine Transdermal Patch 21 mg applied once daily for 2 weeks followed by Nicotine Transdermal Patch 7 mg applied once daily for two weeks

OR

Protocol Two - (Patient smoking 30-40 cigarettes per day)

Nicotine Transdermal Patch 28 mg (14 mg + 14 mg) applied once daily for 6 weeks followed by, Nicotine Transdermal Patch 21 mg applied once daily for 4 weeks followed by Nicotine Transdermal Patch 14 mg applied once daily for two ,followed by Nicotine Transdermal Patch 7 mg applied once daily for 2

OR

Protocol Three - (Patient smoking 10-30 cigarettes per day)

Nicotine Transdermal Patch 21 mg applied once daily for 6weeks followed by Nicotine Transdermal Patch 14 mg applied once daily for 2 weeks ,followed by Nicotine Transdermal Patch 7 mg applied once daily for 2

OR

Protocol Four - (Patient smoking less than 10 cigarettes per day or weighing less than 45 kg)

Nicotine Transdermal Patch 14 mg applied once daily for 6weeks followed by Nicotine Transdermal Patch 7mg applied once daily for 2 weeks

Nicotine 2 mg Gum. q 30 minutes prn (max 20 pieces per day)

Nicotine 2 mg Lozenge q30 minutes prn (max 20 lozenges per day)

Nicotine 10mg Inhaler prn (max 12 cartridges per day)

***** Nicotine Inhaler and lozenges should be reserved for patients who cannot tolerate/refuse to use the gum or lozenge***

Consult MRP for reassessment of ordered NRT if patient:

- develops a skin rash or
- has a sensitivity to adhesive or
- experiences withdrawal symptoms ranking 3 or 4 on Withdrawal Scale, despite NRT patch and short acting NRT use

Pharmacist Consult for other Tobacco Cessation Pharmacotherapy or patient's using other forms of tobacco (see reverse)

Arrange community follow-up based on patient preferences

Provide patient with instructions for continued NRT prior to discharge or transfer to next level of care

Signature: _____ Pager # _____ Date _____ Time _____

Signature/Printed Name/Designation

Co-Signature: _____ Pager # _____ Date _____ Time _____

_____ Signature/Printed Name/Designation

Transcribed By: _____ Date _____

_____ Time _____ Signature/Printed Name/Designation

(YYYY/MM/DD)

Checked By: _____ Date _____



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Pharmacy**

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| <p>_____ Time _____ (YYYY/MM/DD)</p> | <p>Signature/Printed Name/Designation</p> |
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