



Queensland
Government

Smoking Cessation Clinical Pathway

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce / quit smoking.

Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category	Date: / /
Ask <i>(all patients)</i>	<p>1. Have you smoked any of the following in the last 30 days? (tick all that apply)</p> <p><input type="checkbox"/> Tobacco <input type="checkbox"/> Electronic cigarette with nicotine <input type="checkbox"/> Electronic cigarette without nicotine</p> <p><input type="checkbox"/> Other (e.g. Cannabis):</p> <p><input type="checkbox"/> No to all</p>
	<p>2. Are you currently using any of the following?</p> <p><input type="checkbox"/> NRT (continue regimen – refer to algorithm page 2) <input type="checkbox"/> Varenicline (Champix®)* <input type="checkbox"/> Bupropion (Zyban®)*</p> <p><input type="checkbox"/> No to all</p> <p><i>*Advise treating team to continue Champix® / Zyban® OR if not available offer NRT (for inpatients only).</i></p> <p>If NO to all in Q1 and Q2 → Congratulate, sign and file.</p>
Assess	<p>3. Nicotine dependence:</p> <p>a. How many cigarettes do you smoke in a typical day? Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Do you smoke your first cigarette within 30 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Do you have a history of withdrawal symptoms / cravings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If YES to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.</i></p>
	<p>4. Is the patient nicotine dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Advise	<p>5. Advise all smokers to quit using clear but non-confrontational language:</p> <p>» “As a health professional my advice is that quitting smoking is the best thing you can do for your physical and mental health.”</p> <p>» “Not smoking can result in better outcomes relating to surgery, healing, medication, finances, health and fitness.”</p> <p>» “Using NRT combined with behavioural support therapy will increase your long-term success in quitting.”</p> <p>» “NRT is available from most retail stores. NRT and other medications (Champix® and Zyban®) are cheaper on PBS.”</p>
PRESCRIBING	<p>6. Special considerations (medical approval may be required prior to initiating NRT):</p> <p><input type="checkbox"/> Any local precautions / protocols (e.g. microvascular surgery, skin grafts, etc.) <input type="checkbox"/> Children <12 years of age</p> <p><input type="checkbox"/> Pregnant / lactating <input type="checkbox"/> Recent cardiovascular event <48 hours <input type="checkbox"/> Clozapine</p> <p><i>Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek medical officer advice if any of the above are ticked.</i></p>
	<p>7. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If NO, still offer NRT for withdrawal symptoms as inpatient and offer referral to Quitline.</i></p>
	<p>8. NRT offered for the following reasons: (tick all that apply)</p> <p><input type="checkbox"/> To alleviate nicotine withdrawal symptoms (supported by documentation in the clinical record of cigarette cravings, angry / irritable, frustrated, anxious / tense, depressed, restless / impatient)</p> <p><input type="checkbox"/> Quit smoking</p> <p>9. NRT can be initiated by medical officer, nurse or pharmacist according to your local policy.</p> <p><input type="checkbox"/> Patient offered NRT and accepted treatment (<i>ensure discharge script is written for ongoing treatment</i>)</p> <p><input type="checkbox"/> Patient offered NRT and declined treatment (<i>ask again during stay as needed</i>)</p> <p><input type="checkbox"/> Patient unable to be offered NRT. Refer to medical officer (<i>see Q6 or document reason in comments</i>)</p>
Arrange follow-up	<p>10. Patient provided with “self-help” resource <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(e.g. ‘Quit Because You Can’ booklet or refer to QuiTHQ website)</i></p>
	<p>11. Did patient consent to referral to any of these services? (tick all that apply)</p> <p>a. Quitline (QR code. 13QUIT@health.qld.gov.au. Fax: 07 3259 8217. Patient phone:) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Local smoking cessation support / tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. GP follow up (<i>remind patients of subsidised PBS products – see page 2</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Email, fax (with cover sheet) or post pathway copy with discharge summary after completion to the service(s) above.</p>

Comments:

Assessment completed by – Name:	Designation:	Signature:	Date:
Assessment review completed by (if required) – Name:	Designation:	Signature:	Date:



Quitline
online
referral form

DO NOT WRITE IN THIS BINDING MARGIN

v6.00 - 04/2021
WINC Code: 1NY31683



SW321

SMOKING CESSATION CLINICAL PATHWAY



Queensland
Government

Smoking Cessation Clinical Pathway

(Affix identification label here)

URN:

Family name:

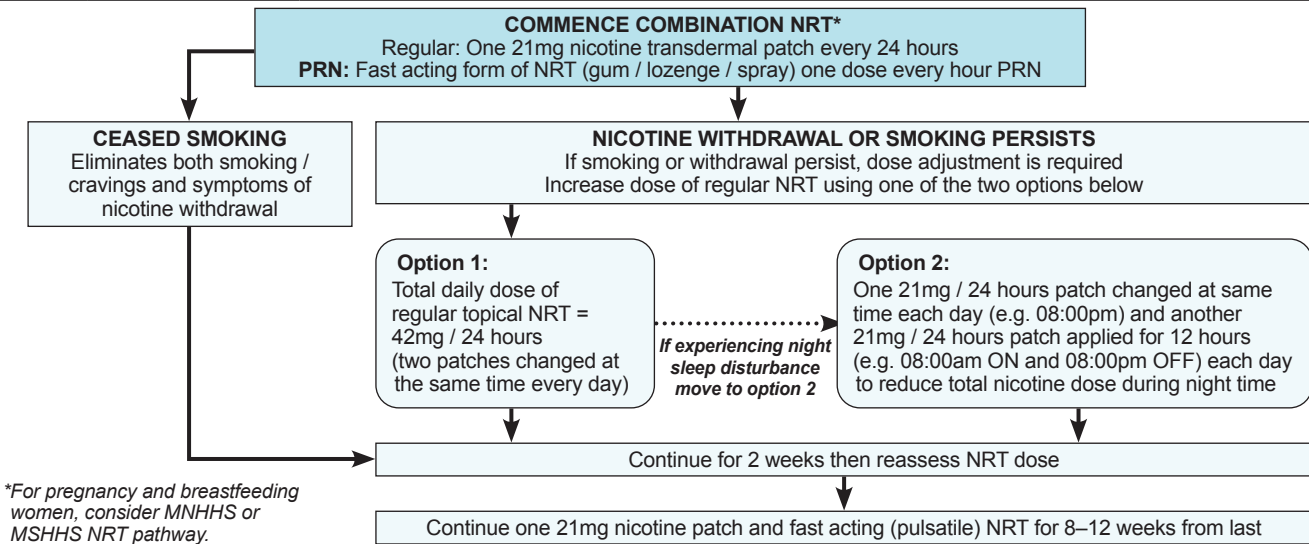
Given name(s):

Address:

Date of birth:

Sex: M F I

Combination Nicotine Replacement Therapy (NRT) Algorithm (adapted from Bittoun Algorithm)



FOR PRECAUTIONS: See product information or page 1

(Bittoun, R (2006) A Combination NRT Algorithm for Hard-To-Treat Smokers, JSC 1 (1) 3–6)

NICOTINE REPLACEMENT THERAPY

- NRT increases the success of quitting smoking by 50% to 70% (Cochrane Review 2012) <https://tobacco.cochrane.org/our-reviews>
- Combination of different forms of NRT are more effective than one form alone (RACGP Guidelines 2019) <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>
- NRT patient education videos can be accessed at QUIHQ <https://quithq.initiatives.qld.gov.au/>

NICOTINE TRANSDERMAL PATCHES 21mg / 24 hours

Product	Dosing schedule	Instructions for use
Patch	Once daily	<ul style="list-style-type: none"> Apply patch to clean, dry, non-hairy area on the upper body or hip. Apply in a different place each day. Secure with medicinal tape if required. Do not apply patch to freshly shaven, broken or inflamed skin. Wait at least 1 hour after applying patch before showering / bathing. Mild patch irritation can be treated by using a mild steroid cream (e.g. 0.02% betamethasone). Sleep disturbance (e.g. insomnia and vivid dreams) may occur temporarily – remove patch overnight if sleep disturbance persists.

FAST ACTING (pulsatile) NRT – recommended for use if pregnant, allergic to patches or as combination therapy.

Side effects of oral NRT include hiccups, irritation of mouth / throat, indigestion and nausea. Nicotine is absorbed through mouth lining. Avoid acidic drinks (e.g. coffee, soft drink) 15 minutes before use.

Gum	Use every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> (CHEW-PARK-CHEW) Chew one piece of gum slowly until taste becomes strong and then park the gum between your cheek and gum. When taste has faded chew and park again – repeat for 30 minutes. Use a fresh piece of gum after 1 hour. Excessive chewing or swallowing increases saliva which may increase side effects.
Lozenge	Use every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> Place lozenge in mouth and allow to dissolve (may take 30 minutes). Periodically move lozenge from one side of mouth to the other. Do not chew or swallow lozenge.
Spray	Use 1–2 sprays every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> Point nozzle and spray towards inside of your cheek or under tongue, avoiding your lips. Try not to swallow for a few seconds after using spray. This will help absorption. Do not inhale spray.
Inhaler	Suck on one cartridge / mouth piece when required in place of smoking	<ul style="list-style-type: none"> Assemble inhaler with new nicotine cartridge. Shallow puff every 4 seconds or 2 deep breaths every minute. Each 15mg cartridge will last 40 minutes. Use a new cartridge daily. As per NRT dosage tables, replace smoking using 3–6 cartridges a day.

PBS prescribing of smoking cessation therapies

For updated information on smoking cessation medications on PBS visit: www.pbs.gov.au and search for nicotine (for NRT) OR Varenicline (for Champix®) OR Bupropion (for Zyban®).

Professional development, further information and resources

- Statewide Respiratory Clinical Network: <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks>
- Smoke-free Healthcare Information (including CALD and Aboriginal and Torres Strait Islander Peoples) networks, programs and HHS documentation: <http://qheps.health.qld.gov.au/smoke-free/home.htm>
- Clinical pathways information: <https://clinicalexcellence.qld.gov.au/resources/clinical-pathways>
- Quitline (13 78 48, 08:00am to 09:00pm, 7 days) can provide support to clinicians on assessing nicotine dependence, pharmacotherapy and behaviour change techniques.
- For more patient resources visit: www.quit.org.au



My QuitBuddy app

DO NOT WRITE IN THIS BINDING MARGIN