



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 tobacco in the last 30 days?</p> <p><input type="checkbox"/> Yes <i>(continue with pathway)</i> <input type="checkbox"/> No <i>(congratulate, sign and file)</i></p> <p><input type="checkbox"/> Electronic cigarettes <i>(may require nicotine replacement therapy (NRT) in hospital)</i></p> <p><i>If you are unable to complete this pathway, document the reason in the comments section below.</i> <input type="checkbox"/> See comment</p> <p>2. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(still offer NRT for inpatients to manage withdrawals)</i></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 60 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> <p>5. Are you currently using any of the following? <input type="checkbox"/> No</p> <p><input type="checkbox"/> NRT <i>(continue regimen referring to algorithm on page 2)</i> <input type="checkbox"/> Varenicline (Champix®)* <input type="checkbox"/> Bupropion (Zyban®)*</p> <p><i>*Advise treating team to prescribe Champix®/Zyban® OR if not available offer NRT (for inpatients only).</i></p>
Advise	<p>6. Advise all smokers to quit using clear but non-confrontational language:</p> <p>» "As a health professional the best advice that I can give you is to try to stop smoking"</p> <p>» "Giving up smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)"</p> <p>» "Using NRT and behavioural support considerably increases your long term success in quitting"</p> <p>» "NRT is available from most retail stores, however patches and medications (Champix® and Zyban®) are cheaper on PBS"</p>
Assist <i>(discuss treatment and other options)</i>	<p>7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference):</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>Note: <i>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>8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2)</p> <p><i>NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy</i></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 (see Q7) or reason:</p>
PRESCRIBING	<p>9. Prescribed pharmacotherapy (NRT patches/Champix®/Zyban®) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, document reason:</i></p>
Arrange follow-up	<p>10. Patient provided with a copy of "self-help" resource (e.g. 'Quit Because You Can' booklet) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did patient consent to referral to any of these services? (tick all that apply)</p> <p>a. Quitline Service (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><i>Fax (with cover sheet) or post copy with discharge summary after completion to the service(s) above.</i></p>
Comments:	

DO NOT WRITE IN THIS BINDING MARGIN

v5.00 - 02/2017
Mat. no.: 10267567



SW321

SMOKING CESSATION CLINICAL PATHWAY

Assessment completed by – Name:	Designation:	Signature:	Date:	<input type="checkbox"/> Tick if you would like Quitline to send a report on the patient's progress Initial:
Assessment review completed by (if required) – Name:	Designation:	Signature:	Date:	



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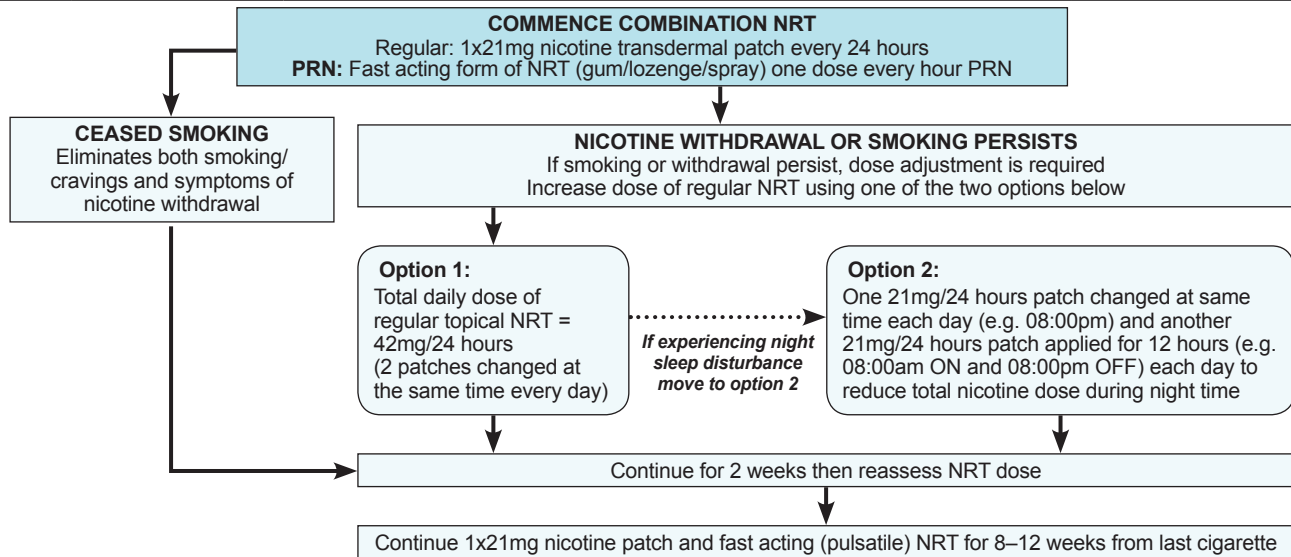
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Sex: M F I

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) <http://tobacco.cochrane.org/evidence>
- Combination of different forms of NRT are more effective than one form alone (RACGP Guidelines 2015) <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>
- NRT does not produce strong dependence (RACGP Guidelines 2015)

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). • Remove patch at night if sleep disturbance (e.g. insomnia and vivid dreams) occurs.

FAST ACTING NRT (pulsatile) – recommended for use: if pregnant, allergic to patches or as combination therapy (side effects of oral NRT: hiccups, irritation of mouth/throat, indigestion and nausea)

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 saliva 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 1 cartridge/ mouth piece when required in place of smoking	<ul style="list-style-type: none"> • One sealed cartridge is removed from the blister tray and inserted in the mouthpiece. After each session any remaining cartridges should be retained in the event of sudden cravings or for the next planned inhalation session. Inhaler may be useful for those who miss the hand-to-mouth movements associated with smoking. 1 cartridge replaces 7 cigarettes (7 sessions of 80 puffs), after which it should be replaced with a new cartridge. Maximum of 6 cartridges can be used per day. Self-titrate dose according to cigarette withdrawal symptoms. Nicotine is absorbed from the oral mucosa.

NRT PBS Prescribing

- PBS eligibility: Patient must be ready to cease smoking and have entered or entering a support and counselling program at the time the prescription is written. Document details of support program in medical record. Patients cannot have more than one PBS subsidised therapy for nicotine addiction at one time.
- Availability: 21mg, Qty 28; 2 repeats; General patients - One 12-week course of NRT patches per year; Aboriginal and Torres Strait Islander Peoples - TWO 12-week courses of NRT patches per year. For updated information: <http://pbs.gov.au/pbs/search?item=nicotine>

Professional Development, Further Information and Resources

- Statewide Respiratory Clinical Network: <http://www.health.qld.gov.au/caru/networks/respiratory.asp#clinician>
- 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: <http://qheps.health.qld.gov.au/caru/clinical-pathways/default.htm>
- Quitline (13 QUIT, 07:00am to 10:00pm, 7 days) can provide support to clinicians on assessing nicotine dependence, pharmacotherapy and behaviour change techniques.
- QR code on right can be used to download 'My Quit Buddy' App on a smart device or visit: <http://www.quitnow.gov.au/for-more-patient-resources>



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