**Tobacco Dependence Clinical Guideline and Clinical Pathway (template)**

**Target audience**

All <Insert name of health service> employees involved in providing care for patients who smoke.

**Purpose**

<Insert name of health service> is committed to maintaining a safe and healthy smokefree environment in the best interests of patients, residents, visitors, contractors, volunteers, students and employees. Tobacco smoking remains the leading cause of preventable death and disease in Victoria. The primary purpose of this guideline is to provide patients who smoke with effective, evidence-based treatments to manage temporary abstinence or support long term smoking cessation.

**Process**

Tobacco dependence is a chronic relapsing disease that warrants medical management like any other drug dependency or chronic disease. Brief advice from a health professional is a major external trigger in prompting someone who smokes to attempt to quit.

This guideline is based on the AAH model. It is a systematic approach designed to be delivered to all people who smoke regardless of their intention to quit.

Best practice care for people who smoke involves a combination of pharmacotherapy (such as nicotine replacement therapy [NRT]) and multi-session behavioural intervention (such as that offered through Quitline).

**AAH involves the following steps:**

* Ask
* Advise
* Help

Ideally, care aims to assist long term cessation, however, for some patients, this care may be more focused on the temporary management of nicotine withdrawal.

[Health services to advise - Insert statement about responsibilities of who is responsible to implement this guideline, should include who and any requirements e.g. education/training to be completed.]

***ASK:***

* XX are responsible for asking all patients (where clinically possible) about their smoking status (and e-cigarette use, as relevant) upon admission.
* Patients who use e-cigarettes should also be assessed for nicotine dependence and offered care to be smokefree in the same way as patients who smoke tobacco-based products.[[1]](#footnote-1)
* Response to be recorded in patient medical record on <insert name of relevant document(s)>.
* If a patient responds yes or has recently quit (within 30 days), XX should complete the Tobacco Dependence Clinical Pathway.

***ADVISE:***

* Advise patients who smoke to quit in a clear, non-confrontational and personalised way.
* Advise patients who smoke about the benefits of quitting smoking (tailored to the patient’s clinical situation, as relevant. e.g. “Stopping smoking will help with your recovery from surgery.”).
* Let them know that the best way to quit smoking is with a combination of pharmacotherapy (e.g. NRT) and multi-session behavioural intervention, through services such as Quitline.
* Inform patients that <insert name of health service> is completely smokefree.

***HELP:***

* Use the Heaviness of Smoking Index (HSI) to assess the nicotine dependency of all patients who smoke or have recently quit. If a patient has recently quit, use their previous cigarettes per day (see Appendix 1- Tobacco Dependence Clinical Pathway).
* Offer NRT as clinically appropriate (see Appendix 2- NRT Prescribing Algorithm).
* Inform patients that even if they are not ready to make a quit attempt, using NRT while in hospital will make their stay more comfortable. Inform patients that NRT is provided free of charge during their inpatient stay.
* Offer all patients who smoke or have recently quit a referral to multi-session behavioural intervention (e.g. Quitline or another smoking cessation service). Complete referral to Quitline or another smoking cessation service for those patients who accept the offer.
* Offer written information.

**Nicotine replacement therapy (NRT)**

NRT works to reduce cravings and other withdrawal symptoms associated with stopping smoking. NRT increases the success of quitting smoking by 50-60%.1 Combination therapy involves the use of a faster-acting formulation combined with the patch. Combination NRT further increases quit rates over one formulation alone.2

Formulations of NRT available at <insert name of heath service> are:

* Nicotine patches [Health services to advise - <Insert strengths available>]
* [Health services to advise - <Insert faster-acting forms of NRT available and strengths>].

NRT formulations are available [Health services to advise - <Insert location(s)>].

Most patients who are nicotine dependent will require combination NRT. Patients who are nicotine dependent require timely and effective management with NRT to prevent the onset of withdrawal symptoms.

All evidence indicates that nicotine administered as medication is less harmful than that obtained by smoking.

[Health services to advise - <Insert statement regarding process for prescribing e.g. Nurse initiated NRT>].

[Health services to advise as relevant for their patient cohort - <Insert statements about precautions for prescribing and/or exclusions for nurse initiated NRT>].

**Nicotine withdrawal**

Several signs and symptoms characterise withdrawal from nicotine. These are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and include urges to smoke alongside irritability, frustration or anger, anxiety, difficultly concentrating, increased appetite, restlessness, depressed mood and insomnia.

There can be significant variation in the severity of these symptoms amongst individuals. If the patient is experiencing nicotine withdrawal symptoms, it is important to consider strategies such as:

* Increasing the dose of NRT as appropriate
* Advising the patient to reduce or halve their caffeine intake
* Reinforcing the use of behavioural strategies.

Regular monitoring of the effectiveness of NRT in managing nicotine withdrawal symptoms should be undertaken by the [Health services to advice - <insert relevant health professionals>].

**Nicotine toxicity**

Symptoms of nicotine toxicity can include nausea, vomiting, headache and light-headedness. If the patient is experiencing signs of toxicity, consider the following strategies:

* Reducing the dose of NRT as appropriate
* Advising the patient to reduce or halve their caffeine intake
* Removing the patch prior to bedtime, if disrupting daily activities

Sleep disturbance is common upon smoking cessation and may not be the result of nicotine toxicity.

**Drug interactions**

It is important to check the patient’s current medication regimen for any potential drug interactions. Dose adjustment may be required for a patient when they stop smoking.

See Appendix 3- Drug Interactions with Smoking for further information. If required, contact the Pharmacy Department for further advice.

**Discharge**

Discharge presents an opportunity to encourage the patient to sustain the quit attempt that was made during their stay or to consider quitting, and to provide appropriate referrals. It also provides an opportunity to communicate with the patient’s GP about the support they have received during their admission and to facilitate ongoing care.

On discharge:

* Include the patient’s smoking status, action taken and the plan for follow up in discharge communication as relevant
* Ensure prescription of NRT or other related pharmacotherapy on discharge as appropriate and in accordance with current PBS guidelines (see NRT availability on the PBS below) [Health services to advise – Note: PBS will only subsidise NRT monotherapy and limited faster-acting products]
* Ensure referral made to behavioural intervention (e.g. Quitline).

It is recommended that if NRT is being used to achieve long term cessation, the treatment regimen should be continued for a minimum of 8 weeks, longer for some people.

**NRT availability on the PBS**

Some formulations of NRT are available on the PBS. There are criteria for eligibility. Refer to the PBS website as current listings change from time to time. For details <http://www.pbs.gov.au>

**Appendices**

Appendix 1 Tobacco Dependence Clinical Pathway

Appendix 2 NRT Prescribing Algorithm

Appendix 3 Drug Interactions with Smoking

**Key related documents**

* Key aligned policies
  + Smokefree policy
* Key legislation, acts and standards
  + Charter of Human Rights and Responsibilities Act 2006
* Other relevant documents

Individual health service to advise

* + Smokefree guideline
  + Other relevant guidelines
  + Non-compliance/Disciplinary policy
  + Others?

**References**

1. Hartmann‐Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub5.

2. Lindson N, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD013308.

**Authors/Contributors**

Individual health service to advise

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**Appendix 1 - Tobacco Dependence Clinical Pathway**

Use for all patients, to ascertain smoking status and to assist in the management of nicotine dependence and, where relevant, smoking cessation.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **XX Health Service**  **Tobacco Dependence Clinical Pathway**  **A-Ask, A-Advise, H-Help** | | | | | **Surname: UR Number:**  **Given names:**  **D.O.B: Sex:**  **Admission Date:**  **Consultant: Ward/Clinic:**  **USE LABEL IF AVAILABLE** | | | | **Tobacco Dependence Clinical Pathway MR** |
| ***ASK*** | ***Do you currently smoke?*** | |  | Yes (Continue pathway)  Previously smoked (Congratulate, consider continuing pathway for those recently quit (<30 days), otherwise sign and file)  Never (Congratulate, sign and file) | | | | |
| ***ADVISE*** | ***Advise all people who smoke to quit in a clear non-confrontational andpersonalised way***  *‘The single most important thing you can do for your health is to stop smoking’*  *‘Stopping smoking will help with your recovery from surgery and will reduce the risk of any complications’*  *‘The best way to quit is to use* ***combination NRT*** *for a minimum of 12 weeks along with* ***tailored support*** *and* ***follow-up*** *like Quitline or other stop smoking service’* | | | | | | | |
| ***HELP*** | **Nicotine dependency assessment- Heaviness of Smoking Index (HSI) SCORE** | | | | | | | |
| When you wake up each day, when do you smoke your first cigarette?  Within 5 mins  5-30mins  31-60mins  >60mins  Score=3 Score=2 Score=1 Score=0 | | | | | |  | |
| How many cigarettes a day do you smoke on a typical day?  31 or more  21 to 30  11-20  10 or less  Score=3 Score=2 Score=1 Score=0 | | | | | |  | |
| **Add two scores above to gain the total Heaviness of Smoking Index (HSI)** | | | | | | HSI = | |
| Low nicotine dependence 0-2  Moderate nicotine dependence 3-4  High nicotine dependence 5-6 | | | | | | | |
| **Offer NRT as per NRT Prescribing Algorithm (Appendix 2)-** Check precautions and drug interactions | | | | | | | |
| **Management Plan** | | | | | | | |
| NRT charted on medication chart  Yes  No (If No, document reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  NRT offered & accepted  Yes  No (If No, document reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Nurse initiated  Medical Officer initiated  Pharmacist initiated  *Note: <insert reference to hospital policy/guidelines around nurse/pharmacist initiated NRT if relevant>* | | | | | | | |
| Referral to Quitline or smoking cessation service offered  Yes; Quitline  Yes; Smoking cessation service (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  No (If No, document reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  Referral accepted & completed  Yes  No (If No, document reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Written information on quitting provided  Yes  No (If No, document reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |
| **Discharge Plan**- tick all that apply | | | | | | | |
| Smoking status, action taken and required follow up documented on discharge communication  NRT written on discharge prescription (if appropriate)  Referral to Quitline or smoking cessation service completed (if accepted)  Patient declined any further support on discharge | | | | | | | |
| Name: | | Signature: | | | | Designation: | | Date: |
|  | |  | | | |  | |  |  |

**Appendix 2 - NRT Prescribing Algorithm**

The following algorithm is a guide to the initial prescribing of NRT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Low dependence**  **HSI score 0-2 or mild cravings with previous quit attempts** | **Moderate dependence**  **HSI score 3-4 or significant cravings with previous quit attempts** | **High dependence**  **HSI score 5+ or severe cravings with previous quit attempts** | | NRT may not be required.  Offer **if needed:**  Nicotine 2mg chewing gum  1 piece of gum to be chewed as directed PRN up to every 1-2 hours (Maximum 12 pieces in 24 hours)  (Avoid using >1 piece/hour)  **OR**  Nicotine 2mg lozenges  1 lozenge to be used as directed PRN up to every 1-2 hours (Maximum 15 lozenges in 24 hours)  **OR**  Nicotine 15mg inhalator  The contents of one cartridge to be inhaled PRN  (Maximum of 6 cartridges in 24 hours)  **OR**  Nicotine 1mg mouth spray  Use 1 spray PRN up to every 30-60 minutes (Maximum of 64 sprays in 24 hours) | Combination NRT is needed  Nicotine patch21mg/24 hour  **PLUS**    Nicotine 2mg chewing gum  1 piece of gum to be chewed as directed PRN up to every 1-2 hours (Maximum 12 pieces in 24 hours)  (Avoid using >1 piece/hour)  **OR**  Nicotine 2mg lozenges  1 lozenge to be used as directed PRN up to every 1-2 hours (Maximum 15 lozenges in 24 hours)  **OR**  Nicotine 15mg inhalator  The contents of one cartridge to be inhaled PRN  (Maximum of 6 cartridges in 24 hours)  **OR**  Nicotine 1mg mouth spray  Use 1 spray PRN up to every 30-60 minutes  (Maximum of 64 sprays in 24 hours) | Combination NRT is needed  Nicotine patch 21mg/24 hour  **PLUS**    Nicotine 4mg chewing gum  1 piece of gum to be chewed as directed PRN up to every 1-2 hours (Maximum 10 pieces in 24 hours)  (Avoid using >1 piece/hour)  **OR**  Nicotine 4mg lozenges  1 lozenge to be used as directed PRN up to every 1-2 hours (Maximum 15 lozenges in 24 hours)  **OR**  Nicotine 15mg inhalator  The contents of one cartridge to be inhaled PRN  (Maximum of 6 cartridges in 24 hours)  **OR**  Nicotine 1mg mouth spray  Use 1-2 sprays PRN up to every 30-60 minutes (Maximum of 64 sprays in 24 hours) |   **NOTES:**   * These recommended doses differ from those listed on the medication packaging/information leaflets. This guide to initial NRT recommendation aims to simplify and ensure patients receive adequate nicotine to prevent and manage withdrawal and promote cessation. * HSI is used as a measure of nicotine dependence. The higher a person’s HSI, the higher their dependence is likely to be and therefore will benefit from higher doses of NRT. * After clinical review, if the patient’s urge to smoke or other withdrawal symptoms are not sufficiently managed, the dose of NRT can be increased. * Consider commencing at higher dosages if the patient has experienced severe cravings with previous quit attempts. * Some patients may require two 21mg/24 hour patches to be worn concurrently. Generally, the second patch will be worn during daytime hours only (removed overnight). * Lower strength patches are generally only used for weaning, however their use is not strictly necessary. * Consider reducing patch strength initially to 14mg/24hrs if the patient weighs less than 45kg. |
| **Escalation of NRT**  - Continue to monitor for withdrawal symptoms  - If withdrawal symptoms not well controlled   1. Ensure correct use of NRT 2. Consider more frequent use of faster-acting formulation 3. Consider additional patch (if appropriate) |

**Appendix 3 - Drug Interactions with Smoking**

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For the most up to date version of this table, visit:

<https://www.quit.org.au/documents/308/Quit_Drug-interactions-with-smoking_2021_v3_EtUbUSr.pdf>

1. *It is not currently possible to provide specific clinical recommendations for patients who use e-cigarettes due to the significant uncertainty in the type and composition of e-liquids accessible in Australia. At this time there is no validated tool, like the HSI, to assess nicotine dependence specifically in patients using e-cigarettes.* [↑](#footnote-ref-1)