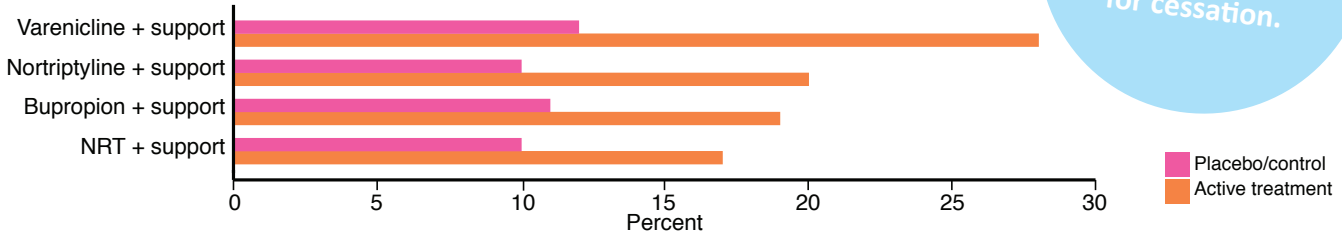




## Smoking Cessation for Inpatients

### A guideline for Clinical Staff

Long-term abstinence rates by treatment method



Hospitalisation is a window of opportunity for cessation.

### Step ONE ABC every patient, every admission

- ✓ **Ask** smoking status at pre-admission + admission
  - "have you ever been a smoker?"
  - If **yes**: "Do you smoke now?"
  - "When did you last have a smoke?"
  - "How much do you smoke in a day?"
  - "Are there others at home who smoke?"
- ✓ Give **Brief** advice to stop smoking
  - Explain how smoking impairs recovery and offer information on health effects
  - Advise patients that WCDHB buildings and grounds are smokefree
  - Ask "have you thought about quitting smoking? Would you like some help with this?"
- ✓ Offer referral for **Cessation** Support
  - Offer referral to DHB smoking cessation counsellor, or to other cessation programmes (Aukati Kaipaipa; Coast Quit at GP or community pharmacy; Quit Line).

Record as non-smoker or:  
Record as smoker (If any in the last 4 weeks)  
Record as ex-smoker (if > 4 weeks quit)

Record if environmental exposure

Record all interventions in notes and on the Electronic Discharge Summary

### Step TWO Routinely recommend + prescribe NRT for smokers

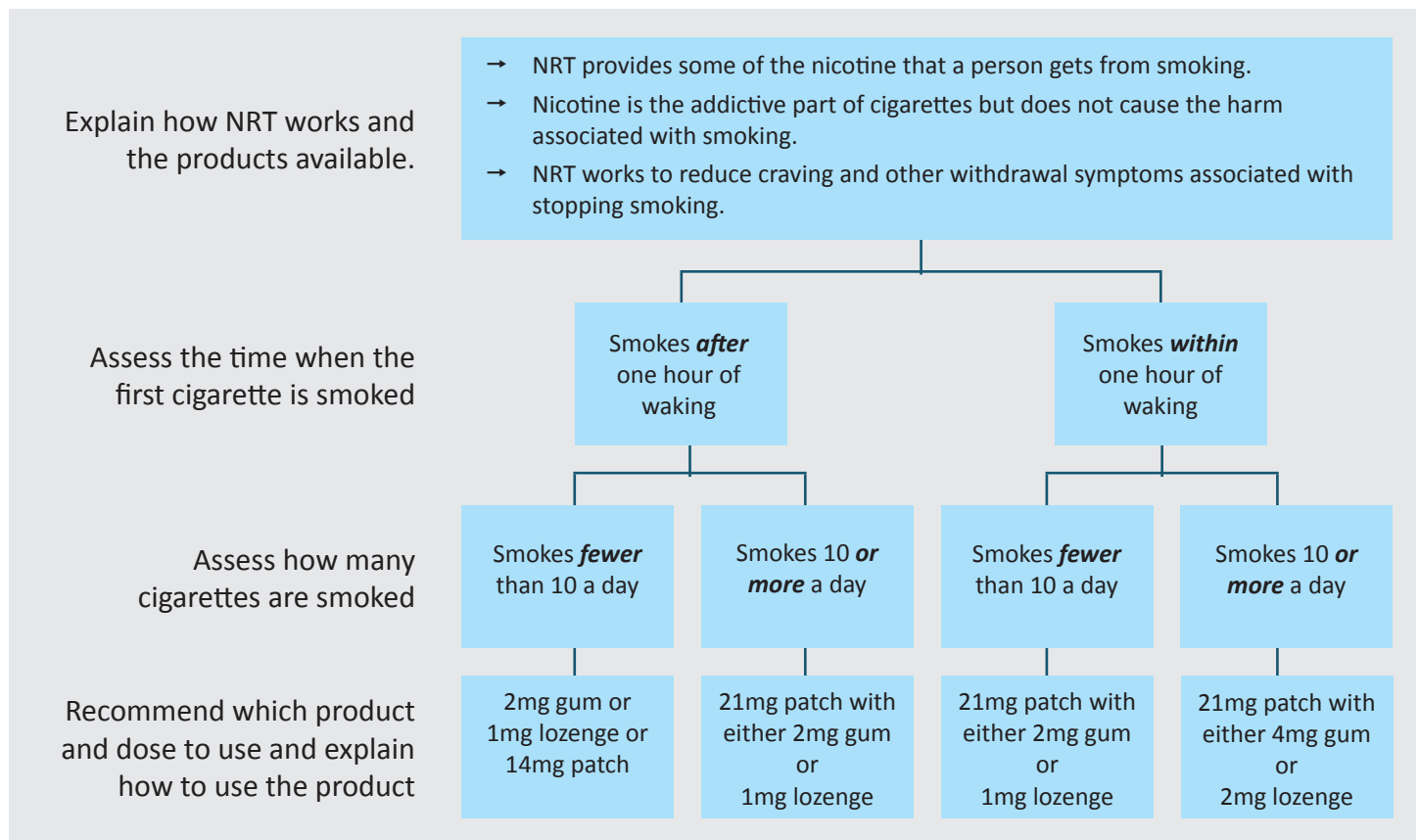
Routinely recommend and prescribe NRT for smokers unless allergic to nicotine products to prevent withdrawal effects while in hospital. These effects include cravings, headache, nausea, sweating, anxiety, restlessness, inability to concentrate, insomnia, irritability and low mood.

- NRT is safe to use in people with cardiovascular disease
- In-patients with acute disease who are not experiencing withdrawal don't need to use NRT. At time of discharge NRT is preferable to continuing to smoke. No dosage adjustment is needed. Include a request in the electronic discharge summary for GP follow-up on discharge.

- NRT can be used by pregnant and breastfeeding women  
NRT should be offered to women if they would otherwise continue to smoke – i.e. cannot quit without it. For these women, NRT is safer than smoking. Note: during pregnancy remove patch at night.
- NRT can be used in adolescents (12-18); use the product best suited to their needs.  
Contra-indications to NRT include:
  - Patch contra-indicated if hypersensitivity
  - Remove patch before MRI scan – may cause burns
  - Remove the NRT patch before surgery; re-apply a patch after waking.

## Prescribing dosages

→ Review after 24 hours and adjust if required



- 15mg 'Nicorette' Inhalator is available for all patients, but it is not subsidized for outpatient prescription.
- Bupropion (Zyban), Nortriptyline, and Varenicline (Champix) are available and generally started by the patient's GP.

- 'Nicorette QuickMist' 1mg mouth spray is available for per-operative nil by mouth patients; mental health in-patients; acute use with agitated patients. Not subsidised for outpatient prescription.

*Note: doses of NRT that are tolerated by adult smokers during treatment can produce severe symptoms of poisoning in small children and may prove fatal. Advise safe storage of medicines.*

## Administration instructions

- **Patch:**  
Apply to non-hairy, intact skin and wear for 24 hours. Change site of patch daily. If vivid dreams, remove at night and top-up with gum/lozenge in the morning. Watch for skin sensitivity. Use additional dressing to secure if needed. (After discharge, Opsite flexigrid dressings are available free- of-charge from Quitline).
- **Gum/Lozenge:**  
Bite/suck to release peppery taste then park between gum and cheek. Repeat when taste fades. Discard after 30 minutes. Don't eat or drink while nicotine gum/lozenge are in the mouth. Avoid acidic food/drinks for the next 15 minutes.
- **15mg 'Nicorette' Inhalator:**  
Use whenever craving. Use 3-6 cartridges per day. One cartridge can replace 7 cigarettes (7 sessions with 80 puffs). Use about 8-10 more puffs than if smoking a cigarette. Fewer cartridges per day are required if used in combination with nicotine patch.

## Completing the Medication Chart

→ If NRT has been nurse- initiated, check it is countersigned within 24 hours.

Daily Dose	21mg Patch	1mg Lozenge	2mg Lozenge	2mg Gum	4mg Gum	15mg Inhalator	1mg Mouth spray
Usual	One	12 pieces	12 pieces	12 pieces	12 pieces	3 or 4 cartridges	2-4 sprays per hour
Maximum	Two	25 pieces	15 pieces	20 pieces	10 pieces	6	64 sprays
Route	Top	Subling	Subling	Subling	Subling	Inh	Subling

## As Required (PRN) Medicines

### As Required (PRN) Medicines

Date	Medicine						
DD	N I C O T I N E L O Z E N G E						
MM	Dose	Units	Route	Frequency	Dose calculation (eg. mg/kg per dose)	Max dose/24hrs	Prescriber's signature
YY	2	Mg	Subling	Hourly		15	Signature
	Dose range if needed		Indication	Pharmacy & special instructions		Pharm	Sign, date and time to cancel
			NRT	Suck & Park, discard after 30mins			

## Regular Medicine

### Regular Medicine

Date	Medicine							Circle or actual time	
DD	N I C O T I N E P A T C H							0600	
MM	Dose	Units	Route	Frequency	Dose calculation (eg. mg/kg per dose)	Prescriber's signature		0800	
YY	21	Mg	TOP	DAILY		Signature		1400	
	Dose range if needed		Pharmacy & special instructions		Pharm	Sign, date and time to cancel		1800	
			May be removed at night - can disturb sleep.					2200	

See page 20 of <http://www.health.govt.nz/system/files/documents/publications/background-and-recommendations-of-the-new-zealand-guidelines-for-helping-people-to-stop-smoking.pdf>

Theophylline,  
Warfarin,  
Clozapine, Olanzapine  
Chlorpromazine and  
Insulin require  
monitoring during a  
quit attempt.

## Step THREE At Discharge

- ✓ Offer prescription/Quit Card
- ✓ Offer referral to DHB smoking cessation service or other cessation support provider
- ✓ Update the electronic discharge summary to include therapy used on ward, details of any referral made, and follow-up requests

Access the full NZ Smoking Cessation Guidelines (revised July 2014) at <http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking>