



OBJECTIVE

To provide a consistent approach to the management of nicotine dependence for patients, or parents / carers of admitted children, who smoke and are at risk of having nicotine withdrawal during their time in the hospital.

Bay of Plenty District Health Board (BOPDHB) aims to:

- Identify patients and parents / carers of admitted children who smoke to encourage them towards a quit attempt by asking them about their smoking
- Support patients who do not wish to stop smoking by offering them medication to help mediate their withdrawal and cravings
- Support patients who wish to become smokefree by recommending them nicotine dependence medications and a community referral to a cessation provider

EQUIPMENT

1. Refer to MED.N2.1 Nicotine Replacement Therapy - Inhalator
2. Refer to MED.N2.2 Nicotine Replacement Therapy - Gum, Lozenge, Patch
3. Refer to MED.N2.3 Nicotine Replacement Therapy - Tablets (Bupropion Hydrochloride)
4. Refer to MED.N2.4 Nicotine Replacement Therapy – Tablets (Nortriptyline)
5. Refer to MED.N2.5 Nicotine Replacement Therapy - Tablets (Varenicline as Tartrate)

MANAGEMENT OF NICOTINE DEPENDENCY

1. On admission patients must be assessed for their risk of nicotine withdrawal and be recommended nicotine dependence medication (refer to protocol 0). Prior to discharge the patient should be encouraged to accept a community referral to a Cessation provider.
2. Assess nicotine dependence and subsequent risk of withdrawal using the 'Time to First Cigarette' (TTFC) assessment tool below:
 - 2.1 Adult:

Assessing Dependence - "How soon after waking do you smoke your first cigarette and how many cigarettes do you smoke a day?"

 - a) If smoking **after** 60 minutes of waking and fewer than 10 cigarettes a day – 2mg gum/1mg lozenge or 14mg patch
 - b) If smoking **after** 60 minutes of waking and 10 or more cigarettes a day – 21mg patch with either 2mg gum or 1mg lozenge
 - c) If smoking **within** 60 minutes of waking and fewer than 10 cigarettes a day – 21mg patch with either 2mg gum or 1mg lozenge
 - d) If smoking **within** 60 minutes of waking and more than 10 cigarettes a day – 21mg patch with either 4mg gum or 1mg lozenge.

Note: A patient can be dependent even if smoking < 10 cigarettes per day.
 - 2.2 Under 18 years:
 - a) Take into account the product best suited to their needs.
3. Nicotine Dependence medication is to be charted and administered as soon as is practical.
 - 3.1 Use of nicotine replacement therapy is always safer than continued smoking.
 - 3.2 Ensure verbal informed consent has been obtained
 - 3.3 Patients require daily monitoring and review of their nicotine dependence medications for effectiveness, and adverse reactions. If still craving, dose can be increased (more than one patch may be worn at a time). If feeling nauseous, dose should be reduced.

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- 3.4 Patients with precautions require Consultant / Registrar / Physician / Midwife led review of NRT medication and care.
 - 3.5 Withdrawal and detoxifying from tobacco smoking mimics some side effects of nicotine dependence medications e.g. lightheadedness
 - 3.6 Doctors / midwives – prescribe subsidised NRT on medication chart or for discharge by using prescription pad or electronic prescription.
 - 3.7 Nurses may administer a one-off dose of NRT as per the protocol CPM.M3.19 Medication – Nicotine Replacement Therapy - Nurse Initiated.
 - 3.8 NRT is on imprest in all wards / units and is prescribed by doctors / registered nurses / midwives on the Medication Chart.
4. On or before discharge, a community referral should be activated through the Smokefree Community Referral form to ensure follow up for ongoing advice and support with smoking cessation, occurs in a timely manner.
 5. On discharge ensure the patient has a prescription for nicotine dependence medication. Registered Quit Card Providers may provide a Quit Card for subsidised NRT (patches, gum and lozenge).

CONSIDERATION TO NOTE

1. Time to first cigarette is used as a measure of tobacco dependence. If a person smokes within 1 hour of waking they have a higher degree of dependence and are likely to benefit from higher doses of NRT and more intensive stop-smoking support.
2. If a client has recently cut down then use their previous daily consumption.
3. The dose of NRT can be increased if the user has inadequate relief of withdrawal symptoms e.g. urges to smoke, irritability and restlessness.
4. For people wanting to quit, all products should be used for 8 to 12 weeks or longer for some people.
5. Lower strength patches are generally used only for weaning and their use is not strictly necessary.
6. Note that these recommended doses differ from those listed on the product packaging. These recommendations simplify NRT dosage and try to ensure that people are getting enough nicotine replacement.
7. Most people who smoke do not use enough NRT, but rarely some have too much and then feel sick. If someone feels sick using NRT they should reduce the frequency or dose of the product.
8. NRT can be used by pregnant or breastfeeding women if they would otherwise continue to smoke. Do a risk-benefit assessment – can she quit without NRT? If not, NRT is safer than smoking. If a patch is used by pregnant women it should be removed overnight.
9. NRT is safe to use for people with cardiovascular disease. No dosage adjustment is needed.
10. NRT can be used in adolescents (aged 12 and over). Use the product best suited to their needs.
11. There are no drug interactions with NRT. However, because of the impact of tobacco smoke on the liver's metabolism, the doses of some medicines e.g. some psychiatric medicines - may need to be adjusted when people stop smoking.

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 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>SMOKEFREE PROTOCOL</p>	<p align="center">SMOKEFREE – MANAGEMENT OF NICOTINE DEPENDENCE</p>	<p align="center">Policy 5.4.2 Protocol 5</p>
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12. When using a combination of the patch and oral NRT for quitting, an 8-week supply of patches and a 4-week support of the oral product is usually enough. However, ongoing need should be assessed and more NRT given as required.

REFERENCES

- [NZ Guidelines for Helping People to Stop Smoking, 2014](#)
- [Guide to Prescribing Nicotine Replacement Therapy. 2014](#)
- Information for Health Professionals – www.medsafe.govt.nz
- Smokefree Environments Act 1990, amended 2003
- New Zealand Health Strategy 2000
- [Health & Safety at Work Act 2015](#)

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 5.4.2 Smokefree / Auahi Kore
- Bay of Plenty District Health Board policy 5.4.2 protocol 0 Smokefree – Smoking Cessation ABC's
- Bay of Plenty District Health Board policy 5.4.2 protocol 1 Smokefree - Facilities Standards
- Bay of Plenty District Health Board policy 5.4.2 protocol 2 Smokefree – Employee and Contractor Standards
- Bay of Plenty District Health Board policy 5.4.2 protocol 3 Smokefree - Mental Health & Addiction Services (MH&AS) Inpatient Units Standards
- Bay of Plenty District Health Board policy 5.4.2 protocol 4 Smokefree – Inpatient Standards
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.3 Medication – Registered Nurse (RN) Initiated Medications (Adult)
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.19 Medication – Nicotine Replacement Therapy – Nurse Initiated (Adult)
- Bay of Plenty District Health Board Medication Practice Manual protocol MED.N2.1 Nicotine Dependence Therapy - Inhalator (Nicorette)
- Bay of Plenty District Health Board Medication Practice Manual protocol MED.N2.2 Nicotine Dependence Therapy - Gum, Lozenge, Patch (Habitrol)
- Bay of Plenty District Health Board Medication Practice Manual protocol MED.N2.3 Nicotine Dependence Therapy - Tablets (Bupropion Hydrochloride)
- Bay of Plenty District Health Board Medication Practice Manual protocol MED.N2.4 Nicotine Dependence t Therapy - Tablets (Nortriptyline)
- Bay of Plenty District Health Board Medication Practice Manual protocol MED.N2.5 Nicotine Dependence Therapy - Tablets (Varenicline as Tartrate)
- Bay of Plenty District Health Board policy 1.3.1 Complaints Management
- Bay of Plenty District Health Board policy 3.50.02 protocol 9 Investigation Process
- Bay of Plenty District Health Board policy 3.50.02 Protocol 15 Disciplinary Process
- Bay of Plenty District Health Board policy 5.1.6 Transport – BOPDHB Fleet Vehicle
- Bay of Plenty District Health Board Reportable Event form
- Bay of Plenty District Health Board Form FM.R4.6 Referral Smokefree Community

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Appendix 1:



New Zealand Government

Guide to Prescribing Nicotine Replacement Therapy (NRT)



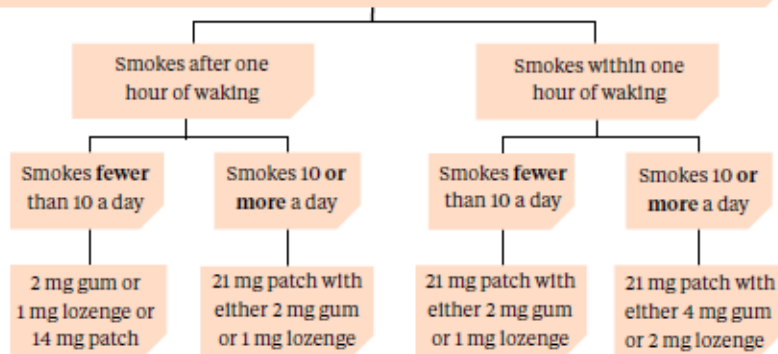
Step 1: Explain how NRT works and the products available

NRT provides some of the nicotine that a person gets from smoking. Nicotine is the addictive part of cigarettes but does not cause the harm associated with smoking. NRT works to reduce craving and other withdrawal symptoms associated with stopping smoking.

Step 2: Assess the time when the first cigarette is smoked (see note 1)

Step 3: Assess how many cigarettes are smoked (see note 2)

Step 4: Recommend which product and dose to use and explain how to use the product (see below)



Product information	Subsidised NRT products			Unsubsidised NRT	
	Patch*	Gum*	Lozenge*	Inhalator	Mouth spray
Product information	Three strengths (21 mg, 14 mg, and 7 mg)	Two strengths (4 mg and 2 mg)	Two strengths (2 mg and 1 mg)	15 mg cartridge	1 mg nicotine/spray dose
Instructions for correct use	Apply patch to clean, dry and hairless skin. Remove the old and apply new patch daily, alternating sites. Some redness under the patch may occur – this is normal. The patch can be removed overnight if sleep is disturbed.	Recommend regular use. Bite to release the peppery taste and then rest in the side of the mouth (between cheek and gum). Chew again when the taste starts to fade. Chew for about 30 minutes then discard.	Recommend regular use. Suck to release the peppery taste, and then rest in the side of the mouth (between cheek and gum). Suck again when the taste starts to fade.	Recommend regular use. Puff for 20 minutes each hour and replace the cartridge every 3 hours. People tend to under-dose (1 cigarette puff = 10 Inhalator puffs).	Recommend regular use, but it can also be used when craving occurs. Prime the spray and point nozzle into the mouth, spraying towards the side of the mouth. For best results, do not swallow for a few seconds after spraying.

* The patch, gum and lozenges are subsidised if supplied on prescription or via the Quit Card Programme. Otherwise, all NRT products (including the inhalator and mouth spray) can be purchased over the counter from supermarkets or pharmacies for the normal retail price.

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