

Managing Nicotine Dependence in a Smoke Free Environment

Policy and Guidelines for Next Step Inpatient Withdrawal Unit



1st January 2008;
For review : January 2009.

Table of Contents

Letter to colleagues	3
Guidelines for Management of Smoke Free Environment for In-Patient Clients	4
Nicotine Assessment Dependence Test	5
Nicotine Withdrawal Symptoms	6
Formulary NRT Product Photos	7
How to Use NRT Products	
Nicotine Patches	8
Nicotine Lozenges	9
Nicotine Inhalers	10
Next Step – Nicotine Replacement Therapy Table	11
Policy Number Smoke Free – Treatment and Management of clients in the In-patient Withdrawal Unit	12
Resources	14

January 1, 2008

To all Colleagues,

As of January 01, 2008, all Health Services will be 'Smoke Free'. This includes all areas of hospital and community sites for staff and clients including offsite areas that are leased by the hospitals and service providers.

This booklet is meant to make the transition easier for everyone who is affected by the new 'Smoke Free' policy and will be available to all staff.

Nicotine Replacement Therapy (NRT) is available to all in-patient clients.

Staff will have access to training on 'Brief Intervention' to assist clients with smoking cessation.

Please review this booklet carefully so we can assist our clients to meet the smoke free requirements whilst in the Inpatient Withdrawal Unit and decrease the effects of nicotine withdrawal.

Sincerely,

Next Step Clinical Services

Guidelines for Management of Smoke Free Environment for In-Patient Clients

Pharmacological treatment of cigarette cravings in hospitalised smokers potentially improves patient comfort, increases compliance with hospital smoke free policies and promotes smoking cessation after discharge.

- In-patient Withdrawal Unit (IPWU) clients will be informed of the 'Smoke Free' Environment prior to admission and reminded on admission.
- Clients may not keep tobacco, lighters or matches in their personal possession on admission and are NOT permitted to smoke for the duration of their admission (including walks and outings).
- Every client admitted to the service will be assessed using the Nicotine Assessment Dependence Test. This is part of standard admission forms. This document will indicate what level of NRT, if any, will be necessary.
- Once it is established that a new patient is a smoker and the level of dependence has been assessed using the Nicotine Dependence Assessment Test and the full assessment / admission process is complete, NRT will be prescribed by the doctor on the medication chart.
- If NRT is required prior to the full assessment / admission process being completed the nurse can contact the doctor to initiate the administration of appropriate NRT.
- Patients should be advised of the potential for nicotine toxicity if smoking whilst using NRT.
- A free 3 day supply of NRT will be supplied to patients requesting to continue smoking cessation treatment on discharge

NICOTINE DEPENDENCE ASSESSMENT TEST	SURNAME <input type="text"/>		UMRN <input type="text"/>		
	GIVEN NAMES <input type="text"/>	Patient Label <input type="text"/>		BIRTHDATE <input type="text"/>	SEX <input type="text"/>
ADDRESS <input type="text"/>				POST CODE <input type="text"/>	

Nicotine Dependence Assessment Test:

How soon after you wake up do you smoke your first cigarette?

- After 60 minutes
- 30 – 60 minutes
- 6 – 30 minutes
- Within 5 minute

How many cigarettes per day do you smoke?

- 10 or less
- 11 – 20
- 21 – 30
- 31 or more

Administration of Nicotine Replacement Therapy (NRT)

After completing the above 2 questions the following medications may be prescribed to minimize withdrawal symptoms, by the medical officer.

Contraindications:

Pregnancy or likely to become pregnant; Have heart palpitations; Breastfeeding; Nicotine sensitivity or allergies. Have recently had a heart attack; Under 12 years old

Nicotine Patch Replacement Therapy Guidelines

Low Dependence

- Less than 10 cigarettes a day
- Not needing to smoke in the first hour after waking
- May not need NRT - monitor for withdrawal symptoms

Low to moderate dependence

- 10-20 cigarettes a day
- not needing to smoke within the first 30 minutes after waking a Nicotine Patch issued at a dose of **14mg/24 hours** + Supplementary NRT *
- If dependence requirement not met - increase patch to 21mg/24 hrs + supplementary NRT

Moderate to high dependence

- Greater than 20 cigarettes a day
- Smoking within 30 minutes after waking
- Prescribe the patch **21mg/24 hours** + Supplementary NRT *

***Supplementary Nicotine Replacement Therapy**

Nicotine Inhaler Max dose: up to 12 cartridges a day, spaced at least 2hourly

OR

Nicotine Lozenge Max dose: up to 15 lozenges per day – spaced at least 1 hourly

- **Time to First Cigarette after waking > 30 minutes = 2mg lozenge**
- **Time to First Cigarette after waking < 30 minutes = 4mg lozenge**

1. The previous days NRT use should guide the prescribing of patches, including the possibility of multiple patch use in highly nicotine dependent patients.
2. Patients are strongly advised not to smoke whilst using NRT.
3. Please all **Clinical Staff** note that stopping smoking may raise blood levels of some medications, particularly clozapine and olanzipine, due to changes in their metabolism when clients suddenly cease smoking or commence on NRT.

Signature _____ Date _____

Nicotine Withdrawal Symptoms

- Dysphoric or depressed mood
- Insomnia
- Irritability, frustration, or anger
- Anxiety
- Difficulty concentrating
- Restlessness or impatience
- Decreased heart rate
- Increased appetite

Nicotine Toxicity Symptoms

- Nausea / Vomiting
- Dizziness / Weakness
- Headache
- Sweating or Hyper salivation
- Tachycardia

Formulary NRT

- Inhaler 10mg(Nicorette®)
- Patch 21mg, 14mg, 7mg(QuitX®)
- Lozenge 4mg, 2mg(Nicabate®)



USAGE OF NRT PRODUCTS (Patches-Lozenges-Inhaler)

NICOTINE PATCHES

- Apply to a cool, clean, dry, non-hairy site on the upper body or outer part of the arm
- Press on patch firmly for 20 seconds after applying
- Avoid any area with skin folds
- Site of application should be rotated daily
- Wait one hour after applying patch before swimming, bathing or showering
- Avoid in patients with generalised chronic dermatological disorders, such as psoriasis, chronic dermatitis or urticaria
- Cutting patches into smaller sizes is not recommended
- Used patches still contain nicotine and should be returned to staff for safe disposal prior to further administration.
- Local erythema and itching is common with the nicotine patch in the first 2 weeks of therapy

NICOTINE LOZENGES

- A lozenge should be taken in situations where there is a strong temptation to smoke
 - Maximum dose is 15 lozenges daily no greater than one per hour
 - The lozenge should be moved from one side of the mouth to the other and repeated until the lozenge is completely dissolved over 20-30 minutes
 - Lozenge should not be chewed or swallowed whole
 - Food and drink should be avoided while the lozenge is in the mouth
 - Lozenges contain aspartame, avoid in patients with phenylketonuria
 - Gastric, oral, oesophageal or pharyngeal inflammation may be worsened
 - Transient sore throat, mouth irritation and hiccups on initiation are common with nicotine lozenges

NICOTINE INHALERS

- Dose is self-titrated
- A cartridge should be used when the user feels an urge for a cigarette or feels the onset of withdrawal symptoms
- A maximum of 12 cartridges a day, spaced at least 2 hourly. If the total recommended number (12) is reached, the use of patch or extra patch should be considered
- Insert cartridge into the mouthpiece before use
- Shallow puffs are taken approximately every two seconds or alternatively 4 puffs can be taken every minute
- Inhalation or puffing on the mouthpiece releases nicotine, which is absorbed through the buccal mucosa
- 20 minutes of intense use removes all nicotine from the cartridge
- Contraindicated in patients with menthol hypersensitivity
- Avoid in patients with asthma or throat conditions
- Spent cartridges still contain nicotine; and should be returned to staff for safe disposal prior to further administration.
- Coughing, throat and mouth irritation and hiccups are common at the start of therapy

Next Step – Nicotine Replacement Therapy Table

NRT THERAPY	Low Dependence	Low – Moderate Dependence	Moderate to High Dependence
Establish Level of Dependence	<ul style="list-style-type: none"> ▪ Less than 10 cigarettes/day ▪ Not needing to smoke within the first hour of waking 	<ul style="list-style-type: none"> ▪ 10-20 Cigarettes/Day ▪ Not needing to smoke within the first 30 minutes of waking 	<ul style="list-style-type: none"> ▪ 20 + Cigarettes/Day ▪ Smoking within 30 minutes of waking
THE PATCH	Not indicated	14mg patch applied every 24 hours	21mg patch applied every 24 hours
<p>LOZENGES These should be used no more frequently than hourly,</p> <p>To a maximum of 15 per day</p>	May or may not require any NRT Therapy (PRN)	<p style="text-align: center;">May use 2mg Lozenges if patients time to first cigarette after waking is 30 minutes.</p> <p style="text-align: center;">May use 4mg Lozenges if patient's time to first cigarette is within 30 minutes of waking.</p>	<p style="text-align: center;">May use 2mg Lozenges if patients time to first cigarette after waking is 30 minutes.</p> <p style="text-align: center;">May use 4mg Lozenges if patient's time to first cigarette is within 30 minutes of waking.</p>
Either Lozenges or Inhaler ...not both			
<p>INHALER Should be used no more frequently than 2 hourly;</p> <p>To a maximum of 12 per day</p>	May or may not require any NRT Therapy	May use inhaler and cartridges up to 6-12 cartridges per day	May use inhaler and cartridges up to 6-12 cartridges per day
	Monitor for Withdrawal Symptoms	If the patient is requiring lots of NRT (PRN) then change 21mg Patch	
<p>The previous days PRN NRT use (lozenges or inhaler) should guide the appropriate prescribing of NRT patches, including the possibility of multiple patch use in severely nicotine dependent patients.</p>			
<p>Contraindications: Are pregnant or likely to become pregnant; Have heart palpitations; Are breastfeeding; Are allergic or sensitive to nicotine; Have recently had a heart attack; Are under 12 years old</p>			

DRUG AND ALCOHOL OFFICE

POLICY

Policy Number:

Category: Clinical

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Procedural Instruction: N/A

Other Document Links: Managing nicotine dependence in a smoke free environment (Policy and Guidelines for Next Step Inpatient withdrawal unit)

Director Responsible: Clinical Services

Quality: Treatment

TITLE: Smoke Free – Treatment and Management of clients in the In-patient Withdrawal Unit

1. INTRODUCTION

The inpatient withdrawal unit is smoke free as per instruction from the Department of Health of Western Australia. Clients will not be permitted to smoke for the full duration of their admission (including walks and outings) and staff will not assist clients to smoke. Nicotine replacement therapy (NRT) will be provided to clients free of charge during their admission.

2. TREATMENT

- In-patient Withdrawal Unit (IPWU) clients will be informed of the 'Smoke Free' environment prior to admission and reminded on admission.
- Every client admitted to the In-patient Withdrawal Unit will be assessed using the Nicotine Assessment Dependence Test which will indicate the level of NRT, if any, that will be necessary.
- Once it is established that a new patient is a smoker and the level of dependence has been assessed and the full assessment / admission process is complete, NRT will be prescribed by the doctor on the medication chart.

- If NRT is required prior to the full assessment / admission process being completed the nurse can contact the doctor to initiate the administration of appropriate NRT.
- Each client has the option of using :-
 - the patch and lozenges

OR

- the patch and inhalers.
- Patients should be advised of the potential for nicotine toxicity if they smoke whilst using NRT.
- A free 3 day supply of NRT will be supplied to patients requesting to continue smoking cessation treatment on discharge

3. CLIENT MANAGEMENT

- Clients are not permitted to keep lighters, tobacco, or matches in their personal possession. These will be removed and returned on discharge.
- Clients are not permitted to smoke for the duration of their admission including walks and outings
- If clients bring cigarettes onto the unit the cigarettes shall be confiscated and returned on discharge and a first warning shall be given.
- If clients smoke on the unit, walks or outings they shall be asked to extinguish their cigarette and a first warning shall be given.
- A second breach of policy will result in discharge.
- Clients breaching policy during the night will be discharged the following morning.
- Refusal to comply with the terms of the policy will result in discharge.
- Misuse of the nicotine patches, lozenges or inhalers, will result in discharge.
- Clients will have access to the Quitline if they are aiming for abstinence post detox.

4. REVIEW PROCEDURES

- Clients will be encouraged to provide feedback on their Smokefree inpatient admission through the Inpatient Client Survey.
- Clients shall be offered feedback forms if they wish to comment on the Smokefree policy.

RESOURCES

Below is a list of resources that can be accessed for support in smoking cessation.

- QuitWA
<http://www.quitwa.com/>
Quitline 13 QUIT (137848)
- Tobacco Control Supersite
<http://tobacco.health.usyd.edu.au/>
- The National Tobacco Strategy
www.nationaldrugstrategy.gov.au