Dorset County Hospital
NHS Foundation Trust

This Patient Protocol must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it.
The most recent and in date final signed version of the Protocol should be used.

Protocol

Supply / Administration for the Initiation and up to 48-hour supply of Nicotine Replacement Therapy (NRT) on admission to hospital and for any ongoing In-Patient stay at Dorset County Hospital for the treatment of tobacco dependance

Protocol Title	Supply / Administration for the Initiation and up to 48-hour supply of Nicotine Replacement Therapy (NRT) on admission to hospital and for any ongoing In-Patient stay at Dorset County Hospital for the treatment of tobacco dependance		
Protocol Number	**2200**	**Protocol Version Number**	**3**
Applicable to	A protocol for those registered health care professionals who will supply and administer Nicotine Replacement Therapy to in-patients		
Aim of the Protocol	Supply/Administration of Nicotine Replacement Therapy for hospital patients who smoke to aid smoking cessation		
Expiry Date	**01 May 2028**		
Author/ Reviewer	Dr Natalie Harper Respiratory Consultant Nurse		
Protocol Sponsor	Dr Marianne Docherty Respiratory Consultant Physician		
Expert Group	Medicines Committee		
Date Approved	**10 April 2025**		
Ratified by	Medicines Committee		
Ratification date	**07 May 2025**		
Primary Specialty	Patient Group Direction; Respiratory Medicine; Tobacco Dependency		
Secondary Specialties	General Medicine; General Surgery; DHUFT		

Document Version Management			
Amendment History Log. This area should detail the version history for this document. It should detail the key elements of the changes to the versions.			
Date Reviewed	Version No	Details of Amendment	Effective Date
10/04/2025	2	2151-1 merged with 2200-3	07/05/25

Glossary

Abbreviations	Definition
DCH	Dorset County Hospital NHS Foundation Trust
EPMA	Electronic Prescribing and Medication Administration
GP	General Practitioner
GSL	General Sales List
LWD	LiveWell Dorset
NCSCT	National Centre for Smoking Cessation Training
NHSD	National Health Service Dorset
NHSE/I	National Health Service England/Improvements
NRT	Nicotine Replacement Therapy
PiLs	Patient Information Leaflets
PGD	Patient Group Directives
PHD	Public Health Dorset
TTDT	Treating tobacco dependence team

This Protocol must only be used by registered professionals who have been named and authorised by Dorset County Hospital to practice under it, including but not limited to the Treating Tobacco Dependency Team (TTDT) at Dorset County Hospital.

Organisational authorisations

Trust Authorisation

Dorset County Hospital NHS Foundation Trust authorises this Protocol for use by the services or providers listed below:

Authorised for use by the following and/or services
The TTDT at Dorset County Hospital Individual registered health professionals named within appendix 3 list
Limitations to authorisation
This organisation does not authorise the use of this Protocol by any member of staff who is not registered with the NMC or for allied health professionals their equivalent regulatory body

Trust approval – Chair Medicines Committee			
Role	**Name**	**Sign**	**Date**
Director of Nursing	Jo Howarth		

Trust approval – Chief Pharmacist			
Role	**Name**	**Sign**	**Date**
Chief Pharmacist	Nicholas Jones		

Trust approval – Chair PGD/ PROTOCOL Working Group			
Role	**Name**	**Sign**	**Date**
Deputy Chief Pharmacist	Christine Dodd		

Clinical Authorisation

Authors of the PGD/ PROTOCOL			
Role	**Name**	**Sign**	**Date**
Lead Author Name:	Dr Natalie Harper		
Lead Consultant Name	Dr Marianne Docherty		
Lead Matron / Head of Department Name (PROTOCOL Lead)	Dr Natalie Harper		
Lead Pharmacist	Celina Tadel		
(additional authors as needed)			

Antimicrobial Use If the PROTOCOL relates to an antimicrobial agent the use must be supported bythe Trust Antimicrobial Pharmacist			
Role	**Name**	**Sign**	**Date**
Antimicrobial Pharmacist			

Local enquiries regarding the use of this Protocol may be directed to Natalie Harper or Marianne Docherty

Appendix 3 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this Protocol. Alternative authorisation sheets/templates may be used where appropriate in accordance with local policy.

Contents Page

OBJECTIVES OF PATIENT PROTOCOL

The objective of this Protocol is to allow authorised registered health care practitioners to supply and/or administer NRT to patients who are attending the inpatient hospital setting and who smoke.

Patients excluded from this Protocol include

- patients who do not give consent
- patients with absolute contraindications to NRT
- those whose assessment requires or suggests supply of NRT would fall outside of the license of the product, and those with conditions or medications which may affect the efficacy of NRT
- or where the NRT may affect or worsen existing medical conditions or other medications in use

Refer to Appendix 4 for further clinical information.

MEDICINES TO BE SUPPLIED UNDER THE PROTOCOL

This Protocol includes the following medicine(s):

- Nicotine 2mg and 4mg chewing gum
- Nicotine - Nicotinell® TTS 30 (21mg) 24-hour patch
- Nicotine - Nicotinell® TTS 20 (14mg) 24-hour patch
- Nicotine - Nicotinell® TTS 10 (7mg) 24-hour patch
- Nicorette invisi® (25mg)16-hour patch (for use in maternity patients only)
- Nicorette invisi® (15mg)16-hour patch (for use in maternity patients only)
- Nicorette invisi® (10mg)16-hour patch (for use in maternity patients only)
- Nicotine - Nicorette® Inhalator 15mg/cartridge
- Nicotine - 1mg and 2mg Lozenges
- Nicorette Microtab® - 2mg sublingual tablets
- Nicorette Quickmist® - Mouthspray 1mg/metered dose
- Nicorette Quickmist® - Smart Track Mouthspray 1mg/metered dose

NB: For products to be used in “maternity patients only” please refer to the Smoking in Pregnancy Nicotine Replacement Protocol.

The decision to supply and/or administer any medication rests with the individual registered practitioner who must abide by the Protocol and Trust policies.

1. Characteristics of staff

Qualifications and professional registration	Nurses and Allied Health Professionals working within the trust who are registered with a regulatory body and who have a current contract of employment with Dorset County Hospital
Initial training	All registered staff will need to register with the NCSCT and should have completed the NCSCT VBA section of training, accessed via the link below *https://elearning.ncsct.co.uk/vba-launch* Those who are continuing the supply/administration of NRT longer than the initial 48hrs of an in-patient stay should also have completed the NCSCT specialty module accessed via the links below *https://elearning.ncsct.co.uk/stop_smoking_medications-launch* All registered staff should have also completed • local training in the use of PGDs/medicines management • training which enables them to make a clinical assessment in order to establish the need and supply the medicine according to the protocol (as per appendix 1) ***The registered healthcare professional authorised to operate under this protocol must have undertaken appropriate training and successfullycompleted the competencies to undertake clinical assessment of a patient leading to diagnosis of the conditions listed.*** • ESR modules for PGD must be completed to give assurance of competency. These modules are 000 Legal Aspects, and 000 Patient Group Directions. Individuals will need to be logged into ESR before clicking on the links. Legal Aspects https://my.esr.nhs.uk:443/OA_HTML/RF.jsp?function_id=18931&resp_id=-1&resp_appl_id=-1&security_group_id=0&lang_code=US&oas=69Ce4cCeFXOhxwvRbkrumw..&params=96B.qamAIYQt-cRK4GIlXj1U58Xzzl0z-bgKRf23YXDjqmc8GjONz5gXLyN7DUgpolGCdLYoiv5z9-CiuyyplscZXUiFSbGwKJ2TS0fMk1c Patient Group Directions https://my.esr.nhs.uk:443/OA_HTML/RF.jsp?function_id=18931&resp_id=-1&resp_appl_id=-1&security_group_id=0&lang_code=US&oas=69Ce4cCeFXOhxwvRbkrumw..&params=hwEWEEg53snSD2Ri63CfW8uk698fN1Y9fjnhHlWmnzrjqmc8GjONz5gXLyN7DUgpolGCdLYoiv5z9-CiuyyplscZXUiFSbGwKJ2TS0fMk1c

Competency assessment	Staff operating under this protocol are encouraged to review their competency using the NCSCT Core Competency Framework **Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the use of all medicines included in the protocol - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required**
On-going training and competency	Annual review of the initial training modules should be undertaken and evidenced in individual performance reviews for those registered health care professionals operating under this protocol Mandatory training, such as CPR/life support/anaphylaxis competences, with evidence of updates as required Organisation EPMA training as required by Dorset County Hospital
The decision to supply any medication rests with the individual registered health professional who must abide by the PROTOCOL and any associated organisation policies.	

2. Clinical condition or situation to which this PGD/ Protocol applies

Clinical condition or situation to which this Protocol applies	To prevent craving and nicotine withdrawal symptoms associated with tobacco dependance. Following this protocol will provide a consistent approach to manage the needs of smokers who are admitted to the hospital as per NICE NG209 (2021), (updated February 2025) recommendations and the NHSE Long Term Plan
Criteria for inclusion Use BNF/BNFC/SPC. Take into account any clinical guidelines or policies that are available locally or nationally, e.g. BASHH/NICE/JCVI	Adults 18 years and over who have provided consent and: • Ceased smoking OR • A date has been agreed for their smoking to cease OR • Who wish to temporarily abstain from smoking during their in-patient stay

Criteria for exclusion	• Consent not gained • Tobacco users who are not sufficiently motivated to abstain from smoking or use NRT • <18 years old • Patients with known hypersensitivity to nicotine or any component of the products • For patches - chronic generalized dermatological disorders such as psoriasis, chronic dermatitis or urticaria • Pregnant mothers-please refer to the Smoking in Pregnancy Nicotine Replacement Protocol
Cautions including any relevant action to be taken / circumstances when further advice should be sought from the doctor	General cautions and need for further advice should be sought in patients with: • Cardiac abnormalities or severe cardiovascular disease • History of cerebrovascular disease • History of severe renal impairment • History of epilepsy • Moderate to severe hepatic impairment • Diabetes mellitus patients should have their blood sugar levels monitored more closely than usual when smoking is stopped and NRT is initiated as reductions in nicotine induced catecholamine release can affect carbohydrate metabolism • Insulin dependent diabetics (smoking and to a lesser extent NRT can increase resistance to insulin doses so insulin doses may need to reduce as the patient weans off nicotine) • Uncontrolled hyperthyroidism or phaeochromocytoma • Patients suffering from oesophagitis, gastric or peptic ulcers • Patients currently receiving antidepressant therapy using any of the following: Fluvoxamine; Clozapine; Clomipramine; Imipramine; Olanzapine (please see Table 1) Specific cautions: • When used by inhalation: Bronchospastic disease; chronic throat disease; obstructive lung disease • With intranasal use: Bronchial asthma (may exacerbate) • With oral use: Gastritis (can be aggravated by swallowed nicotine); gum may also stick to and damage dentures • With transdermal use: Patches should not be placed on broken skin; patients with skin disorders NB For most medicines it is sufficient for the registered healthcare professional to leave a note on EMPA and within the hospital records to say that the patient has been initiated on NRT, allowing other team members including medics and pharmacists to review as required.

However, for medicines that the patient may be taking listed in Table 1, proactive advice and management needs to be taken.

Table 1.

Drug	Action to be taken if patient stops smoking
Aminophylline Theophylline	A dose reduction of up to 25-33% might be needed after 1 week. Therapeutic drug monitoring is recommended. Inpatients: Contact ward pharmacy/medical team
Clozapine	Drug levels can double within a few days of stopping smoking or switching to a vape. Gradual dose reduction over 1 week should be considered upon stopping smoking. Advise the ward pharmacy/medical teams and consider contacting Dorset Healthcare pharmacy team.
Erlotinib	The dose should be reduced immediately to the indicated starter dose. Contact the patient's oncology team. The patient should be advised not to stop smoking until dose reduction has taken place.
Irinotecan	Dose should be reduced immediately to the indicated starter dose. Contact the patient's oncology team. The patient should be advised not to stop smoking until dose reduction has taken place.
Methadone	Increased risk of toxicity and sedation on stopping smoking. The addiction nurse should be contacted, and the ward pharmacy/medical teams should liaise with them with regard to dose adjustments.
Riocoguat	Contact the patient's pulmonary hypertension specialist as the patient may need a dose reduction. Obtain the contact details from the patient.
Warfarin	The patient's INR should be monitored closely and dose adjustments made if necessary.
Insulin	Insulin-dependent diabetes (smoking and to a lesser extent NRT can increase resistance to insulin doses so insulin doses may need to be reduced as the patient weans off nicotine).

For patients with diabetes mellitus or insulin-dependent diabetes, the NRT supply can be given without input from a doctor. The patients' blood sugar levels should be monitored more closely than usual when smoking is stopped and NRT is initiated. If the patient is self-monitoring advise them that any significant changes in the blood sugar levels should be discussed with the medical team.

Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatments such as varenicline or cytisine if available • Refer to another clinician or prescriber if appropriate
Action to be taken if the patient or carer declines treatment	• Document in patient records • Document advice given • Advise patient on alternative treatments such as varenicline or cytisine if available • Refer to another clinician or prescriber if appropriate
Arrangements for referral for medical advice	Refer to the appropriate clinician or prescriber in the care pathway

3. Description of treatment

Name, strength & formulation of drug	• Nicotine 2mg and 4mg chewing gum • Nicotine - Nicotinell® TTS 30 (21mg) 24-hour patch • Nicotine - Nicotinell® TTS 20 (14mg) 24-hour patch • Nicotine - Nicotinell® TTS 10 (7mg) 24-hour patch • Nicorette invisi® (25mg)16-hour patch (for use in maternity patients only) • Nicorette invisi® (15mg)16-hour patch (for use in maternity patients only) • Nicorette invisi® (10mg)16-hour patch (for use in maternity patients only) • Nicotine - Nicorette® Inhalator 15mg/cartridge • Nicotine - 1mg and 2mg Lozenges • Nicorette Microtab® - 2mg sublingual tablets • Nicorette Quickmist® - Mouthspray 1mg/metered dose • Nicorette Quickmist® - Smart Track Mouthspray 1mg/metered dose
Legal category	GSL
Route / method of administration	Refer to appendix 4
Indicate any off-label use (if relevant)	No

Dose and frequency of administration	Combination NRT is preferred – i.e., one long-acting patch and one fast acting additional product i.e., Inhalator or gum For patients who smoke > 40 cigarettes/day the evidence suggests that a higher–dose NRT is recommended in managing urges and withdrawal Although not a common occurrence, if you have a patient who might prefer and/or benefit from the use, for example, of 3 NRT products (e.g. patch, inhalator and spray), this is safe practice If this is the case then specialist advice should be sought from the TTDT. • 2 patches +1 fast acting product: The use of 2 patches plus fast acting NRT can be considered among smokers of > 40 cigarettes per day, or those close to that consumption who are more dependent based on the fagerstrom score The guidance is that a higher nicotine dose NRT product can be considered for smokers: • Whose cravings and/or withdrawal symptoms are not being well-managed with combination NRT (1 patch + fast acting), OR • Who did not get adequate relief withdrawal symptoms from a single nicotine patch dose during a prior attempt Refer to appendix 4 for individual product dosage
Duration of treatment	A registered health professional can prescribe/authorise NRT products on EMPA for the initial 48 hours of an admission if they have undertaken the VBA and stop smoking medicines modules on NCSCT A level 2 practitioner NCSCT trained tobacco dependance registered healthcare professional can prescribe/authorise NRT products on EMPA for the required length of time of a full in-patient stay Up to 2-weeks supply of NRT may be given at one time following the creation of the EMPA instruction to supply order or prescription by a doctor or appropriately trained (with NCSCT training) non-medical prescriber caring for the patient The stock can be issued from the tobacco dependence teams own reserve stock or the ward stock where available

	The supply must be documented on the paper consent to supply form The community stop smoking services (Live Well Dorset (LWD) or community pharmacy are responsible for the continuation of NRT treatment following discharge of the patient from hospital after use of the TTOs
Quantity to be supplied	For the duration of the inpatient stay and up to 2 weeks TTOs
Storage	Do not store above 25 °C Stock must be securely stored according to Dorset County Hospitals medicines policy and in conditions in line with the medication SPC, which is available from the electronic medicines compendium website: *www.medicines.org.uk*
Drug interactions	There are no drug interactions listed in the BNF. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website*:* *www.medicines.org.uk*
Identification & management of adverse reactions	NRT adverse reactions are mainly dose dependent and occur during early phase. At recommended doses NRT has not been found to cause any serious adverse effects. Excessive use of NRT by those who have not been in the habit of inhaling tobacco smoke could possibly lead to nausea, faintness or headaches Side effects are usually transient but may include the following, some of which are a consequence of stopping smoking: • Nausea • Dizziness • Headaches • Cold and flu-like symptoms • Palpitations • Dyspepsia and other gastro-intestinal disturbances • Hiccups • Insomnia • Vivid dreams • Myalgia • Chest pain • Blood pressure changes • Anxiety and irritability • Somnolence and impaired concentration • Dysmenorrhea

	About 20% of Nicorette invisi® Patch users experience mild local skin reactions, during the first weeks of treatment. Remove the patch and refer to the prescriber if the skin reactions become more severe e.g. skin blistering or burning sensation or may be more generalized Allergic reaction (including symptoms of anaphylaxis) occur rarely during the use of these products Refer to appendix 4 for more details A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via the DCH Incident management reporting system • If anaphylaxis management is required then the crash team should be called on 2222
Written information to be given to patient or carer	DCH available PiLs How can I give up smoking? Carbon Monoxide Monitoring
Patient advice / follow up treatment	The patient should be given reassurance regarding the safety of NRT versus continuing smoking, the benefits, and risks of NRT should be discussed. Advice should include specific product advice appendix 4 plus general advice on the following: • Withdrawal symptoms • Possible changes in the body on stopping smoking, e.g., weight gain, and how to manage these • The effects of smoking tobacco whilst using NRT • Written information on products supplied, self-help leaflets and where to obtain more information, in particular NHS Helpline numbers

Records	Once the assessment is complete and the assessor and patient have determined the most appropriate NRT option(s) in accordance with the criteria above, the NRT " instruction to supply order" must be entered onto the EMPA inpatient prescription chart before supply of NRT can be issued Smoking assessment: Can be undertaken by any registered professional who has undertaken the necessary training and is competent to do so. This should be completed with the patient at the bedside (see appendix 1) A checklist documentation sticker should be added to the patient's paper medical notes (see appendix 6) The health professional MUST document on EPMA the dose, frequency and duration if supplying/administering NRT for the first 48 hours of an inpatient stay. This information must also be completed for ongoing supplies/administration of NRT along with review points and ongoing support in the community including instruction for discharge and where the patient will be receiving ongoing NRT As well as this, the information below must also be included: • that valid informed consent was given • name of the patient, address, date of birth and GP with whom the patient is registered • name of registered health professional • name of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken Records should be signed and dated (or a password-controlled e–record) All records should be clear, legible and contemporaneous A record of all individuals receiving treatment under this protocol should also be kept for order purposes in accordance with local policy See separate attachment–advance making assessment EPMA instruction to Supply order may only be entered by specialist Tobacco dependency team nurses or level 2 practitioner NCSCT

	trained practitioners (band 6 or above) who are registered healthcare professionals. The treating tobacco dependency team will keep a register of individuals who are approved to create these NRT orders and authorise EPMA permissions to be granted by the digital medicine's team Where the tobacco dependency practitioner or nurse has not completed the smoking assessment themselves, a copy of the assessment should be available for their review (e.g. email photocopy/within the patient medical notes), if the tobacco dependency practitioner or nurse is unsure about any aspect of the assessment or NRT recommendation then they should revisit the assessment with the patient directly before creating the EPMA instruction to supply order

4. Key references (Quality Assurance)

Key references/ resources	BNF (2022) British National Formulary. BMJ Group. London @ https://bnf.nice.org.uk/drug/nicotine.html Last accessed 20.03.2025 Electronic Medicines Compendium (2022). Datapharm. Surrey www.medicines.org.uk/emc Last accessed 20.03.2025 National Institute of Health and Care Excellence (NICE NG209). Nov 2021 (updated Feb 2025). Tobacco: preventing uptake, promoting quitting, and treating dependence https://www.nice.org.uk/guidance/ng209 Last accessed 20.03.2025 NCSCT. Briefing. Combination nicotine replacement therapy (NRT). 2021 https://www.ncsct.co.uk/library/view/pdf/combination-NRT-2024-25-v1.pdf Last accessed 20.03.2025 The NHS Long Term Plan. 2019. https://www.longtermplan.nhs.uk/ Last accessed 20.03.2025 NHS Standard Treatment plan (STP) for Inpatient Tobacco Dependence https://www.ncsct.co.uk/publications/STP-inpatient-acute Last accessed 20.03.2025 Nicotine replacement therapy (NRT) https://cks.nice.org.uk/topics/smoking-cessation/prescribing-information/nicotine-replacement-therapy-nrt/ Last accessed 20.03.2025 Pan Dorset Nicotine Replacement Protocol - Nicotine Replacement Therapy to aid smoking cessation attempts in pregnant and postpartum women, their partners and family members who they live with who smoke. http://sharepointapps/clinguide/CG%20docs1/1998-PGD-Protocol-Pan-dorset-nicotine-replacement.pdf Last accessed 20.03.2025 Papadakis S, Robson J and McEwen A. Local Stop Smoking Services and support: Commissioning, delivery, and monitoring guidance. National Centre for Smoking Cessation and Training; 2024. ISBN 978-1-915481-02-3 https://www.ncsct.co.uk/library/view/pdf/Commissioning-delivery-and-monitoring-guidance.pdf Last accessed 20.03.2025 Robinson, J.D., Li, L., Chen, M., Lerman, C., Tyndale, R.F., Schnoll, R.A., Hawk, L.W., George, T.P., Benowitz, N.L. and Cinciripini, P.M. (2019). Evaluating the temporal relationships between withdrawal symptoms and smoking relapse. Psychology of Addictive Behaviors, 33(2), pp.105–116. doi: https://doi.org/10.1037/adb0000434. Last accessed 20.03.2025 Yong, H.-H. ., Borland, R., Balmford, J., Hyland, A., O'Connor, R.J., Thompson, M.E. and Spittal, M.J. (2013). Heaviness of Smoking Predicts Smoking Relapse Only in the First Weeks of a Quit Attempt: Findings From the International Tobacco Control Four-Country Survey. Nicotine & Tobacco Research, 16(4), pp.423–429. doi: https://doi.org/10.1093/ntr/ntt165. Last accessed 20.03.2025

Appendix 1

Training and competencies

1. Training Overview

Authorised Registered Health Professionals supplying and/or administering under this Protocol will at all times be required as Registered Professionals (under professional codes of conduct conduct) to act in a professional and competent manner, and will have to undertake an internal training course that will involve both the theoretical aspects of administration, recognition and treatment of anaphylaxis as well as supervised practice scenario's and supervised clinical practice

2. Intended Outcomes

Following the internal training course each Registered Practitioner will:

- Demonstrate safe, effective practice for supply and/or administration of NRT that adheres to the inclusion/exclusion criteria of the Protocol.
- Be knowledgeable on the Trust Guide to Adverse Reaction Reporting, including signs and management of adverse reactions to the drug.

3. Procedures

Registered Practitioners are expected to demonstrate good practice regarding:

- Obtaining verbal consent prior to supply and/or administration and ensuring that the patient has the appropriate understanding of the reasons for the medicine
- Providing the patient with verbal information about NRT
- Checking details of the medication (batch and expiry date) prior to supply and/or administration
- Administration following patient assessment
- Complete accurate, legible documentation

4. Record Keeping

Authorised Registered Practitioners are expected to:

- Use the specified patient documentation records.
- Write and sign clearly and legibly, and include date and print name.
- Use black ink for writing
- Record on notes any outcome from a consultation, including if patient declines treatment, is excluded under the terms of the Protocol or is referred.
- Work within the parameters of practice or the Protocol training competencies
- Work in line with professional guidelines for records and record keeping

5. Medical Support

Authorised Practitioners working under this Protocol are deemed competent to provide autonomous care for the supply/administration of NRT to patients that fall within the set inclusion criteria. The Registered Practitioner must refer the patient to the medical team on any occasion the patient does not meet the inclusion criteria, or declines treatment under the Protocol.

Appendix 2

Outline audit plan with timeframes

1. There will be a planned programme of monitoring and evaluation of Protocol use including audit.

2. Audit will be undertaken at least once during the approved period of the Protocol and will be completed no later than one year prior expiry.

3. The named lead author will ensure audit is undertaken and that it conforms with the Trust Clinical Audit Policy.

4. All registered practitioners working under the Protocol will be audited.

5. The results will be reviewed by the Head of Nursing/ Professional Lead and the Clinical Audit Lead. Areas of best practice and areas of concern will be highlighted. The results will also form the basis of an on-going training and development programme.

6. Audit will include:

   - Reason for supplying and/or administering or reason for not supplying and/or not administering under the Protocol
   - Standard of written records and signature
   - History of allergy recorded in notes
   - Receipt of information including leaflet(s) by patients
   - Date and time administered/supplied
   - Correct indication/dose of medicine
   - Reasons patients have been included and excluded
   - Details of any adverse drug reaction and actions taken including documentation in the patient's medical record
   - Signature/ name of staff who administered or supplied the medication
   - Referral arrangements (including self-care)

Appendix 3

Registered health professional authorisation sheet Page …….. of …….

PROTOCOL: Supply / Administration for the Initiation and up to 48 hour supply of Nicotine Replacement Therapy (NRT) on admission to hospital and for any ongoing In-Patient stay at Dorset County Hospital for the treatment of tobacco dependance

Version: 3

Valid from: 07/05/2025 Expiry: 01/05/2028

Before signing this Protocol, check that the document has had the necessary authorisations in section 2. Without these, this Protocol is not lawfully valid.

Registered health professional

By signing this protocol you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

I confirm that I have read and understood the content of this Patient Group Direction/ Protocol and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager (Lead Matron/ Head of Department)

The Lead Matron/ Head of Department where this Protocol operates is responsible for nominating appropriately trained individuals to operate the Protocol; to ensure the appropriate competencies and training is satisfied and ensure that the appropriate records (asper local policy) are kept in relation to the operation of this Protocol.

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of Dorset County Hospital Foundation Trust for the above-named health care professionals who have signed the Protocol to work under it.			
Name	**Designation**	**Signature**	**Date**

Protocol Lead:	Natalie Harper
Service Area for which this PGD/ Protocol applies:	Respiratory
Annual review of authorised staff	
Audit of use planned:	
Annual Declaration Due:	
Annual Declaration Completed:	

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this Protocol.

Authorised staff should be provided with an individual copy of the clinical content of the Protocol and a photocopy of the document showing their authorisation.

Appendix 4

Dosage and Method of Administration of NRT Products

A) Gum

Dose and method of administration	Oral administration (as resin). *Nicotinell*®, *Nicorette*®, NiQuitin® – *2mg gum.* For individuals smoking 20 cigarettes or less daily – one 2mg piece chewed using the 'chew-rest-chew' technique on the urge to smoke. Maximum 15 pieces per day of Nicorette® and NiQuitin® and 25 pieces per day of Nicotinell®. Individuals needing more than 15 pieces of 2mg gum a day should consider the 4mg gum instead. *Nicotinell*®, *Nicorette*®, NiQuitin® – *4mg gum.* For individuals smoking more than 20 cigarettes a day – one 4mg piece chewed using the 'chew-rest-chew' technique on the urge to smoke. Maximum number of pieces a day: 15 pieces of 4mg gum. Treatment should be continued for at least 3 months with a gradual reduction in dosage in the last four weeks.
Specific side effects	Throat irritation, increased salivation, hiccups. Gum may stick to and in rare cases damage dentures and dental appliances.
Specific advice to client	Gum should be chewed until the taste becomes strong and then 'parked' between the gum and cheek until the taste fades. Recommence chewing once the taste has faded. This 'chew-rest-chew' technique should be applied for 30 minutes. After this time the gum will have lost its strength and should be disposed of carefully. Concomitant use of acidic beverages such as coffee or soda may interfere with the buccal absorption of nicotine. Acidic beverages should be avoided for 15 minutes prior to chewing the gum.

B) Nicorette® Inhalator

Dose and method of administration	*Nicorette*® 15mg/cartridge Inhale when urge to smoke occurs. Maximum daily dose: 6 cartridges for up to 8 weeks. Each cartridge can be used for approximately eight 5 minute sessions with each cartridge lasting approximately 40 minutes of intense use. At 8 weeks the Clients should reduce the number of cartridges used to 3-6 per day for 2 weeks. At week 10 reduce to 0 over next 2 weeks. Review treatment if abstinence not achieved in 3 months.
Specific side effects	Throat irritation, cough, nasal congestion.
Specific advice to client	Air should be drawn into the mouth through the mouthpiece. Clients should be warned that the inhalator requires more effort to inhale than a cigarette and that less nicotine is delivered per inhalation. Therefore the client may need to inhale more often than when smoking a cigarette. The inhalator is best used at room temperatures as nicotine delivery is affected by temperature. Used cartridges will contain residual nicotine and should be disposed of safely. Advise the client to keep them in the case and dispose of them in household rubbish. Patients with obstructive lung disease may find it difficult to use the inhalator.

C) Lozenge 1mg and 2mg

Dose and method of administration	*NiQuitin® Nicorette®* 1mg For those who smoke 30+ minutes after waking or who smoke 20 or less cigarettes per day. 2mg For those who smoke within 30 minutes of waking or who smoke more than 20 cigarettes per day. Step down over 12 weeks. One lozenge every 1 to 2 hours initially (weeks 1 to 6) max 15 daily. Weeks 7 to 9, one lozenge every 2 to 4 hours, weeks 10 to 12, one lozenge every 4 to 8 hours. Not more than 15 lozenges per day. During initial treatment periods (1-6 weeks) use at least 9 lozenges per day. Review treatment if abstinence not achieved in 12 weeks. May continue for another 4 weeks at one lozenge every 4 to 8 hours (16 weeks altogether max 15 lozenges per day).
Specific side effects	Throat irritation, mouth irritation, hiccups, difficulty swallowing, coughing.
Specific advice to client	One lozenge should be placed at the side of the mouth and allowed to dissolve. At intervals the lozenge should be moved from one side of the mouth to the other. The actions should be repeated for 20 to 30 minutes until the lozenge is completely dissolved. The lozenges should not be chewed or swallowed whole. Users should not eat or drink while a lozenge is in the mouth as this may reduce the absorption of the nicotine.

D) Nicorette® Patches

Dose and method of administration	*Nicorette invisi*® Step 1 25mg patch for 16 hours daily for 8 weeks **Then** Step 2 15mg patch for 16 hours daily for 2 weeks **Then** Step 3 10mg patch for 16 hours daily for 2 weeks (NCSCT 2015). *NiQuitin Clear® Nicotinell® - 24 hour patch (if patient is pregnant **must be removed overnight** to give the foetus a break from nicotine (NCSCT 2018)* Step1 21mg patch for 24 hours daily for 8 weeks **Then** Step 2 14mg patch for 24 hours daily for 2 weeks **Then** Step 3 7mg patch for 24 hours daily for 2 weeks. Transdermal administration. Higher dose patch for smokers > 40 cigarettes per day **2 x high dose** (step 1) nicotine patches can be applied daily at the same time offering a double strength for the first 4 weeks **Then** reduce to 1 x high dose (step 1) for 4 weeks. **Then** follow step 2 and 3 as above. Apply on waking to dry, non-hairy skin on hip, chest or upper arm. Remove after time specified. New patch should be placed on a different area – avoiding 'used' sites for several days afterwards. If successful then gradually reduce dosage with time but review treatment if individual has not stopped smoking at 12 weeks**.**
Specific side effects	Skin reactions, itching. Discontinue use if severe.
Specific advice to client	Exercise may increase the absorption of nicotine and therefore the side effects. The patch should be applied once a day, normally in the morning, to a clean, dry, non-hairy area of skin on the hip, trunk or upper arm. Allow several days before replacing the patch on a previously 'used' area. Place the patch in the palm of the hand and hold onto the skin for 10-20 seconds. Patches should not be applied to broken or inflamed skin. Once the patch is spent it should be folded in half and disposed of carefully. Clients should not try to alter the dose of the patch by cutting it up.

E) Nicorette® Microtab

Dose and method of administration	Oral administration Microtab – 2mg. ***Nicorette*®** For individuals smoking 20 cigarettes or less daily – One tablet per hour. For patients who fail to stop smoking or have significant withdrawal symptoms consider increasing to two tablets per hour sublingually.

	For individuals smoking more than 20 cigarettes a day – Two tablets per hour. Maximum dose: Forty tablets per day. Treatment should be continued for at least 3 months with the dose gradually reduced in the last 4 weeks.
Specific side effects	Throat irritation, unpleasant taste.
Specific advice to client	Tablets should be placed under the tongue and allowed to dissolve slowly.

F) Nicorette QuickMist® Mouthspray

Dose and method of administration	Oral administration (1milligram/metered spray). 1-2 sprays every 30-60 minutes. Up to 4 sprays per hour and a maximum of 64 sprays (4 sprays per hour over 16 hours) in a 24 hour period.
Specific side effects	Irritation to mouth and throat for the initial few days.
Specific advice to client	Prime the spray (3 sprays over sink) before the first time of use or if not used for 2 days. Don't eat or drink while administering the spray. Avoid spraying onto lips. Try to avoid inhaling while spraying to avoid getting spray down throat. For best results do not swallow for a few seconds after spraying.

G) Nicorette QuickMist® SmartTrack Mouthspray

Dose and method of administration	Oral administration (1milligram/metered spray). 1-2 sprays every 30-60 minutes. Up to 4 sprays per hour and a maximum of 64 sprays (4 sprays per hour over 16 hours) in a 24 hour period.
Specific side effects	Irritation to mouth and throat for the initial few days. Hiccups (these are particularly common), headache, nausea.
Specific advice to client	Prime the spray (3 sprays over sink) before the first time of use or if not used for 2 days. Don't eat or drink while administering the spray. Avoid spraying onto lips. Try to avoid inhaling while spraying to avoid getting spray down throat. For best results do not swallow for a few seconds after spraying. Download the Nicorette app from the Google Play or Apple app store and complete set up. After every spray, tap your phone against the NFC chip on the mouthspray label and hold until you get a confirmation. You don't need to be in the app to record a spray, as long as it is open in the background.

PATIENT LABEL

Surname ……..

Forename …….

DOB ……..

Patient Nº …….

Appendix 5

Dorset County Hospital NHS Foundation Trust

Advanced Smoking Assessment

Only to be completed by a Tobacco Addiction Team

FagerstrÖm Assessment – Section 2			
Please circle as appropriate			
Do you wish to complete the FagerstrÖm assessment today?		YES continue	NO Go to section 3
Q1	How soon after you wake up do you smoke your first cigarette?	Within 5 minutes	3
		6-30 minutes	2
		31-60 minutes	1
		More than 60 minutes	0
Q2	Do you find it difficult to stop smoking in no smoking areas?	Yes	1
		No	0
Q3	What cigarette would you hate to most to give up?	The first in the morning	1
		Other	0
Q4	How many cigarettes per day do you usually smoke?	10 or less	0
		11- 20	1
		21- 30	2
		31 or more	3
Q5	Do you smoke more frequently in the first hours after waking than During the rest of the day?	Yes	1
		No	0
Q6	Do you smoke if you are so ill that you are in bed most of the day?	Yes	1
		No	0
		Total score	

Carbon Monoxide (CO) Test – Section 3

'Once CO is inhaled, it passes from your lungs into the bloodstream, where it attaches to the haemoglobins that normally carry oxygen.
With more cigarettes smoked, the CO hijacks more and more haemoglobins, and the blood gradually loses its ability to carry enough oxygen to meet your body's needs.
To compensate the body produces more red cells which make the blood thicker and increased risks of heart attacks and strokes'

Complete a CO test today with patient consent?	YES	No Go to section 4
FagerstrÖm Score		
Score of 0		
A patient who scores 0 on the FagerstrÖm Test for Nicotine Dependence is classified as having a **very low** dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), althou recommended that they are still monitored for withdrawal symptoms. Please check treatment recommend chart.		
Score of 1-2		
A patient who scores between 1-2 on the FagerstrÖm Test for Nicotine Dependence is classified as having a dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), althou recommended that they are still monitored for withdrawal symptoms. Please check treatment recommend chart.		
Score of 3-4		
A patient who scores 3-4 would be considered to have a **low to moderate** dependence of nicotine and coul offered patches, inhaler or gum. Please check treatment recommendation chart		
Score of 5-7		
A patient who scores 5-7 would be considered to be **moderately** dependent on nicotine and could be offere **combination therapy** of patches, inhaler or gum. Please check treatment recommendation chart.		
Score of 8 and over		

A patient who scores 8 and over would be considered to be **highly** dependent on nicotine and could be offered **combination therapy** of patches, inhaler or gum. Please check treatment recommendation chart.		
Please record CO reading		

Assess and Discuss – Section 4

Please circle as appropriate

Assess past quit attempts	**YES**	**NO**
Assess the patient's readiness to quit	**YES**	**NO**
Inform the patient of the treatment programme	**YES**	**NO**
Explain how tobacco dependence develops	**YES**	**NO**
Explain the importance of abrupt cessation and the 'Not a puff' rule.	**YES**	**NO**
Inform the patient about potential withdrawal symptoms	**YES**	**NO**
Discuss stop smoking medications	**YES**	**NO**
Advise on changing routine	**YES**	**NO**
Discuss how to address the issue of the patient smoking contacts and how the patient can support during their quit attempt.	**YES**	**NO**
Address any high-risk situations	**YES**	**NO**
Has a quit date been set?	**YES**	**NO**
Encourage patient commitment	**YES**	**NO**

FagerstrÖm Score

Score of 0

A patient who scores 0 on the FagerstrÖm Test for Nicotine Dependence is classified as having a **very low** dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), although it is recommended that they are still monitored for withdrawal symptoms. Please check treatment recommendation chart.

Score of 1-2

A patient who scores between 1-2 on the FagerstrÖm Test for Nicotine Dependence is classified as having a **low** dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), although it is recommended that they are still monitored for withdrawal symptoms. Please check treatment recommendation chart.
Score of 3-4
A patient who scores 3-4 would be considered to have a **low to moderate** dependence of nicotine and could be offered patches, inhaler or gum. Please check treatment recommendation chart
Score of 5-7
A patient who scores 5-7 would be considered to be **moderately** dependent on nicotine and could be offered **combination therapy** of patches, inhaler or gum. Please check treatment recommendation chart.
Score of 8 and over
A patient who scores 8 and over would be considered to be **highly** dependent on nicotine and could be offered **combination therapy** of patches, inhaler or gum. Please check treatment recommendation chart.

NRT – Section 5

Select the NRT initiated – initial all that apply

Has the initiation of NRT been started?	YES	NOT Issued	Patient declined.
Was NRT within 3 hours of admission	YES	NO	
Select the NRT initiated – initial all that apply			
Nicotine (Nicotinell TTS 30 (21mg) 24-hour patch topical. 1 patch applied on waking and removed after 24 hours (can be removed at bedtime)			
Nicotine (Nicotinell TTS 20 (14mg) 24-hour patch topical. 1 patch applied on waking and removed after 24 hours (can be removed at bedtime)			
Nicotine (Nicotinell TTS 10 (7mg) 24-hour patch topical. 1 patch applied on waking and removed after 24 hours (can be removed at bedtime)			
Gum 2mg (up to 15 pieces day)			
Inhalator 15mg (up to 6 cartridges a day)			

NRT Review – Section 5a

Review required for NRT?	YES	NO

Dependence level	NRT dosage	Recommendation of medication acknowledged, and action taken.
Higher/High	Patches 21mg/24hr (1 or 2 patch/s a day) **Or** Patches 25mg/16hr (1 or 2 patch/s a day)	

	With 2/4mg gum (up to 15 pieces a day) **Or** Inhalator 15mg (up to 6 cartridges per day) **Or** 1 milligram/metered mouth spray **Or** Lozenges 2/4mg **Or** Microtab 2/4mg	
Moderate	Patches 21mg/24hr (1 patch a day) **Or** Patches 25mg/16hr **With** 2mg gum (up to 15 pieces a day) **Or** Inhalator 15mg (up to 6 cartridges per day) **Or** 1 milligram/metered mouth spray **Or** Lozenges 2mg **Or** Microtab 2mg	
Dependence level	NRT dosage	Recommendation of medication acknowledged, and action taken.
Low to moderate	Patches 14mg/24hr (1patch a day) **Or** Patches 15mg/16hr **With** 2mg gum (up to 15 pieces a day) **Or** Inhalator 15mg (up to 6 cartridges per day) **Or** 1 milligram/metered mouth spray **Or** Lozenges 2mg **Or** Microtab 2mg	
Low	Patches 7mg/24hr (1 patch a day) **Or** Patches 10mg/16hr **With** 2mg gum (up to 15 pieces a day) **Or** Inhalator 15mg (up to 6 cartridges per day) **Or** 1 milligram/metered mouth spray **Or** Lozenges 2mg **Or**	

	Microtab 2mg	
Very Low	Patches 7mg/24hr (1 patch a day) **Or** Patches 10mg/16hr **With** 2mg gum (up to 15 pieces a day) **Or** Inhalator 15mg (up to 6 cartridges per day) **Or** 1 milligram/metered mouth spray **Or** Lozenges 2mg **Or** Microtab 2mg	
Patient Declined	Patient declined – NRT not issued	
NRT not issued	Reasons documented in the notes.	

Tobacco Dependence Care Plan – section 6 Please circle as appropriate			
10	VBA only (refusal of opt/out offer of treatment	YES	NO
20	Smoking reduction (a supported attempt to reduce the number of cigarettes smoked, with or without the use of nicotine)	YES	NO
30	Supported temporary abstinence (support to remain smokefree whilst in hospital, no follow-up care)	YES	NO
40	Unsupported temporary abstinence	YES	NO
50	Unsupported quit attempt without nicotine	YES	NO
60	Unsupported quit attempt with nicotine	YES	NO
70	Quit attempt with behavioural intervention and licensed medication – recommended NHS intervention	YES	NO
80	Quit attempt with behavioural intervention and unlicensed medication	YES	NO
90	Quit attempt with behavioural intervention and without pharmacotherapy	YES	NO
97	No care plan (VBA or treatment) provided-unable to provide VBA due to medical or other conditions	YES	NO
98	No care plan (VBA or treatment) provided – other	YES	NO

Referred for On-going Support – section 7 Please circle as appropriate			
10	Local Authority Stop Smoking Services (LWD and community pharmacy including services provided by GP's)	YES	NO
20	Secondary Care	YES	NO
30	NHS Community Pharmacy (enhanced service offer)	YES	NO
40	NHS Primary Care (including GP's but not commissioned by local authority)	YES	NO
50	Third sector (excluding local authority commissioned services)	YES	NO

60	No onward support (patient choice)	YES	NO
70	No onward support (unavailable)	YES	NO
80	No onward support (not required, e.g. Patient has died)	YES	NO

0

Action Checklist – Section 8 Please circle as appropriate		
Discussed medication and provided a summary	YES	NO
Does the patient want to continue with abstinence post discharge	YES	NO
Ensure on-going support on discharge from hospital	YES	NO
Follow up phone call – 1-2 weeks	YES	NO
4 weeks follow up appointment	YES	NO
Ensure patient is discharged with 2 weeks (minimum) of treatment	YES	NO
Additional relevant information has been recorded in the patient's medical notes	YES	NO
Do you plan to revisit this patient during this hospital admission	YES	NO

Advanced Smoking Assessment completed - Section	
Print name	
Role	
Signature	
Date	

FILE IN CLINICAL RECORD

PATIENT LABEL

Surname ……..

Forename …….

DOB ……..

Patient Nº …….

Treating Tobacco Dependency Service

Patient Administration Form & Consent to Supply of NRT

Have you ever experienced any of the following?

Exclusion Criteria;

1. A previous serious reaction to NRT or any of the other ingredients contained in the products? **Yes** **No**

2. Patch only- a chronic generalised skin disease such as psoriasis, chronic dermatitis and urticarial, or a previous skin reaction to transdermal patches? **Yes** **No**

Caution Criteria;

3. A history of severe renal impairment? **Yes** **No**

4. Moderate to severe hepatic disease? **Yes** **No**

5. Cardiac abnormalities/ severe cardiovascular disease? **Yes** **No**

6. Uncontrolled hyperthyroidism or phaeochromocytoma? **Yes** **No**

7. Cerebrovascular disease? **Yes** **No**

8. History of epilepsy Yes No

9. Suffering from oesophagitis, gastric or peptic ulcers Yes No

10. Are you taking any of the following medicines?

- Aminophylline or Theophylline
- Clozapine
- Erlotinib
- Irinotecan
- Methadone
- Riocoguat
- Warfarin **Yes** **No**

NRT issued? **Yes** **No**

If No, then reason why? ----------

If No, then action taken? ----------

Side Effects of NRT Discussed? **Yes** **No**

Referral to community Stop Smoking Services **Yes** **No**

Other smokers in household? **Yes** **No**

If other smokers, support offered? **Yes** **No**

Comments

NRT Drug/s

NICOTINE REPLACEMENT THERAPY	TICK NRT ISSUED	AMOUNT ISSUED
GUM (Nicotinell®, Nicorette®, NiQuitin®)		
2mg		
4mg		
INHALATOR (Nicorette®)		
15mg		
LOZENGE(NiQuitin®, Nicorette®)		
1mg		
2mg		
NICORETTE® PATCHES (16hr)		
25mg		
15mg		
10mg		
NICOTINELL® PATCHES (24hr)		
21mg		
14mg		
7mg		
MICROTAB (Nicorette®)		
2mg		
MOUTHSPRAY (Nicorette QuickMist®)		
1mg/metered spray		
MOUTHSPRAY (Nicorette QuickMist SmartTrack®)		
1mg/metered spray		

Batch Number: **Expiry Date:**

Nurse/Support Worker Signature: **Date of Issue:**

Client declaration: I agree to take part in the Dorset County Hospital Treating Tobacco Dependency Service and understand the dose, correct use and possible side effects of the NRT being supplied to me today.

I am also aware that if any of my medical history changes or if I am not able to stop smoking tobacco then NRT may be stopped.

Patient signature: **Date:**

Review date

FILE IN CLINICAL RECORD

NHS
Dorset County Hospital
NHS Foundation Trust

PATIENT LABEL

Surname ……..

Forename …….

DOB ……..

Patient Nº …….

NICOTINE REPLACEMENT THERAPY RE-ISSUE FORM

NICOTINE REPLACEMENT THERAPY	AMOUNT USED	AMOUNT RE-ISSUED
GUM (Nicotinell®, Nicorette®, NiQuitin®)		
2mg		
4mg		
INHALATOR (Nicorette®)		
15mg		
LOZENGE(NiQuitin®, Nicorette®)		
1mg		
2mg		
NICORETTE® PATCHES (16hr)		
25mg		
15mg		
10mg		
NICOTINELL® PATCHES (24hr)		
21mg		
14mg		
7mg		
MICROTAB (Nicorette®)		
2mg		
MOUTHSPRAY (Nicorette QuickMist®)		
MOUTHSPRAY (Nicorette QuickMist SmartTrack®)		
1mg/metered spray		

Comments:

Batch Number: **Expiry Date:**

Nurse/Support Worker Signature: **Date of Issue:**

Review Date:

FILE IN CLINICAL RECORDS

Dorset County Hospital NHS Foundation Trust

Appendix 6

CONTACT DETAILS

Ward……

Nurse Specialist……

Contact No……..

PATIENT LABEL

Surname ……..

Forename ……

DOB ……..

Patient Nº …….

PLEASE FILE IN MEDICAL NOTES

NRT TREATMENT CHECKLIST

Smoking status has been established:

Tobacco: Cigarettes ☐ Roll ups ☐ Pipe ☐ Cigars ☐ Shisha ☐ Vapes ☐ Cannabis ☐

CO reading: ppm FagerstrÖm Score:

Patient counselled on available medications ☐

PIL provided ☐

Doctor or Non-Medical Prescriber please prescribe

Recommended combination NRT Therapy Prescribed:

Slow-release nicotine/Patch

21mg/24hr ☐ 14mg/24hr ☐ 7mg/24hr ☐

25mg/16hr ☐ 15mg/16hr ☐ 10mg/16hr ☐

Fast acting Nicotine

Nicotine Inhalator 15mg ☐

Nicotine Mouth Spray 1mg ☐

Nicotine Microtab 2mg ☐

Nicotine GUM 2mg ☐ 4mg ☐

Nicotine Lozenges 2mg ☐ 4mg ☐

Other Pharmacotherapy Prescribed

Varenicline ☐ Cytisine ☐ Bupropion ☐

Referral to Community Stop Smoking Services ☐

Patient discharged with 2-week supply of prescribed pharmacotherapy ☐

Date……. Signature ……