Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Nicotine Replacement Therapy for the Management of Tobacco Dependency (QUIT Programme)

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	February 2022	• This is a new procedural document, please read in full.	Robert Cooper Daniel Trushell-Pottinger Shy Lih Teo

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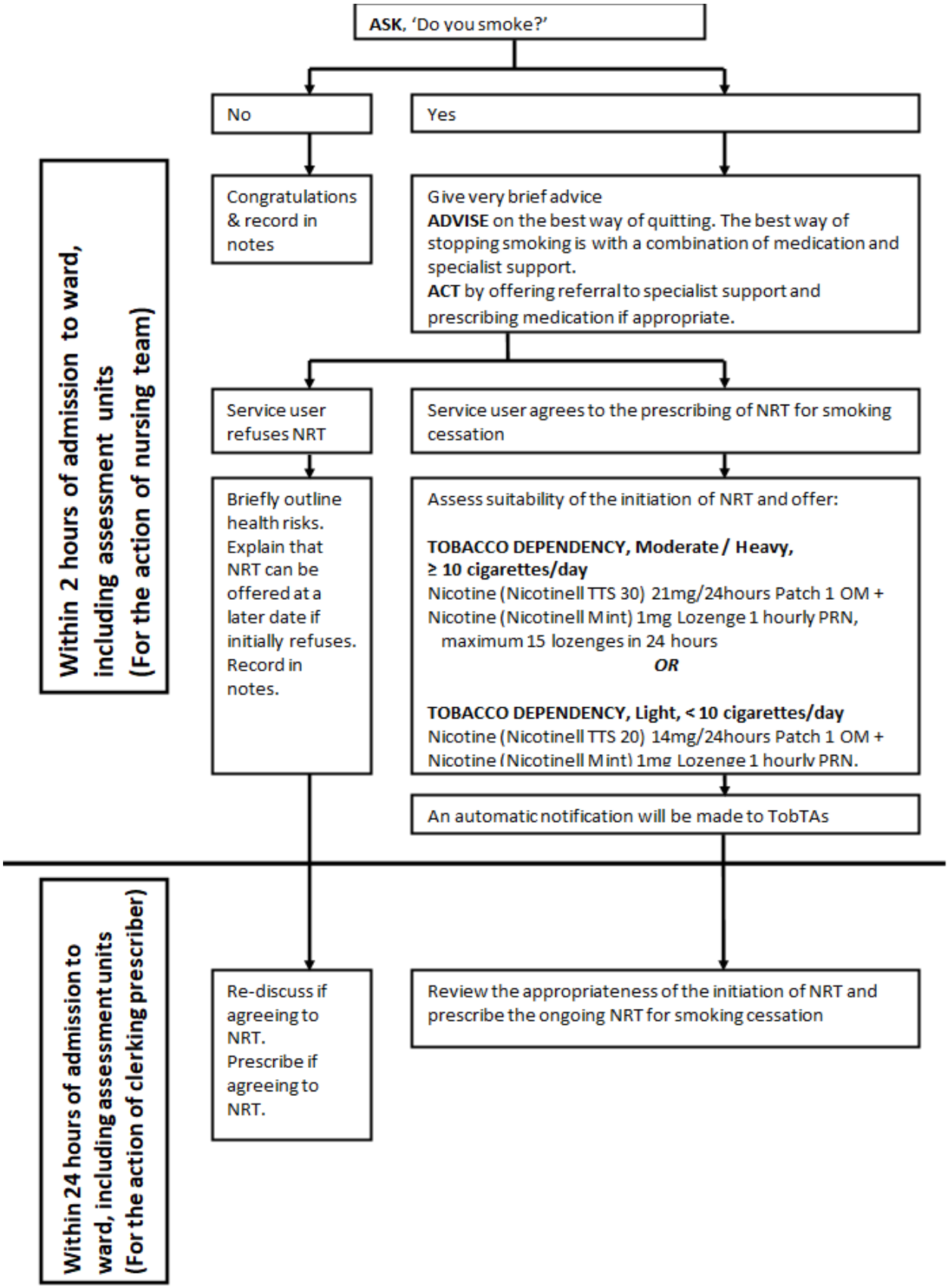
Summary of the Supply and Administration of Nicotine Replacement Therapy (NRT) for the Management of Tobacco Dependency by Nursing Staff (QUIT Programme)



1 INTRODUCTION

Smoking is the single greatest cause of preventable illness and premature death in the UK. Within our region of South Yorkshire and Bassetlaw, smoking is the biggest cause of premature death and health inequalities, accounting for half of the health gap between the poorest and most affluent communities (SYB ICS, 2021). Smoking is one of the major contributors to the 15-20 years gap in life expectancy between people with a severe mental health illness and the general population.

Reducing the number of people smoking has a very quick positive impact on both people's own health and on NHS and social care budgets. Supporting people to stop smoking is the quickest and most effective approach within the power of the NHS to support a reduction in health inequalities. The NHS has responsibility to treat smoking just as we would do with other diseases and treating tobacco addiction is one of the most effective treatments that the NHS can offer. The Royal College of Physicians states that the failure of clinicians and systems in offering cost-effective smoking cessation therapies is unethical (RCP, 2018).

Offering pharmacotherapy, supported by behavioural change, is the most effective stop smoking intervention.

At 2018, the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) agreed that embedding the treatment of tobacco dependency in secondary care is a priority across the region and instigated the rollout of the QUIT programme. QUIT is a comprehensive tobacco addiction treatment programme delivered in all eight acute, mental health and children's NHS Trusts across South Yorkshire and Bassetlaw region, including Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), as part of a broader Healthy Hospitals Programme. It allows systematic treatment of tobacco addiction and facilitates the implementation of smoke-free policy within the Trust.

The main elements of the QUIT programme are:

Q	Ask the **Q**uestion	Ask all hospital patients if they have **smoked in the past month**.
U	**U**nderstand their addiction	Ask all hospital patients to exhale into a carbon monoxide breathalyser. Ask patients who smoke about how much they smoke to help work out how much nicotine replacement therapy (NRT) to give to those aged 12 and over.
I	**I**nform patients	About **smoke-free sites** and that **specialist support** is available while they are in hospital.
T	Initiate **T**reatment	Offer all smokers **NRT on admission (within 2 hours of admission)** and notify the **tobacco treatment advisors (TobTAs)** of all smokers so they can provide specialist support and treatment as soon as possible.

Through the QUIT programme:

- All smokers will be systematically identified on admission to hospital (including those admitted via elective pathway, non-elective pathway and specified out-patient pathway, and attendance at Emergency Department when a decision to admit is made).
- All smokers will be treated with tobacco dependency pharmacotherapy, including the initiation of nicotine replacement therapy (NRT) by nursing team within the 2 hours of admission to the ward or assessment unit.
- All smokers will be advised that the best way to stop smoking is through medications and behavioural support.
- All smokers will be supported by specialist tobacco treatment advisors (TobTAs) whilst in hospital and received a follow-up telephone call on discharge where applicable.
- All smokers will be referred to Community Stop Smoking Services for ongoing stop smoking support on discharge.

QUIT programme also provides support and treatment to all NHS staff who smoke.

2 PURPOSE

This policy is written and prepared for the intention of use by both medical and nursing staff. It outlines the standards and procedural requirements of the initiation and continuation of NRT for the management of tobacco dependency to in-patients who are 18 years old or above (Appendix 1).

This policy should be used in conjunction with DBTH Smoke Free Policy, Protocol for the administration of NRT by nursing staff until review by a prescriber up to maximum of 24 hours (QUIT programme) and DBTH Medicines Formulary NRT prescribing algorithm for tobacco dependency.

3 DUTIES AND RESPONSIBILITIES

3.1 Nurse's responsibility

On admission, nursing staff will routinely screen patient's associated risk to tobacco-related harm as part of the Combined Risk Screening and Assessment bundle (Appendix 2).

Nursing staff will administer NRT products for the management of tobacco dependency to patients who are identified as being at risk with tobacco-related harm, taking into consideration of patient's relevant medical issues and medication histories. NRT products will be supplied and administered to patient within 2 hours of admission. The consultation and the supply of NRT products should be documented as appropriate (Appendix 3).

An automatic notification will be made to the TobTAs for all current smokers and those using nicotine e-cigarettes, NRT or other tobacco-dependent pharmacotherapy before admission, when nursing assessment is completed on NerveCentre.

3.2 Doctor's responsibilities

The doctor responsible for the patient will ensure an assessment of tobacco dependency and associated risk(s) with tobacco-related harm is undertaken upon admission and immediate, appropriate pharmacological treatment is initiated during admission to avoid tobacco withdrawal symptoms.

Doctors must ensure an adequate risk assessment is carried out as part of the admission and/or discharge planning process.

3.3 Prescriber's responsibilities

The prescriber will ensure an assessment of tobacco dependency and associated risk(s) with tobacco-related harm is undertaken upon admission and immediate, appropriate pharmacological treatment is initiated during admission to avoid tobacco withdrawal symptoms.

Prescribers must ensure an adequate risk assessment is carried out as part of the admission and/or discharge planning process.

In the case of non-medical prescribers, prescribing should only take place where the prescriber is competent to do so.

3.4 Tobacco treatment advisor (TobTA)'s responsibilities

On the receipt of the automatic notification for current smokers and those using nicotine e-cigarettes, NRT or other tobacco-dependent pharmacotherapy before admission, the TobTA will carry out a comprehensive assessment on the patient's tobacco dependency and the patient's associated risk(s) with tobacco-related harm and make recommendations on the choice of NRT products to be offered during admission and/or discharge based on the patient's individual preference.

The TobTA will also provide liaison and referral to community stop smoking services on patient's discharge.

3.5 Pharmacist's responsibilities

Ward pharmacist will review patient's prescription to highlight potential drug-disease interaction, detailing the adverse effect on drug metabolism with the change in patient's smoking status, and make recommendation on the management of relevant drug-disease interaction.

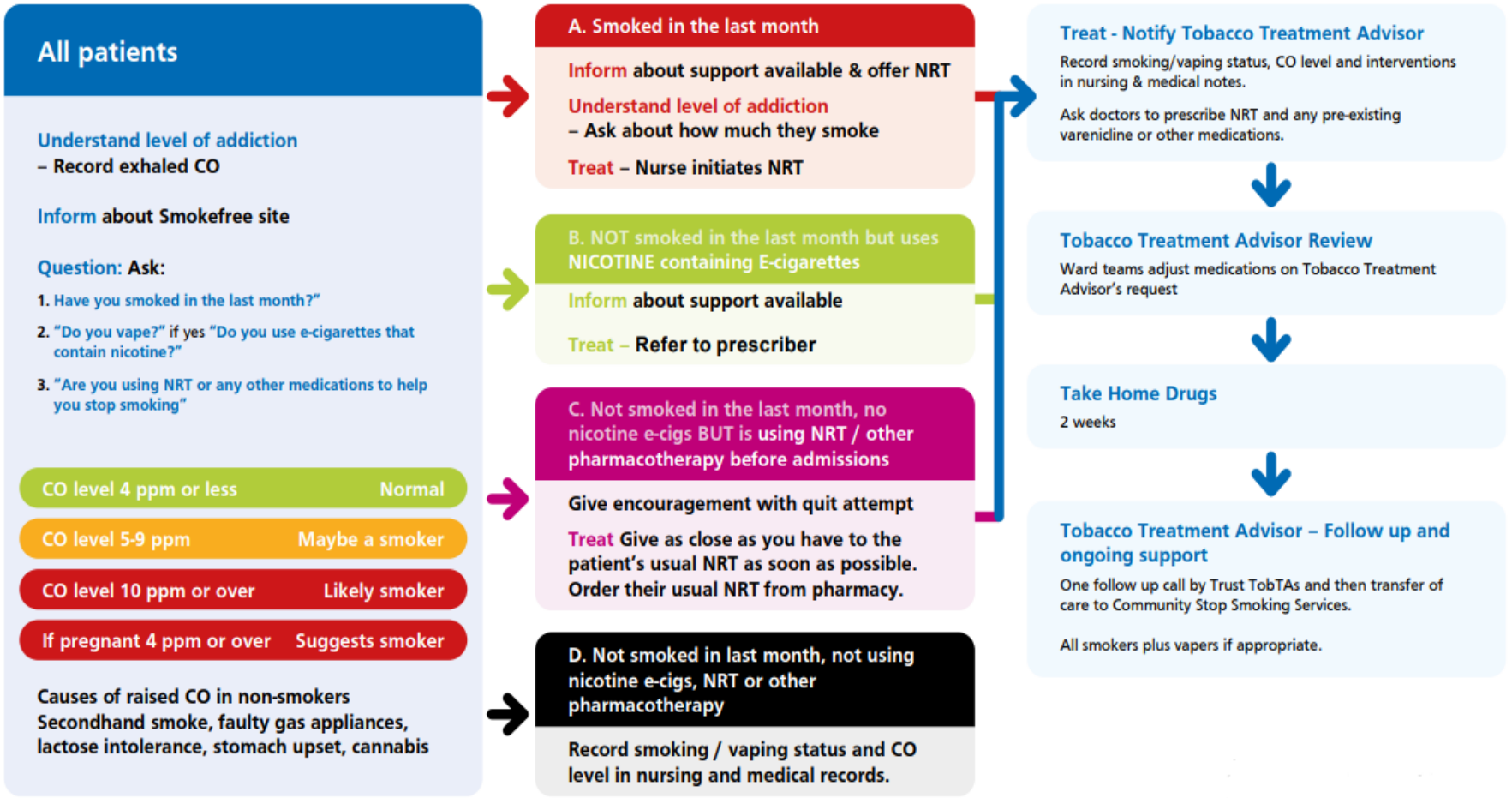
Ward pharmacist will also be responsible for timely-assess to NRT products upon request.
A minimum supply of 2-week NRT products should be provided at the time of discharge.

3.6 Patient's responsibilities

Where his or her condition allows, the patient is expected to engage with the screening and assessment process, providing a true and honest account of their tobacco usage in order to ensure safe and appropriate treatment.
Patients are expected to abstain from smoking during admission, in line with DBTH Smoke Free Policy.

4 PATHWAY

Below is the proposed in-patient pathway of the prescribing of NRT for the management of tobacco dependency (SYB ICS QUIT Programme), which is reviewed and amended for local use at DBTH.



Due to Covid there may be times when CO monitoring is paused

5 PHARMACOTHERAPY

Bupropion, NRT and varenciline are the recommended pharmacological therapies for the management of tobacco dependency (NICE, 2018).

5.1 Bupropion

Bupropion is a relatively weak but selective dopamine and noradrenaline re-uptake inhibitor. Although the exact mechanism by which it aids smoking cessation is unclear, it is presumed to work directly on the brain pathways involved in addiction and withdrawal. Bupropion should be started while the person is still smoking and an agreed quit date should be set within the first 2 weeks of bupropion treatment.

5.2 Nicotine replacement therapy (NRT)

NRT is the most widely used and available proven treatment for the management of tobacco dependency. The primary mechanism of action of NRT is to reduce the severity of withdrawal symptoms associated with smoking cessation. Although it does not completely alleviate withdrawal, NRT attenuates symptoms making a quit attempt more bearable so the smoker is more likely to succeed. NRT should be considered, with behavioural support, for young people over 12 who are smoking and dependent on nicotine (NICE, 2018).

5.3 Varenicline

Varenicline is a partial nicotinic receptor agonist. It alleviates symptoms of craving and withdrawal, and reduces the rewarding and reinforcing effects of smoking by preventing nicotine binding to the receptors. Varenicline should be started while the person is still smoking and an agreed quit date should be set within the first 1 to 2 weeks of varenicline treatment.

6 NICOTINE REPLACEMENT THERAPY (NRT)

NRT is a type of nicotine-containing products that contains nicotine but does not contain tobacco and so deliver nicotine without the harmful toxins found in tobacco.
NRT products are licensed for use as a smoking cessation aid and for harm reduction. NRT is available in a choice of preparations (Appendix 4), including:

- Gum. With the use of nicotine-containing chewing gum, nicotine is absorbed through the buccal mucosa, with peak plasma concentrations occurring after 20-30 minutes. Nicotine-

containing chewing gum is available in different flavours and strengths, one piece of chewing gum lasts about 30 minutes. Nicotine-containing chewing gum is not suitable for use in those with dentures and the use of chewing gum may damage dentures.

- Inhalator. Nicotine is absorbed through the buccal mucosa via the inhalation of nicotine-containing cartridge (to be used with inhalator). When used like a cigarette, on average it delivers 1mg of nicotine in 80 puffs, and 2mg of nicotine is released during 20 minutes of intensive use. Each 15mg cartridge can be used for approximately eight 5-minute sessions, with each cartridge lasting for approximately 40 minutes of intense use.
- Lozenge. With the use of nicotine-containing lozenge, nicotine is absorbed through the buccal mucosa. Nicotine-containing lozenge is available in different strengths and flavours. Lozenges dissolve completely in 10-20 minutes.
- Nasal spray. With the use of nicotine-containing nasal spray via intranasal administration, nicotine is absorbed through the nasal mucosa, delivering peak plasma levels within 10-15 minutes.
- Oral spray. With the use of nicotine-containing oromucosal spray, nicotine is rapidly absorbed through the buccal mucosa, delivering peak plasma levels within 13 minutes.
- Sublingual tablet. Nicotine is absorbed through the buccal mucosa with sublingual administration of nicotine-containing sublingual tablets.
- Transdermal patch. With the transdermal application of nicotine-containing patches, nicotine is absorbed through the skin. Nicotine-containing transdermal patches are available in 16-hour and 24-hour preparations, in a range of strengths. Peak plasma levels are reached within 8-10 hours with the transdermal application of nicotine-containing patches.

A combination of short-acting and long-acting NRT are likely to be the most effective NRT intervention for the management of tobacco dependency (NICE, 2018). Combination therapy is usually given as a long-acting NRT preparation, in the form of transdermal patch, and a short-acting preparation, in the form of either gum, inhalator, lozenge, nasal spray, oral spray or sublingual tablet, to 'top up', i.e. to be used on an as needed basis (up to the maximum daily dose allowed as stated on summary of product characteristics of the product) when acute withdrawal symptoms and urges to use tobacco occur. Combination therapy is unlicensed, but is supported by National Institute for Health and Care Excellence (NICE) and National Centre for Smoking Cessation and Training (NCSCT).

For a patient who smokes within the last month, below NRT regimen is generally recommended:

Moderate / Heavy smoker (smokes ≥ 10 cigarettes/day)
Nicotine (Nicotinell TTS® 30) 21mg/24hours patch 1 OM + Nicotine (Nicotinell Mint®) 1mg lozenges 1 hourly PRN, maximum 15 lozenges/day

Light smoker (smokes < 10 cigarettes/day)
Nicotine (Nicotinell TTS® 20) 14mg/24hours patch 1 OM + Nicotine (Nicotinell Mint®) 1mg lozenges 1 hourly PRN, maximum 15 lozenges/day

Stopping smoking is the single most effective intervention for improving the health of both the pregnant smoker and her baby. NRT should only be used if smoking cessation without NRT fails. If a pregnant smoker expresses a clear wish to receive NRT, intermittent therapy is preferred but patches may be necessary. If the use of NRT patch is indicated, 16-hour NRT transdermal patch should be prescribed and pregnant women should be advised to remove the patch before going to bed (NICE, 2010).

For patients who have not smoked (and have not been using nicotine e-cigarettes) in the last month but are using NRT (or other pharmacotherapy) before admission, the patient's usual NRT preparation should be prescribed and administered as soon as possible. If a patient's usual NRT preparation is not available immediately, the patient should be offered an appropriate alternative product in the meantime without a delay and the patient's usual NRT preparation should be ordered from pharmacy.

Generally NRT does not interact with other medications. However cigarette smoking can affect drug metabolism via pharmacokinetic and pharmacodynamics mechanisms, and a change in smoking status can render patients at risk of serious adverse reactions. Patients should be regularly monitored with regards to their smoking status and the extent of cigarette consumption, and the dose(s) of relevant medication(s) adjusted accordingly.

NRT products are classified as general sale list (GSL) products under UK medicines regulations. GSL medicines are general sale medicine packs that are available to the public from retail outlets without a prescription. As such, NRT could be supplied and administered by a nurse or midwife to patients for the management of tobacco dependency without a prescription.

7 DISCHARGE PLANING

At the time of discharge, a patient who has been established on NRT for tobacco dependency during hospital admission should be discharged with at least 2-week supply of NRT products and referred to Community Stop Smoking Service by TobTAs. Patients will also be followed by a phone call by TobTAs on discharge.

8 TRAINING AND SUPPORT

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated individual.

Additional training is available from the National Centre for Smoking Cessation and Training (NCSCT) where certified training and assessment programmes are available including a mental health module.

Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

9 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the monitoring	How often	How reviewed / Where reported to
Were an assessment on tobacco dependency carried out and documented as part of Combined Risk Screening and Assessment bundle on admission?	Healthy Hospital Programme (HHP) Manager	Annual	Deputy Chief Nurse, Nursing Services Directorate
Were NRT supplied and administered to patient who is at risk of tobacco withdrawal symptoms within 2 hours of admission?	HHP Manager	Annual	Deputy Chief Nurse, Nursing Services Directorate
Were appropriate NRT prescribed for administration to patient who is at risk of tobacco withdrawal symptoms?	HHP Manager	Annual	Deputy Chief Nurse, Nursing Services Directorate
Were patient being reviewed by TobTAs during admission?	HHP Manager	Annual	Deputy Chief Nurse, Nursing Services Directorate

10 DEFINITIONS

DBTH	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
GSL	General sale list
HHP	Healthy Hospital Programme
NCSCT	National Centre for Smoking Cessation and Training
NICE	National Institute for Clinical Excellence
NRT	Nicotine replacement therapy
OM	Once daily in the morning
PRN	As needed
TobTAs	Tobacco treatment advisors

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.
An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with principles of the Equality Analysis Policy (CORP/EMP 27 v.4) and the Fair Treatment for All Policy (CORP/EMP 4 v.7).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified (Appendix 5).

12 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

13 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Consent to Examination or Treatment Policy PAT/PA 2 v.7
Discharge of Patients from Hospital Policy PAT/PA 3 v.5
Equality Analysis Policy CORP/EMP 27 v.4
Fair Treatment for All Policy CORP/EMP 4 v.7
Non-Medical Prescribing Policy PAT/MM 11 v.2

Privacy and Dignity Policy PAT/PA 28 v.2
Safe and Secure Handling of Medicines Policy Part A PAT/MM 1A v.10
Smoke Free Policy CORP/COMM 2 v.4

14 REFERENCES

National Institute for Health and Care Excellence (2010). *Smoking: stopping in pregnancy and after childbirth [PH26]*. London: National Institute for Health and Care Excellence.

National Institute for Health and Care Excellence (2013). *Smoking: acute, maternity and mental health services [PH48]*. London: National Institute for Health and Care Excellence.

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National Institute for Health and Care Excellence (2018). *Stop smoking interventions and services [NG92]*. London: National Institute for Health and Care Excellence.

Royal College of Physicians (2013). *Smoking and mental health. A joint report by the Royal College of Physicians and the Royal College of Psychiatrists*. London: Royal College of Physicians.

Royal College of Physicians (2018). *Hiding in plain sight. Treating tobacco dependency in the NHS. A report by the Tobacco Advisory Group of the Royal College of Physicians*. London: Royal College of Physicians.

Royal College of Physicians (2021). *Smoking and health 2021. A coming of age for tobacco control? A report by the Tobacco Advisory Group of the Royal College of Physicians*. London: Royal College of Physicians.

APPENDIX 1 – SUPPLY AND ADMINISTRATION OF NRT FOR THE MANAGEMENT OF TOBACCO DEPENDENCY (QUIT PROGRAMME)

All Patients

Record CO level

Inform all patients

"The hospital and grounds are smoke free, so patients and visitors are not allowed to smoke or vape (personalise to Trust). We offer all smokers and vapers support to help them be comfortable while in hospital"

Question and record:

'Have you smoked in the last month?

'Do you vape?' if yes **'Do you use e-cigarettes that contain nicotine?'**

'Are you using NRT or other any drugs to help you stop smoking?

CO level normal, i.e. 4 ppm or less

CO level of between 5 – 9 ppm: May be a smoker

CO level high, i.e. 10 ppm or over: Likely smoker

If pregnant, 4 ppm or over suggests smoker

Causes of raised CO in non-smokers: Second-hand smoke, faulty gas appliances, lactose intolerance, stomach upset, cannabis

Smoker

1. Patient has smoked in the last month

Inform

"The very best chance of stopping smoking is with the help of medications & specialist support.

To help with withdrawal cravings we offer all patients who smoke NRT when they are in hospital. Are you happy for me to get you some?"

Understand level of addiction:

If the patient would like NRT and is not already on NRT ask:

"To ensure we give you the right amount of NRT, can you tell me:

• How many cigarettes do you smoke a day?

Treat

Nurse Initiates & gives patient NRT as soon as possible:

- If already on NRT, give as close as you have available on the ward to the patient's usual NRT
- If not already on NRT, offer short and long acting NRT, follow prompts to determine what dose of patch to give
- If the patient declines NRT, advise patient:

"If you change your mind at any time and would like to try some NRT, just let one of the nurses or doctors know."

Not smoked in last month but uses nicotine containing e-cigs

B. Patient has NOT smoked in the last month but uses NICOTINE containing E-cigarettes

Inform

"As you are not allowed to vape while you are in hospital, you may experience some nicotine withdrawal cravings.

We offer all patients who vape nicotine containing e-cigarettes, some NRT while they are in hospital to help to prevent withdrawal cravings. Would you like to try some?"

Treat

Refer to prescriber for assessment

- If already on NRT, give as close as you have available on the ward to the patient's usual NRT
- If not already on NRT, consider NRT
- If the patient declines NRT, advise patient:

"If you change your mind at any time and would like to try some NRT, just let one of the nurses or doctors know."

Not smoked in the last month, no nicotine e-cigs BUT is using NRT / other pharmaco-therapy before admission

C. Not smoked in the last month, no nicotine e-cigs BUT is using NRT / other pharmacotherapy before admissions

Patient may be part way through an active Quit attempt.

Treat

Give as close as you have available on the ward to the patient's usual NRT and **give to patient as soon as possible**

When patient is seen by the doctor, ask for current NRT to be prescribed

D. Not smoked in last month, not using nicotine e-cigs, NRT or other pharmacotherapy

Record smoking / vaping status and CO level in medical records

Treat - Notify Tobacco Treatment Advisor

"It's also our usual practice for everyone who smokes/vapes/is on NRT/pharmacotherapy (chose as applicable) to be seen by one of our Tobacco Treatment Advisors while they are in hospital, so they can help make your stay more comfortable. I'll let them know you are here."

For current smokers only: "If you get discharged before they have a chance to see you, they will give you a call once you are home."

An **automatic notification will be made to the Tobacco Treatment Advisors** for **all current smokers, those using nicotine e-cigs, NRT or pharmacotherapy** before admission, when you complete the nursing assessment on NerveCentre. Add any additional information that is important for the Tobacco Treatment advisor to know in the text box.

Record smoking/vaping status, CO level and interventions in nursing & medical notes. Ask doctors to prescribe NRT and any pre-existing varenicline or other pharmacotherapy.

Treat - Reviewed by Tobacco Treatment Advisor (TobTA)

Same day or next day. If the patient has left hospital before being seen, the TobTA will phone *current smokers* post discharge

- 45 min consultation, motivational interviewing & behaviour change support
- Review of pharmacotherapy
- Follow up plan agreed and transfer of support to community stop smoking service (on opt out basis) arranged by TobTA prior to the patients discharge

If required, **Ward team amend pharmacotherapy**

2 weeks TTA provided on discharge. Provide TTA for:

- All smokers on NRT +/- other pharmacotherapy while an in-patient
- Patients who were on NRT +/- other pharmacotherapy prior to admission
- Non-smokers who have been using NRT as an in-patient who wish to continue it post discharge

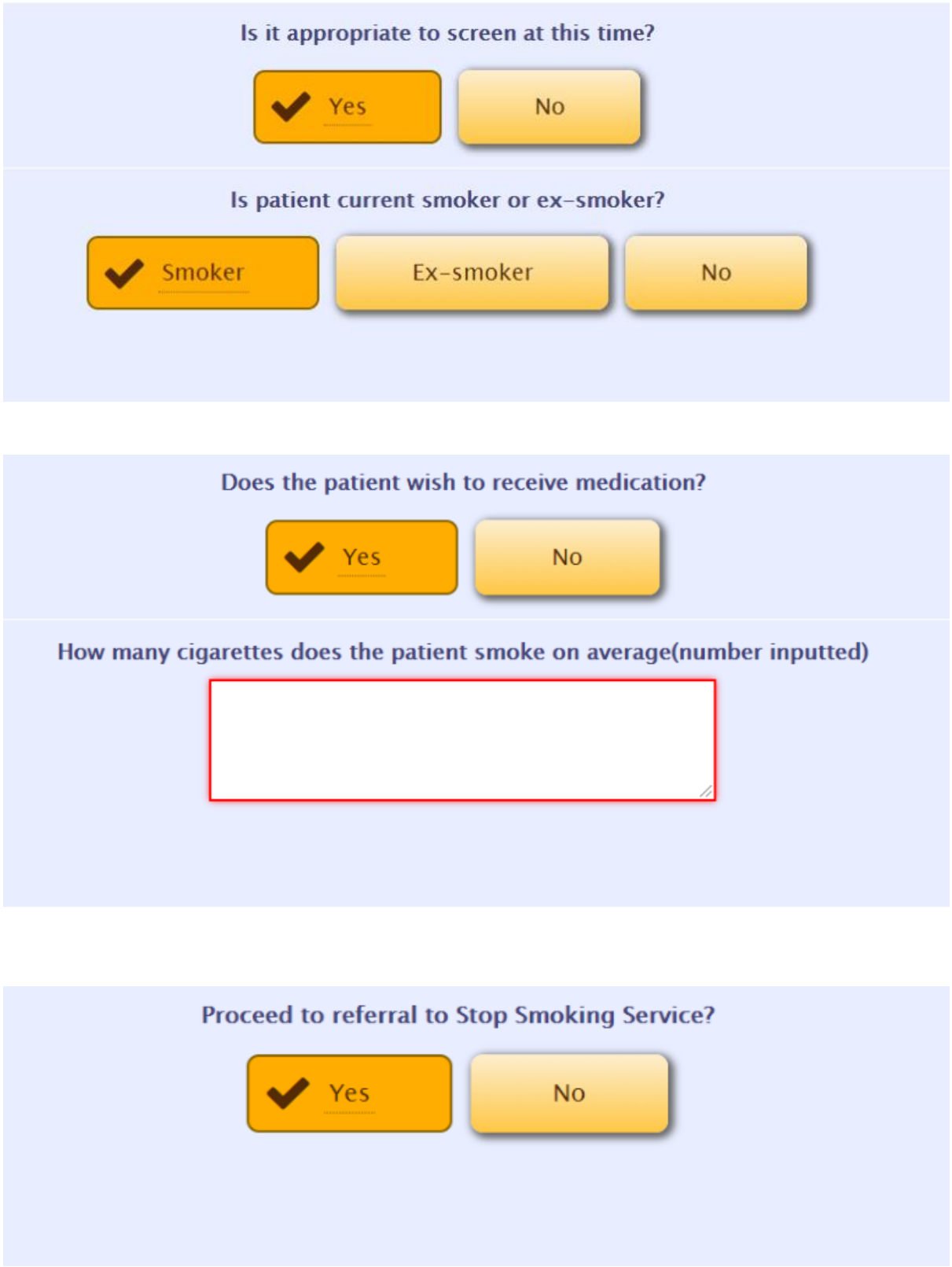
Tobacco Treatment Advisor Follow up

- All patients who smoke will be called by TobTA within 5 working days post discharge & transferred to community stop smoking service for ongoing support on opt out basis
- Patients who don't smoke but use nicotine containing e-cigs will be offered one follow-up call by Trust TobTA

Note: Stopping smoking can increase plasma levels of **theophylline, clozapine & olanzapine** and patients should be advised to monitor for signs of toxicity. This is due to components of cigarette smoke that stimulate cytochrome P450. Doses may need to be adjusted. Seek specialist advice. In particular seek specialist advice from the QUIT team or on call psychiatry team in patients taking clozapine. Levels of **Insulin & warfarin** therapy might need to be adjusted but the clinical effect on these medications is likely to be extremely small. Blood levels need to be checked more frequently & doses may need adjusting.

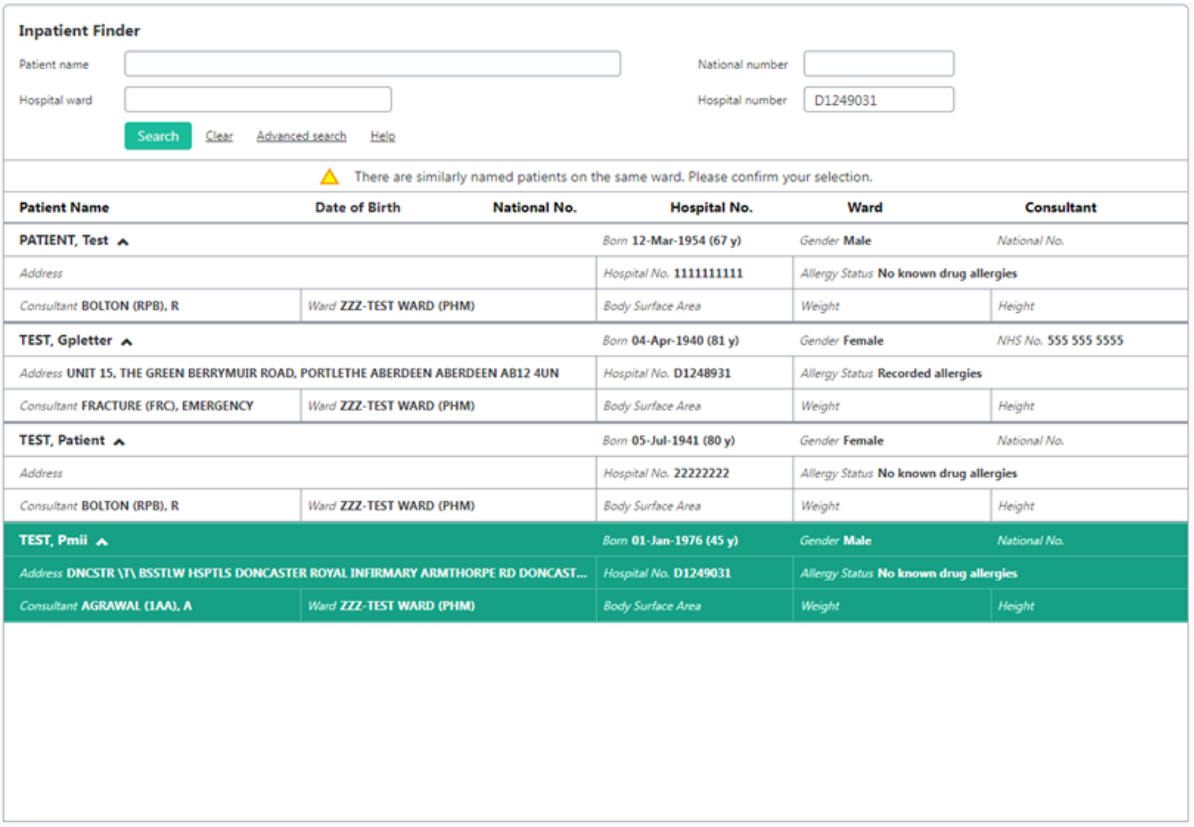
Remove NRT patches 24 hours before microvascular reconstructive surgery and surgery using vasopressin injections

APPENDIX 2 – NURSING ASSESSMENT OF TOBACCO DEPENDENCY (NERVECENTRE VERSION)

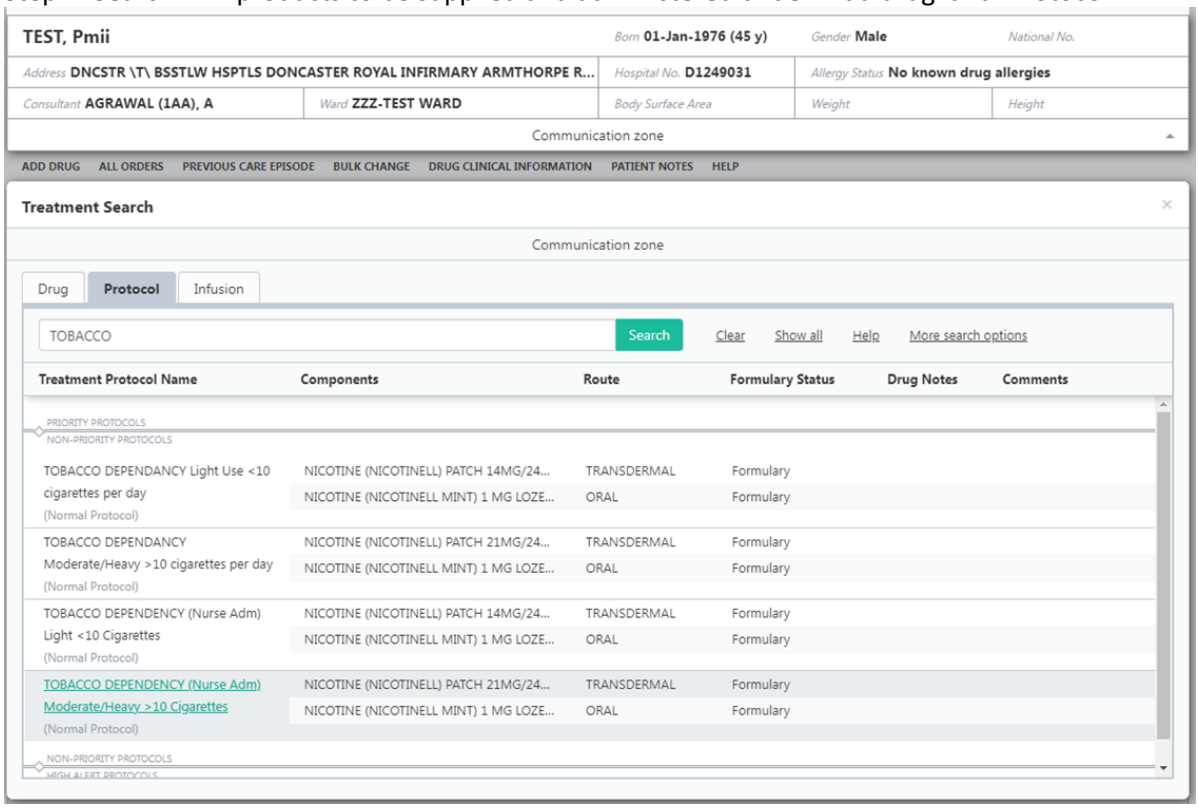


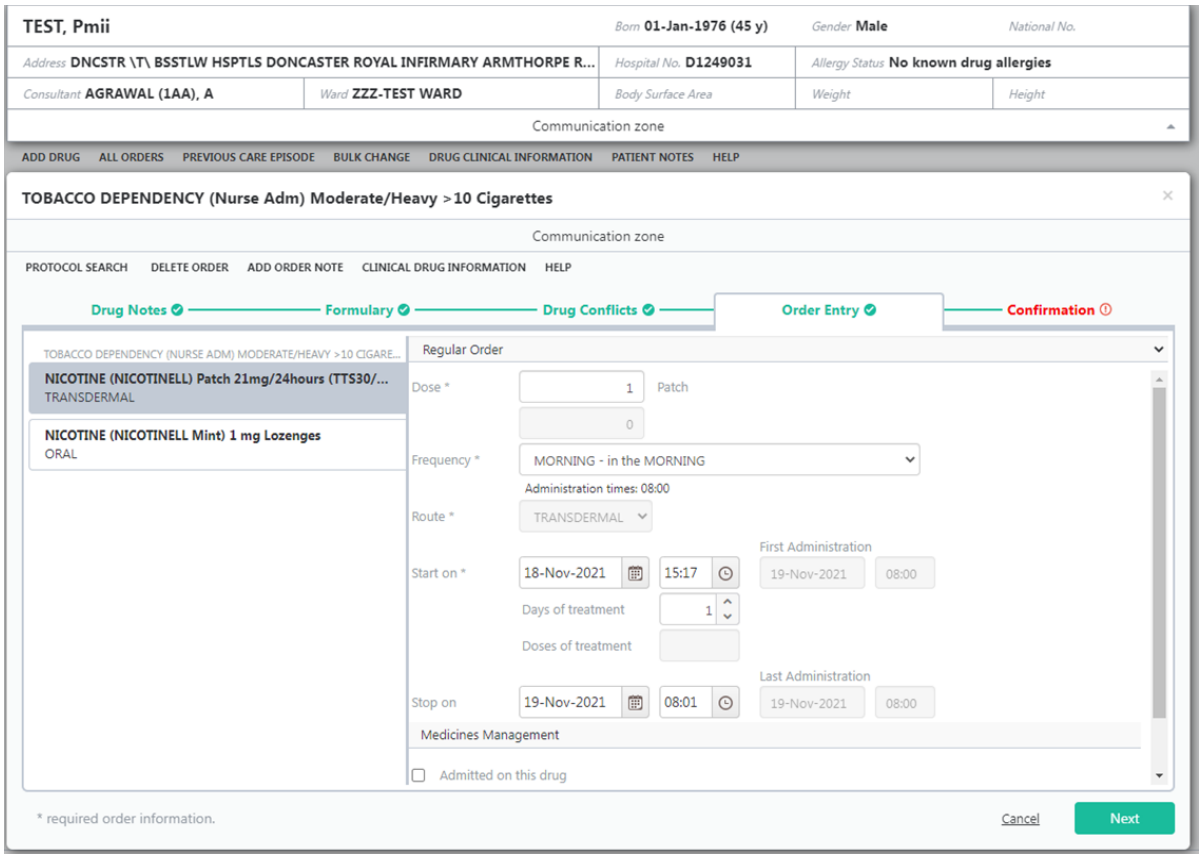
APPENDIX 3 – INITIATION AND SUPPLY OF NRT PRODUCTS FOR THE MANAGEMENT OF TOBACCO DEPENDENCY BY NURSING TEAM (WELLSKY VERSION)

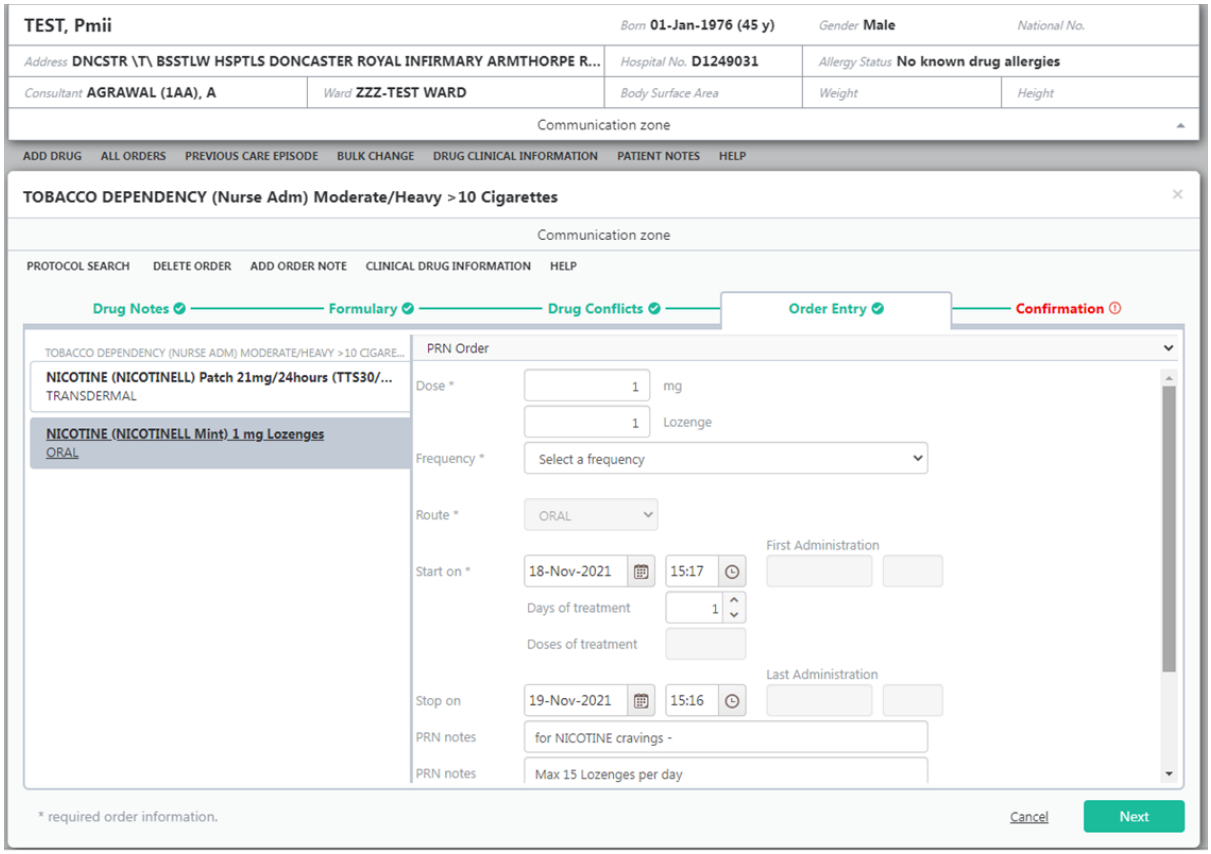
Step 1: Search patient's D number under Inpatient Finder

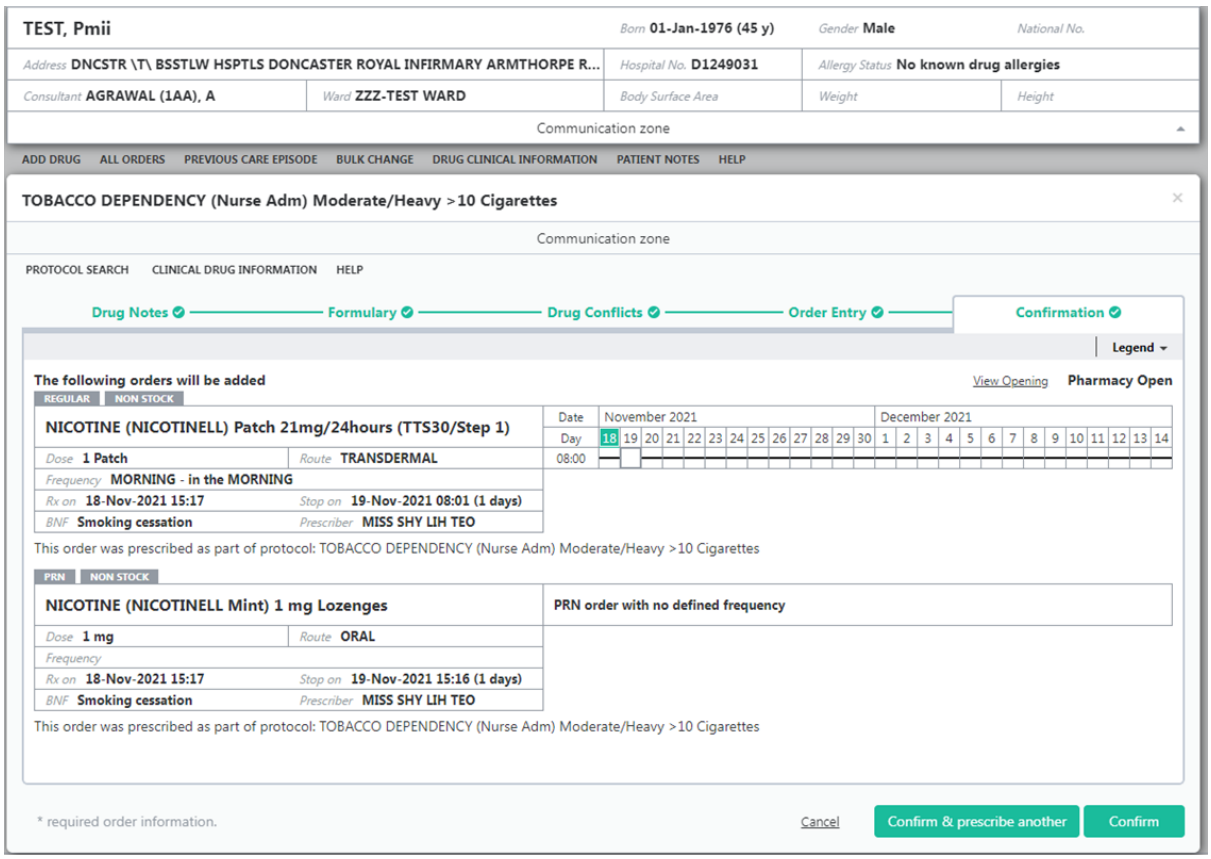


Step 2: Search NRT products to be supplied and administered under ‘Add drug’ and ‘Protocol’.

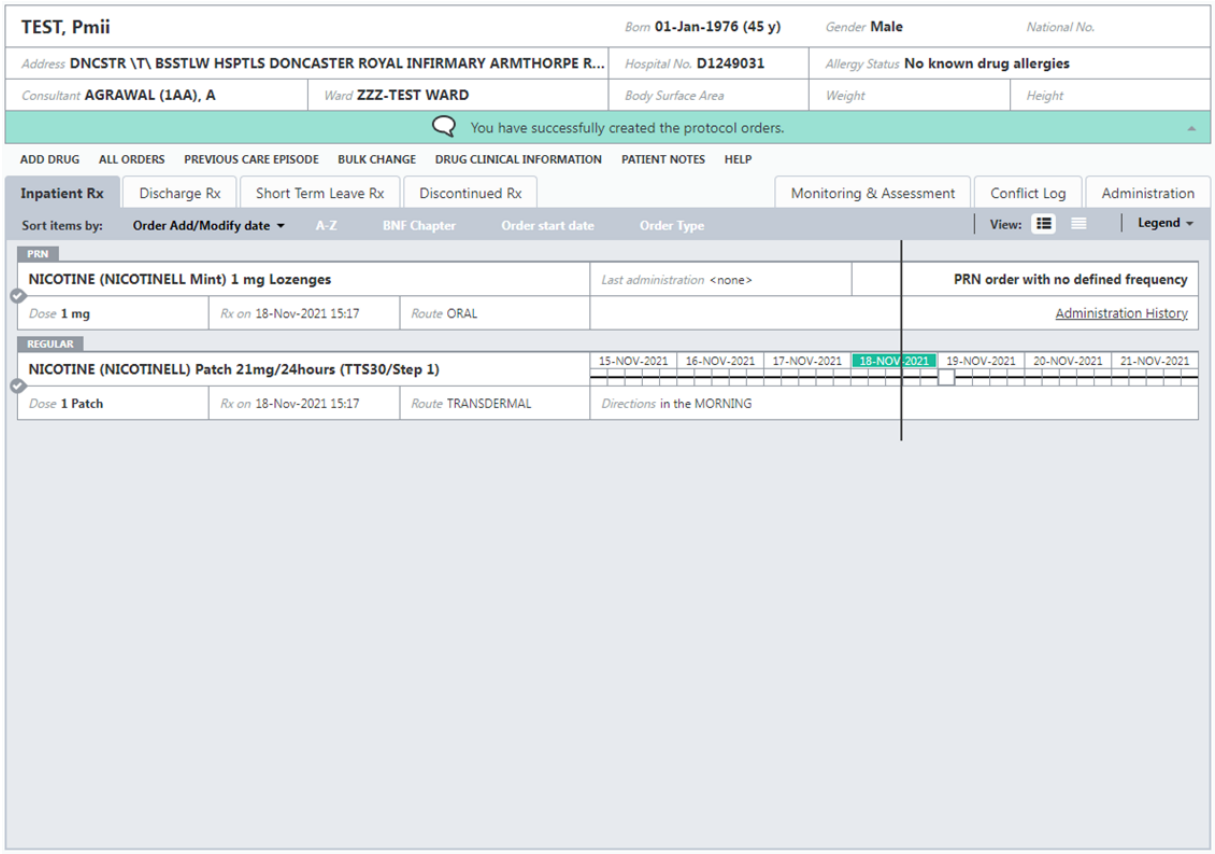




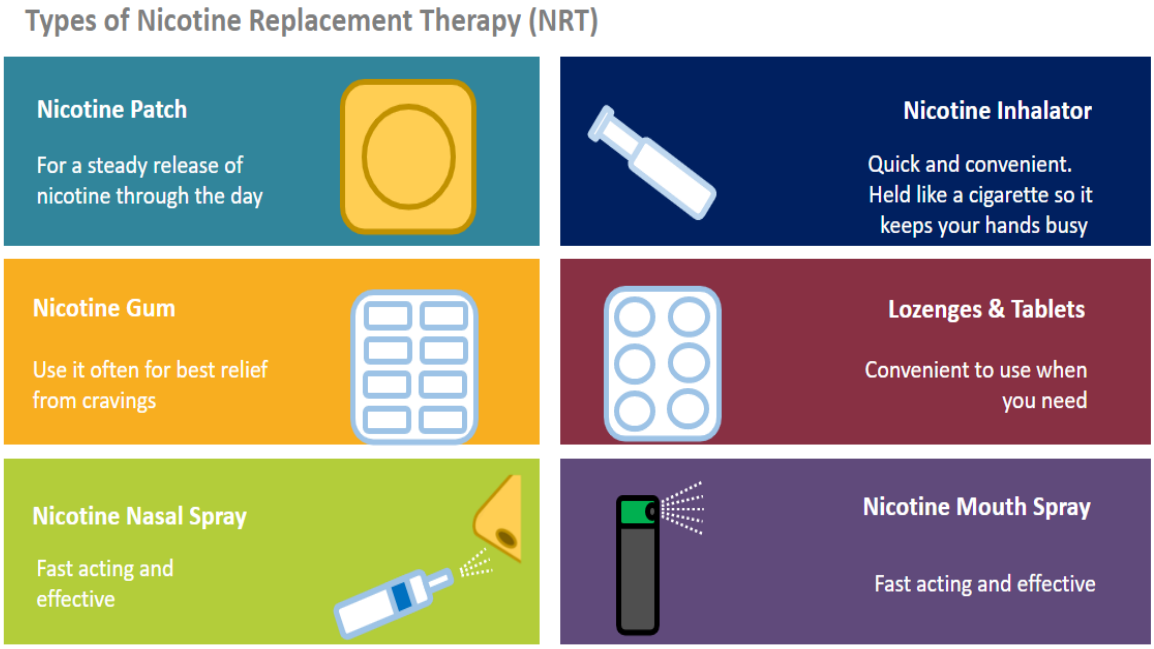

TEST, Pmii
Born 01-Jan-1976 (45 y)
Gender Male
National No.
Address DNCSTR \T\ BSSTLW HSPTLS DONCASTER ROYAL INFIRMARY ARMTHORPE R...
Hospital No. D1249031
Allergy Status No known drug allergies
Consultant AGRAWAL (1AA), A
Ward ZZZ-TEST WARD
Body Surface Area
Weight
Height
Communication zone
ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP
TOBACCO DEPENDENCY (Nurse Adm) Moderate/Heavy >10 Cigarettes
Communication zone
PROTOCOL SEARCH DELETE ORDER ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP
Drug Notes
Formulary
Drug Conflicts
Order Entry
Confirmation
TOBACCO DEPENDENCY (NURSE ADM) MODERATE/HEAVY >10 CIGARE...
NICOTINE (NICOTINELL) Patch 21mg/24hours (TTS30/...
TRANSDERMAL
NICOTINE (NICOTINELL Mint) 1 mg Lozenges
ORAL
PRN Order
Dose *
1
mg
1
Lozenge
Frequency *
Select a frequency
Route *
ORAL
First Administration
Start on *
18-Nov-2021
15:17
Days of treatment
1
Doses of treatment
Last Administration
Stop on
19-Nov-2021
15:16
PRN notes
for NICOTINE cravings -
PRN notes
Max 15 Lozenges per day
* required order information.
Cancel
Next


TEST, Pmii
Born 01-Jan-1976 (45 y)
Gender Male
National No.
Address DNCSTR \T\ BSSTLW HSPTLS DONCASTER ROYAL INFIRMARY ARMTHORPE R...
Hospital No. D1249031
Allergy Status No known drug allergies
Consultant AGRAWAL (1AA), A
Ward ZZZ-TEST WARD
Body Surface Area
Weight
Height
Communication zone
ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP
TOBACCO DEPENDENCY (Nurse Adm) Moderate/Heavy >10 Cigarettes
Communication zone
PROTOCOL SEARCH CLINICAL DRUG INFORMATION HELP
Drug Notes
Formulary
Drug Conflicts
Order Entry
Confirmation
Legend
The following orders will be added
View Opening
Pharmacy Open
REGULAR NON STOCK
NICOTINE (NICOTINELL) Patch 21mg/24hours (TTS30/Step 1)
Dose 1 Patch
Route TRANSDERMAL
Frequency MORNING - in the MORNING
Rx on 18-Nov-2021 15:17
Stop on 19-Nov-2021 08:01 (1 days)
BNF Smoking cessation
Prescriber MISS SHY LIH TEO
Date
November 2021
December 2021
Day
18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14
08:00
This order was prescribed as part of protocol: TOBACCO DEPENDENCY (Nurse Adm) Moderate/Heavy >10 Cigarettes
PRN NON STOCK
NICOTINE (NICOTINELL Mint) 1 mg Lozenges
PRN order with no defined frequency
Dose 1 mg
Route ORAL
Frequency
Rx on 18-Nov-2021 15:17
Stop on 19-Nov-2021 15:16 (1 days)
BNF Smoking cessation
Prescriber MISS SHY LIH TEO
This order was prescribed as part of protocol: TOBACCO DEPENDENCY (Nurse Adm) Moderate/Heavy >10 Cigarettes
* required order information.
Cancel
Confirm & prescribe another
Confirm

Step 3: A 24-hour duration period of NRT prescription is now successfully added to patient's in-patient prescription. Refer to medical team for the continuation of NRT beyond this period.



APPENDIX 4 – TYPE OF NICOTINE REPLACEMENT THERAPY (NRT)



APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Nicotine Replacement Therapy for the Management of Tobacco Dependency (QUIT Programme)	Corporate Nursing	Rob Cooper	New	February 2022

1) Who is responsible for this policy? Name of Care Group/Directorate: QUIT Team, Corporate Nursing

2) Describe the purpose of the service / function / policy / project/ strategy?
Safe management of tobacco dependency of patients admitted to hospital with potential associated harm from tobacco withdrawal symptoms

3) Are there any associated objectives? Department of Health. Towards a smoke free generation – A tobacco control plan for England.

4) What factors contribute or detract from achieving intended outcomes? - Staff compliance with the policy.

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] – No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: February 2025

Checked by: Dan Trushell-Pottinger **Date: 3 May 2022**