

Locally Agreed Protocol (LAP) for the Provision of Nicotine Replacement Therapy (NRT) for the Treatment of Tobacco Dependency (QUIT Programme)

Introduction

This protocol has been written to enable a Tobacco Treatment Advisor (TobTA) to initiate Nicotine Replacement Therapy (NRT), where this is appropriate and, in the patients' best interests, in accordance with the Trust Medicine Policy, Smoke Free Policy and Trust Guidelines of Nicotine Replacement Therapy (NRT) for the Management of Tobacco Dependency (QUIT Programme)

Characteristics of staff	
Professional group	Tobacco Treatment Advisors (TobTAs) employed by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH NHSFT) working in an inpatient area.
Responsibilities	<ul style="list-style-type: none"> - To discuss benefits and side effects of treatment with the patient/carer and obtain informed consent, in line with national guidance. - To provide patient/carer with contact details for support and help, if required. - To assess the suitability of the patient for treatment and initiate Nicotine Replacement Therapy (NRT) on Wellsky, as appropriate, in line with Trust Guidelines. - To inform supervising doctor involved in the patient's care on NRT started and any relevant monitoring. - To add NRT on Discharge Prescription for patient who deemed to require continuation of treatment on discharge during initial assessment. - To seek the advice of the supervising doctor involved in the patient's care if any concerns with the patient's Nicotine Replacement Therapy (NRT) and amend NRT on Wellsky as appropriate.
Training required	Approved training is available to support this protocol. TobTAs should refer to their line management and/or statutory training notices on ESR for more information. Additional training is available from the National Centre for Smoking Cessation and Training (NCSCT) where certified training and assessment programme are available via www.ncsct.co.uk .
Competency assessment	<p>TobTAs must be trained in Very Brief Advice and have completed the Trust local training and/or completion of the NCSCT training (Level 1 & 2) annually which is available online. All staffs should be able to demonstrate a clear understanding of this protocol and the Trust Guidelines of NRT for Adults. Refresher/update training must be undertaken in a timely manner.</p> <p>A record of competency will be retained by the Healthy Hospital Programme Manager electronically to keep track that the TobTAs are competent to practise.</p>
Continuing training & education	All TobTAs should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice.

Clinical Condition	
Indication	Smoking cessation. Nicotine Replacement Therapy (NRT) may be commenced on Wellsky following initial assessment. Behavioural and psychological support may also be offered if clinically indicated.
Inclusion criteria	Individuals who use and are addicted to tobacco and are 16 years and over Tobacco users requiring pharmacological help, as identified within the Care Pathway, for a period of temporary abstinence, or who wish to stop smoking. In line with the NHS Long Term Plan[1], prioritise individuals on inpatient admissions to acute/emergency care, inpatient care for mental illness and maternity care.
Exclusion criteria	Individuals who withheld consent to treatment Individuals who are under 16 years of age Individuals who had previous reaction(s) to NRT or any of the ingredients contained in listed products, e.g. adhesive in NRT patches
Cautions	Service users who have known medical condition(s) as below may be offered NRT product(s) for smoking cessation based on individual's assessment on the balance of risks and benefits of the provision of NRT product(s): <ul style="list-style-type: none"> • Severe or unstable cardiovascular disease • Have had a cerebrovascular accident in the last four weeks • Uncontrolled hyperthyroidism or Pheochromocytoma • Uncontrolled diabetes mellitus • Moderate or severe hepatic impairment • Severe renal impairment • Active peptic ulcer disease / Gastritis / Oesophagitis (with oral use) • Chronic generalised skin disease, such as psoriasis or chronic dermatitis (with transdermal use) • Pregnancy or breast-feeding
Special considerations	A number of other medicines may require dose adjustment or increased monitoring when smoking is stopped. Service users who are currently being prescribed one or more of the following medicines should have medicines review from the prescriber (aligned to smoking cessation) [2]: <ul style="list-style-type: none"> • Chlorpromazine • Clozapine • Erlotinib • Flecainide • Methadone • Olanzapine • Theophylline & Aminophylline • Warfarin Please be aware that this is not a complete list of potential drug interactions with tobacco smoking, contact ward pharmacist for further information and guidance for other medicines.
Advice to service users	Service users should be offered specific product advice and be issued product information leaflet. Individuals should also be counselled on the following general advice on withdrawal symptoms: <ul style="list-style-type: none"> • Possible weight gain • Side-effects • Withdrawal symptoms • Interactions with medication (if any) • Effect of smoking whilst on NRT • Additional support that is available from Stop Smoking Services, in particular at the time of discharge
Action if patient declines or is excluded	A record should be documented in the current patient episode if patients are being excluded or have refused treatment. <ul style="list-style-type: none"> • For those who are being excluded, advise on alternative options.

	<ul style="list-style-type: none"> For those who refuse treatment, ensure they understand the health benefits of stopping smoking and how NRT can support them to successfully stop or abstain from smoking. Advise that the option to be given NRT can be offered at a later date if initially refused. <p>Service user should be referred to supervising doctor involved in the individual's care for further advice.</p>
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Medicine details	
Name, form & strength of medicine	<p>There are various formulations of NRT available.</p> <p>Below formulations of NRT are included for administration under this protocol:</p> <ul style="list-style-type: none"> Nicotine (Nicotinell TTS 30[®]) 21mg/24hours patches Nicotine (Nicotinell TTS 20[®]) 14mg/24hours patches Nicotine (Nicotinell TTS 10[®]) 7mg/24hours patches Nicotine (Nicorette Invisi[®]) 25mg/16hours patches Nicotine (Nicorette Invisi[®]) 15mg/16hours patches Nicotine (Nicorette Invisi[®]) 10mg/16hours patches Nicotine (NiQuitin Minis Mint[®]) 2mg lozenges Nicotine (NiQuitin Minis Mint[®]) 4mg lozenges Nicotine (NICORETTE Inhalator) 15mg cartridges Nicotine (NICORETTE Quickmist) 1mg per metered dose oral spray
GSL/POM/P/C D	General sale list medicine
Storage condition	<p>Store all medicine packs in a locked medicine cupboard</p> <p>Store at room temperature, <25°C</p>
Dosage & frequency	<p>Combination therapy of NRT is more effective than monotherapy.</p> <p>Combination therapy is usually given as a long-acting preparation and a short-acting preparation 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) ^[3] and National Centre for Smoking Cessation and Training (NCSCT) ^[4].</p> <p>For dosage & frequency, please refer to: Nicotine replacement therapy (NRT) prescribing algorithm for adults (≥ 18 years old) https://www.dbth.nhs.uk/wp-content/uploads/2023/10/Nicotine-Replacement-Therapy-for-Tobacco-Dependency-Guidelines-2023.pdf</p>
Route & method of administration	<p>Nicotine (Nicotinell TTS 30[®]) 21mg/24hours patches, Nicotine (Nicotinell TTS 20[®]) 14mg/24hours patches, Nicotine (Nicotinell TTS 20[®]) 7mg/24hours patches, Nicotine (Nicorette Invisi[®]) 25mg/16hours patches, Nicotine (Nicorette Invisi[®]) 15mg/16hours patches & Nicotine (Nicorette Invisi[®]) 10mg/16hours patches</p> <p>NRT patches should be applied once daily, usually in the morning.</p> <ul style="list-style-type: none"> Apply to dry, non-hairy skin on the hip, trunk or upper arm. Hold in position for 10-20 seconds to ensure adhesion. Remove the patch the following day and place a new patch on a different area. Avoid using the same site for at least seven days. If patient experiences disturbance in sleep, consider removing the patch at bedtime and apply on waking the next morning. <p>Nicotine (NiQuitin Minis Mint[®]) 2mg lozenges Nicotine (NiQuitin Minis Mint[®]) 4mg lozenges</p> <p>NRT lozenges should be used wherever there is an urge to smoke.</p> <ul style="list-style-type: none"> Allow the lozenge to dissolve slowly in the mouth until the taste become strong. Lodge the lozenge between the gum and the cheek. Such the lozenge again when the taste fades.

	<ul style="list-style-type: none"> • Move the lozenge from one side of the mouth to the other from time to time. • Repeat this routine until the lozenge dissolves completely. • Try not to swallow excessively as the nicotine needs to be absorbed through the buccal mucosa. <p>Nicotine (NICORETTE Inhalator) 15mg cartridges NRT inhalators should be used wherever there is an urge to smoke.</p> <ul style="list-style-type: none"> • Place the cartridge in the device and draw in air through the mouthpiece. • The amount of nicotine from one puff of the cartridge is less than that from a cigarette. Therefore it is necessary to inhale more often than when smoking a cigarette. • A 15mg cartridge lasts for approximately 40 minutes of intense use <p>Nicotine (NICORETTE Quickmist) 1mg per metered dose oral spray</p> <ul style="list-style-type: none"> • Point the spray nozzle as close to the open mouth as possible. • Press the top of the dispenser and release one spray into your mouth, avoiding the lips. • Do not swallow for a few seconds after spraying to attain best results. • Avoid eating or drinking when administering the mouth spray. • Note the mouth spray contains small amount of alcohol.
Duration of treatment	The total treatment duration of NRT for smoking cessation is usually between 8-12 weeks. Under this protocol, NRT products may be offered to patient who has consented for treatment during their hospital stay and on discharge (duration of at least 14 days treatment for TTO) unless the patient only for temporary abstinence while in hospital.
Quantity to supply or administer	Quantity in accordance with dose, frequency and duration of treatment of NRT, as above.
Potential side-effects & adverse reactions	<p>Adverse reaction(s) is usually transient and may be due to either the NRT or the cessation of smoking.</p> <p>General side-effects of NRT may include the following:</p> <ul style="list-style-type: none"> • Dizziness, headache, hyperhidrosis, nausea, palpitations, skin reactions and vomiting are common or very common. • Flushing, which is uncommon. <p>Below side-effects are thought to be associated with the use of NRT patches:</p> <ul style="list-style-type: none"> • Arrhythmias, asthenia, chest discomfort, dyspnoea, hypertension, malaise, myalgia and paraesthesia have been reported, but are uncommon. <p>Below side-effects are thought to be associated with the use of NRT lozenges:</p> <ul style="list-style-type: none"> • Anxiety, dyspepsia, gastrointestinal disorders, hiccups and sleep disorders are common or very common. • Taste altered is uncommon. • Coagulation disorder and platelet disorder happen rarely or very rarely. <p>Below side-effects are thought to be associated with the use of NRT inhalators:</p> <ul style="list-style-type: none"> • Throat irritation, cough, nasal congestion, gastrointestinal discomfort and dry mouth are common or very common. • Excessive use may lead to nausea, faintness, or headaches. <p>Below side-effects are thought to be associated with the use of NRT mouth sprays:</p> <ul style="list-style-type: none"> • Hiccups, throat irritation, increased salivation and taste disturbance are common or very common. <p>Please refer to Summary of Product Characteristics (SPC) for a complete list of potential side-effects of each NRT product:</p> <ul style="list-style-type: none"> • Nicotine (Nicotinell TTS 30) 21mg/24hours patch, https://www.medicines.org.uk/emc/product/388/smpc#gref • Nicotine (Nicotinell TTS 20) 14mg/24hours patch, https://www.medicines.org.uk/emc/product/389/smpc#gref • Nicotine (Nicotinell TTS 20) 7mg/24hours patch, https://www.medicines.org.uk/emc/product/390/smpc#gref • Nicotine (Nicorette Invisi®) 25mg/16hours patch, https://www.medicines.org.uk/emc/product/6435/smpc • Nicotine (Nicorette Invisi®) 15mg/16hours patch https://www.medicines.org.uk/emc/product/6436/smpc

	<ul style="list-style-type: none"> Nicotine (Nicorette Invisi®) 10mg/16hours patch https://www.medicines.org.uk/emc/product/6437/smpc#gref Nicotine (NiQuitin Minis Mint®) 2mg lozenge, https://www.ncsct.co.uk/library/view/pdf/NiQuitin-Minis-Mint-2mg-Lozenges.pdf Nicotine (NiQuitin Minis Mint®) 4mg lozenge, https://www.ncsct.co.uk/library/view/pdf/NiQuitin%20Minis%20Mint%204mg%20Lozenges.pdf Nicotine (NICORETTE Inhalator) 15mg cartridge, https://www.medicines.org.uk/emc/product/4707/smpc#gref Nicotine (NICORETTE Quickmist) 1mg per metered dose oral spray, https://www.medicines.org.uk/emc/product/5956/smpc#gref
Management of adverse reactions	<p>If an adverse reaction occurs:</p> <ul style="list-style-type: none"> Stop treatment. Inform individual's supervising doctor / consultant Document details in patient's medical record Good practice to notify individual's GP Discuss with medical team and report the reaction to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the Yellow Card reporting scheme https://yellowcard.mhra.gov.uk
Follow up action	<p>Once NRT has been commenced, this should be documented in the patient's medical notes / NerveCentre as appropriate.</p> <p>Patient should be referred to supervising doctor / consultant if further advice is required about adverse effects. TobTAs to review and discontinue NRT from Wellsky (including NRT on discharge prescription if added on initial assessment) once adverse reactions identified.</p> <p>If patient agrees to a formal quit attempt, TobTAs should contact the patient post-discharge (to ensure the plan is correct), and refer the patient to local Stop Smoking Service for any further support.</p>

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

Audit	
Audit and Review process	<p>This LAP will be audited for compliance on an annual basis. Once at six months after implementation and once at twelve months after implementation. It will be audited in all areas where it is used.</p> <p>The person responsible for conducting the Audit will be <u>Ruth Bardsley</u>. The task may be delegated but the responsibility will always remain with the QUIT Team Healthy Hospital Programme Manager.</p> <p>The standard Trust PGD Audit tool will be used.</p> <p>Sample Size: 30</p> <p>The LAP will be reviewed in light of the audit findings, updated as necessary, and aligned with National policies.</p>

References:

1. NHS England (2019). The NHS Long Term Plan. Available at: www.longtermplan.nhs.uk/publication/nhs-long-term-plan (accessed on 14/02/2025)
2. UK Medicines Information (UKMi) team for NHS healthcare professionals (2020). *What are the clinically significant drug interactions with tobacco smoking?* Available at: https://www.communitypharmacy.scot.nhs.uk/media/3953/ukmi_qa_interactions-with-tobacco_update_jul-2020.pdf (Accessed: 11th January 2023).
3. National Institute for Health and Care Excellence (2021). *Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]*. London: National Institute for Health and Care Excellence.
4. Sophia Papadakis (2021). *Combination nicotine replacement therapy (NRT)*. London: National Centre for Smoking Cessation and Training (NCSCT).

Summary of Changes:

- Changes to Title (Version 2.1 date 14/02/25)
- Changes to Responsibility (Version 2.1 date 14/02/25)
- Changes to Inclusion / Exclusion Criteria (Version 2.1 date 14/02/25)
- Changes to Duration of Treatment (Version 2.1 date 14/02/25)
- Changes to Management of Adverse Reactions (Version 2.1 date 14/02/25)
- Changes to Follow up action (Version 2.1 date 14/02/25)
- Addition of Audit and Review Process (Version 2.1 date 14/02/25)
- Changes to References (Version 2.1 date 14/02/25)

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Approved by:

Review date:

Appendix A: Registered user authorisation sheet

LAP Name: Provision of Nicotine Replacement Therapy (NRT) for the Treatment of Tobacco Dependency (QUIT Programme)

Version: 2.1

Valid from:

Expiry:

Before signing this LAP, check that the document has had the necessary authorisations above. Without these, this LAP is not lawfully valid.

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

Locally agreed protocols do not remove inherent professional obligations or accountability.

It is the responsibility of each individual to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Locally Agreed Protocol and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the individuals named above have declared themselves suitably trained and competent to work under this LAP. I give authorisation on behalf of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the above named individuals who have signed the LAP to work under it.

Name	Designation	Signature	Date

Note to Authorising manager

Score through unused rows in the list of individuals to prevent additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of those individuals authorised to work under this LAP.