



Queensland  
Government

# Smoking Cessation Clinical Pathway

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce / quit smoking.**

Clinical pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

Category	Date: / /
Ask <i>(all patients)</i>	<p><b>1. Have you smoked any of the following in the last 30 days? (tick all that apply)</b></p> <p><input type="checkbox"/> Tobacco <input type="checkbox"/> Electronic cigarette with nicotine <input type="checkbox"/> Electronic cigarette without nicotine</p> <p><input type="checkbox"/> Other (e.g. Cannabis): .....</p> <p><input type="checkbox"/> No to all</p>
	<p><b>2. Are you currently using any of the following?</b></p> <p><input type="checkbox"/> NRT (continue regimen – refer to algorithm page 2) <input type="checkbox"/> Varenicline (Champix®)* <input type="checkbox"/> Bupropion (Zyban®)*</p> <p><input type="checkbox"/> No to all</p> <p><i>*Advise treating team to continue Champix® / Zyban® OR if not available offer NRT (for inpatients only).</i></p> <p><b>If NO to all in Q1 and Q2 → Congratulate, sign and file.</b></p>
Assess	<p><b>3. Nicotine dependence:</b></p> <p>a. How many cigarettes do you smoke in a typical day? ..... Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Do you smoke your first cigarette within 30 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Do you have a history of withdrawal symptoms / cravings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If YES to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT.</i></p>
	<p><b>4. Is the patient nicotine dependent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Advise	<p><b>5. Advise all smokers to quit using clear but non-confrontational language:</b></p> <p>» "As a health professional my advice is that quitting smoking is the best thing you can do for your physical and mental health."</p> <p>» "Not smoking can result in better outcomes relating to surgery, healing, medication, finances, health and fitness."</p> <p>» "Using NRT combined with behavioural support therapy will increase your long-term success in quitting."</p> <p>» "NRT is available from most retail stores. NRT and other medications (Champix® and Zyban®) are cheaper on PBS."</p>
PRESCRIBING	<p><b>6. Special considerations (medical approval may be required prior to initiating NRT):</b></p> <p><input type="checkbox"/> Any local precautions / protocols (e.g. microvascular surgery, skin grafts, etc.) <input type="checkbox"/> Children &lt;12 years of age</p> <p><input type="checkbox"/> Pregnant / lactating <input type="checkbox"/> Recent cardiovascular event &lt;48 hours <input type="checkbox"/> Clozapine</p> <p><i>Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek medical officer advice if any of the above are ticked.</i></p>
	<p><b>7. Do you want to quit smoking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If NO, still offer NRT for withdrawal symptoms as inpatient and offer referral to Quitline.</i></p>
	<p><b>8. NRT offered for the following reasons: (tick all that apply)</b></p> <p><input type="checkbox"/> To alleviate nicotine withdrawal symptoms (supported by documentation in the clinical record of cigarette cravings, angry / irritable, frustrated, anxious / tense, depressed, restless / impatient)</p> <p><input type="checkbox"/> Quit smoking</p> <p><b>9. NRT can be initiated by medical officer, nurse or pharmacist according to your local policy.</b></p> <p><input type="checkbox"/> Patient offered NRT and accepted treatment (<i>ensure discharge script is written for ongoing treatment</i>)</p> <p><input type="checkbox"/> Patient offered NRT and declined treatment (<i>ask again during stay as needed</i>)</p> <p><input type="checkbox"/> Patient unable to be offered NRT. Refer to medical officer (<i>see Q6 or document reason in comments</i>)</p>
Arrange follow-up	<p><b>10. Patient provided with "self-help" resource</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(e.g. 'Quit Because You Can' booklet or refer to QuiTHQ website)</i></p>
	<p><b>11. Did patient consent to referral to any of these services? (tick all that apply)</b></p> <p>a. Quitline (QR code. 13QUIT@health.qld.gov.au. Fax: 07 3259 8217. Patient phone: ..... ) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Local smoking cessation support / tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. GP follow up (<i>remind patients of subsidised PBS products – see page 2</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Email, fax (with cover sheet) or post pathway copy with discharge summary after completion to the service(s) above.</b></p>

Comments: .....

Assessment completed by – Name:	Designation:	Signature:	Date:
Assessment review completed by (if required) – Name:	Designation:	Signature:	Date:



Quitline  
online  
referral form

DO NOT WRITE IN THIS BINDING MARGIN

v6.00 - 04/2021  
WINC Code: 1NY31683



SW321

SMOKING CESSATION CLINICAL PATHWAY



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Family name:

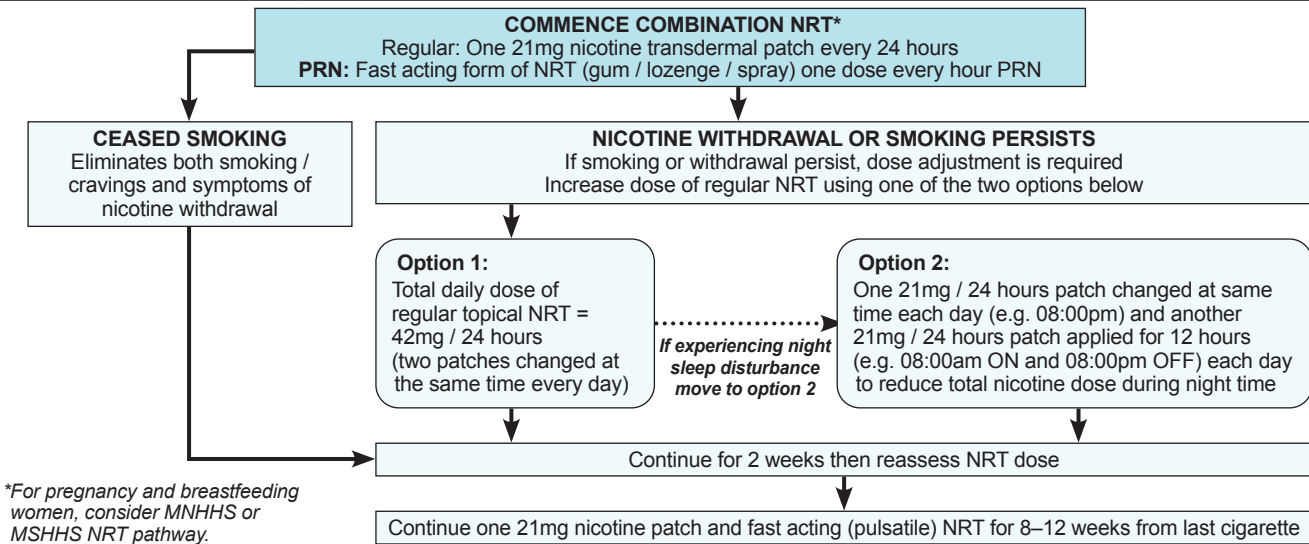
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## Combination Nicotine Replacement Therapy (NRT) Algorithm (adapted from Bittoun Algorithm)



### FOR PRECAUTIONS: See product information or page 1

(Bittoun, R (2006) A Combination NRT Algorithm for Hard-To-Treat Smokers, JSC 1 (1) 3–6)

### NICOTINE REPLACEMENT THERAPY

- NRT increases the success of quitting smoking by 50% to 70% (Cochrane Review 2012) <https://tobacco.cochrane.org/our-reviews>
- Combination of different forms of NRT are more effective than one form alone (RACGP Guidelines 2019) <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>
- NRT patient education videos can be accessed at QUIHQ <https://quithq.initiatives.qld.gov.au/>

### NICOTINE TRANSDERMAL PATCHES 21mg / 24 hours

Product	Dosing schedule	Instructions for use
Patch	Once daily	<ul style="list-style-type: none"> <li>Apply patch to clean, dry, non-hairy area on the upper body or hip. Apply in a different place each day. Secure with medicinal tape if required. Do not apply patch to freshly shaven, broken or inflamed skin. Wait at least 1 hour after applying patch before showering / bathing.</li> <li>Mild patch irritation can be treated by using a mild steroid cream (e.g. 0.02% betamethasone).</li> <li>Sleep disturbance (e.g. insomnia and vivid dreams) may occur temporarily – remove patch overnight if sleep disturbance persists.</li> </ul>

### FAST ACTING (pulsatile) NRT – recommended for use if pregnant, allergic to patches or as combination therapy.

Side effects of oral NRT include hiccups, irritation of mouth / throat, indigestion and nausea. Nicotine is absorbed through mouth lining. Avoid acidic drinks (e.g. coffee, soft drink) 15 minutes before use.

Gum	Use every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> <li>(CHEW-PARK-CHEW) Chew one piece of gum slowly until taste becomes strong and then park the gum between your cheek and gum.</li> <li>When taste has faded chew and park again – repeat for 30 minutes. Use a fresh piece of gum after 1 hour.</li> <li>Excessive chewing or swallowing increases saliva which may increase side effects.</li> </ul>
Lozenge	Use every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> <li>Place lozenge in mouth and allow to dissolve (may take 30 minutes). Periodically move lozenge from one side of mouth to the other.</li> <li>Do not chew or swallow lozenge.</li> </ul>
Spray	Use 1–2 sprays every 1–2 hours or as required (PRN)	<ul style="list-style-type: none"> <li>Point nozzle and spray towards inside of your cheek or under tongue, avoiding your lips.</li> <li>Try not to swallow for a few seconds after using spray. This will help absorption.</li> <li>Do not inhale spray.</li> </ul>
Inhaler	Suck on one cartridge / mouth piece when required in place of smoking	<ul style="list-style-type: none"> <li>Assemble inhaler with new nicotine cartridge.</li> <li>Shallow puff every 4 seconds or 2 deep breaths every minute.</li> <li>Each 15mg cartridge will last 40 minutes. Use a new cartridge daily.</li> <li>As per NRT dosage tables, replace smoking using 3–6 cartridges a day.</li> </ul>

### PBS prescribing of smoking cessation therapies

For updated information on smoking cessation medications on PBS visit: [www.pbs.gov.au](http://www.pbs.gov.au) and search for nicotine (for NRT) OR Varenicline (for Champix®) OR Bupropion (for Zyban®).

### Professional development, further information and resources

- Statewide Respiratory Clinical Network: <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks>
- Smoke-free Healthcare Information (including CALD and Aboriginal and Torres Strait Islander Peoples) networks, programs and HHS documentation: <http://qheps.health.qld.gov.au/smoke-free/home.htm>
- Clinical pathways information: <https://clinicalexcellence.qld.gov.au/resources/clinical-pathways>
- Quitline (13 78 48, 08:00am to 09:00pm, 7 days) can provide support to clinicians on assessing nicotine dependence, pharmacotherapy and behaviour change techniques.
- For more patient resources visit: [www.quit.org.au](http://www.quit.org.au)



My QuitBuddy app

DO NOT WRITE IN THIS BINDING MARGIN