

CAREGIVER SMOKING CESSATION

Objective: To improve health outcomes of our patients and their families by providing smoking cessation support for caregivers of our hospitalized patients. This may include any or all of the following: Evidence-based screening for secondhand smoke exposure, provision of smoking cessation resources and/or quit program enrollment by social work, brief counseling by physicians, and/or prescription of nicotine replacement therapy by physicians.

SCREENING

During intake, nurses will ask, “Does your child live with anyone who uses tobacco? Does anyone who provides care for your child smoke?” This should populate into your H&P. You can also screen by using the same language.

Positive screen

SOCIAL WORK CONSULT

Nurse OR physician can place order for SW consult. Use drop down indication “smoking cessation.” SW can provide cessation resources including quit program information.

COUNSELING FROM PHYSICIAN

Use the “5 A’s” technique (also on badge cards) as an evidence-based framework for counseling the caregiver to quit (see next page).
You can also include information in your depart (“Smoking Cessation – Second Hand Smoke” and “Smoking Cessation - Resources”)

SOCIAL WORK DOCUMENTATION

The smoking cessation note can be completed by SW and the physician. If SW provided resources first, you may see that SW has started the note and populated some fields. A physician still needs to complete and sign the note.

NICOTINE REPLACEMENT THERAPY

NRT is over-the-counter, but if given via prescription is covered by most health insurance programs. You can e-prescribe by creating an MRN for the caregiver (see next page). Adele Hall and Kansas outpatient pharmacies are stocked with NRT, but only accept e-prescriptions. Dosing regimens are on NRT Rx order, badge cards, and next page. Alternatively, you can paper prescribe with pre-populated prescription templates stocked in workrooms.

PHYSICIAN DOCUMENTATION

In the child’s chart, find the PowerForm template “Smoking Cessation Counseling” in orders like you would find an Asthma Action Plan. Populate the fields you completed, even if the caregiver was not interested in all the steps. If information changes during the stay or a subsequent admission, the prior data will be auto-populated when you order a new note (like an Asthma Action Plan).

Need help or have suggestions? Please contact Dr. Abbey Masonbrink of Hospital Medicine (armasonbrink@cmh.edu). Your attending, care manager, or team coordinator may also be able to help.

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The 5 A's for Brief Counseling	
ASK	Identify and document tobacco use/exposure status for every patient at every visit
ADVISE	Urge caregiver to avoid patient's exposure to tobacco smoke, and urge all tobacco users to quit
ASSESS	Are users willing to make a quit attempt at this time? If no, conduct brief counseling using motivational interviewing
ASSIST	If willing, provide counseling and pharmacotherapy
ARRANGE	Urge referral to quit line , text message program, and/or appointment with PCP

Nicotine replacement therapy

E-prescribing:

- To create an MRN for the caregiver, you or the team coordinator call bed control (ext 53569) with the caregiver's first name, last name, DOB, location (Adele Hall or CMK), unit, and name of Attending. State that you're creating the MRN to send an e-prescription so they can provide you them MRN immediately and ask for the MRN so you can search for the caregivers' chart.
- Open the caregiver's new chart to e-prescribe NRT to be filled at CMH outpatient pharmacy or outside pharmacy. Be sure to change the order search field to "prescription" to find the auto-populated orders under "nicotine replacement therapy". You do not need to complete any documentation in the caregiver's chart.
- Direct the caregiver to the appropriate pharmacy. **CMH pharmacy will run the caregiver's insurance for eligibility and authorization and collect \$29 if not covered by insurance.**

Paper prescribing:

You can provide a paper prescription without creating an MRN to fill at an outside pharmacy, but will not be accepted at the CMH outpatient pharmacy. Pre-filled prescription templates are in the workrooms (check the Silver Team workroom if not in your own).

Nicotine Gum/Lozenge		
<u>Indication</u>	<u>Dose</u>	<u>Dosing interval</u>
If 1st cigarette ≤ 30 mins of waking	4mg	Week 1-6: 1 dose q1-2hr Week 7-9: 1 dose q2-4hr
If 1st cigarette > 30 mins of waking	2mg	Week 10-12: 1 dose q4-8hr
Nicotine Patch		
If smokes > 10 cigarettes per day	21mg/day x 4-6wks, then 14mg/day x 2wks, then 7mg/day x 2wks	
If smokes < 10 cigarettes per day	14mg/day x 6wks, then 7mg/day x 2wks	