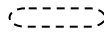


5 A's of tobacco cessation

ASK	Identify and document tobacco use/exposure status for every patient at every visit
ADVISE	Urge all caregivers 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, and/or appointment with PCP

Tobacco screening questions

1. Does your child live with anyone who uses tobacco?
2. Does anyone who provides care for your child smoke?



Nicotine Replacement Therapy

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 smoke > 10 cigarettes per day	21mg/day x 4-6wks 14mg/day x 2wks 7mg/day x 2wks
If smoke < 10 cigarettes per day	14mg/day x 6wks 7mg/day x 2wks

Referral Information

National (English and Spanish):
- Text the word "quit" to 47848
- Call 1-800-QUIT NOW (1-800-784-8669)
- Online: <https://smokefree.gov/tools-tips/text-programs>
KS: <https://www.quitnow.net/kansas/ProgramLookup/>
MO: <https://www.quitnow.net/missouri/>