



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Smoking Cessation Management Order Set

ACTION

This order set is intended for use in an acute care setting to provide therapeutic options to patients deemed ready to quit or ready to reduce number of cigarettes; and to provide guidance for management of acute withdrawal symptoms associated with smoking cessation while patients are admitted in hospital setting.

Ask

Tobacco Use History (Prior to Admission)

Number of cigarettes smoked per day: _____ When was your last cigarette? _____ (yyyy-mm-dd)

Frequency/pattern: Daily _____

Time to first cigarette after waking up: _____ minute(s)

Other type of tobacco: cigars pipes shisha vaping devices with nicotine chewing tobacco

Age of onset of smoking: _____ year(s)

What best describes patient's feelings about smoking right now

Have quit in the past 6 months: _____

Would like to quit during this hospital admission: _____

Planning to quit in the next month: _____

Planning to quit in the next 6 months: _____

Not planning to quit smoking: _____

Quit History

Number of previous attempts to quit (24 hours or more of intentional cessation): _____

When was your last quit attempt: _____ (yyyy-mm-dd)

Previous methods used to quit (duration, medication name and dosage): _____

Reason for relapse: _____

Concurrent medical conditions/medications

Allergies or hypersensitivities? None known Yes: Refer to facility's allergy documentation/process

Comorbidities: Asthma COPD Cardiovascular disease

Peripheral vascular disease Cancer _____

Seizure disorder Psychiatric disorder: _____

Concurrent medication(s): _____

Other substance use, e.g. cannabis, alcohol, opioids, injection drug use, cocaine/crack (name, quantity, frequency, last use): _____

Smoking-related health symptoms: Cough Shortness of breath Wheeze _____

Advise

Advise patient the following if applicable:

- Quitting smoking is one of the most important things patients can do to improve their health and speed recovery even after leaving the hospital.

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Assess

- On a scale of 1 to 10, where 10 is the most confident you have felt about anything, how confident do you feel you will be able to quit smoking altogether? _____
- On a scale of 1 to 10, where 10 is the most important you have felt about anything, how important is it for your health to become smoke-free for life? _____
- Patient ready to quit smoking with a quit date **OR** Patient ready to reduce number of cigarettes
- _____

Assist

If patients have failed to quit on multiple occasions or are highly nicotine dependent, offering a combination of nicotine patch and a short-acting NRT may enhance success with smoking cessation (1)

Management of Nicotine Withdrawal Symptoms

Prescriber to consider appropriate NRT agents and/or behavioral approaches to relieve nicotine withdrawal symptoms

- If patient complains of withdrawal symptoms (e.g. craving to smoke, irritability, frustration, anger, anxiety, difficulty concentrating or restlessness) not accounted for by other physical or mental health conditions, or if patient continues to smoke, notify MD/NP/Pharmacist (1)
- _____

Nicotine Replacement Therapies (NRT) - Topical

Prescriber to consider alternative dosing for patient who smokes more than 20 cigarettes per day

Nicotine Patch

For patient who smokes 10 or more cigarettes in 24 hours

- nicotine patch 21 mg Topically once daily for 6 weeks
- Then** nicotine patch 14 mg Topically once daily for 2 weeks
- Then** nicotine patch 7 mg Topically once daily for 2 weeks
- Prior to applying a new nicotine patch, remove previous nicotine patch
- Apply new nicotine patch soon after waking up
- If sleep disturbance is experienced, may remove patch prior to bedtime

For patient who smokes less than 10 cigarettes in 24 hours OR has cardiovascular disease OR weighs less than 45 kg

- nicotine patch 14 mg Topically once daily for 6 weeks
- Then** nicotine patch 7 mg Topically once daily for 2 weeks
- Prior to applying a new nicotine patch, remove previous nicotine patch
- Apply new nicotine patch soon after waking up
- If sleep disturbance is experienced, may remove patch prior to bedtime

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Nicotine Replacement Therapies (NRT) - Oral

Advise patient not to eat or drink (except water) for 15 minutes before or during use of all oral NRT products

Nicotine Polacrilex Lozenge

If nicotine polacrilex lozenge ordered, advise patient:

- Not to use more than one lozenge at a time (**max 15 nicotine lozenges in 24 hours**)
- Move lozenge from one side of the mouth to the other until it has completely dissolved
- Not to chew, break, or crush lozenge

If withdrawal symptoms continue despite maximum dose of nicotine lozenge, notify MD/NP/Pharmacist to reassess

For patient who smokes first cigarette within 30 minutes of waking

Weeks 1 to 6: one nicotine 4 mg lozenge PO q1-2h. To increase chances of quitting, use at least 8 lozenges in 24 hours during the first 6 weeks

Then Weeks 7 to 9: one nicotine 4 mg lozenge PO q2-4h

Then Weeks 10 to 12: one nicotine 4 mg lozenge PO q4-8h

For patient who smokes first cigarette after 30 minutes of waking

Weeks 1 to 6: one nicotine 2 mg lozenge PO q1-2h. To increase chances of quitting, use at least 8 lozenges in 24 hours during the first 6 weeks

Then Weeks 7 to 9: one nicotine 2 mg lozenge PO q2-4h

Then Weeks 10 to 12: one nicotine 2 mg lozenge PO q4-8h

Nicotine Bitartrate Dihydrate Lozenge

If nicotine bitartrate dihydrate lozenge ordered, advise patient:

- Not to use more than one lozenge at a time
- Move lozenge from one side of the mouth to the other until it has completely dissolved
- Not to chew, break, or crush lozenge

If withdrawal symptoms continue despite maximum dose of nicotine lozenge, notify MD/NP/Pharmacist to reassess

For patient who smokes 20 or more cigarettes in 24 hours

Weeks 1 to 6: one nicotine 2 mg lozenge PO q1-2h (**max 15 nicotine lozenges in 24 hours**)

Then Weeks 7 to 9: one nicotine 2 mg lozenge PO q2-4h

Then Weeks 10 to 12: one nicotine 2 mg lozenge PO q4-8h

For patient who smokes less than 20 cigarettes in 24 hours

Weeks 1 to 6: one nicotine 1 mg lozenge PO q1-2h (**max 25 nicotine lozenges in 24 hours**)

Then Weeks 7 to 9: one nicotine 1 mg lozenge PO q2-4h

Then Weeks 10 to 12: one nicotine 1 mg lozenge PO q4-8h

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Nicotine Replacement Therapies (NRT) - Oral Continued...

Nicotine Gum (1)

- If nicotine gum ordered, advise patient
• Not to use more than one gum at a time (max 20 pieces of nicotine gum in 24 hours)
• Use the bite and park method for each piece of gum:
Step 1: Place a single piece of gum in the mouth
Step 2: Chew twice
Step 3: Park the gum between the gums and cheek
Step 4: Hold gum in position for 1 minute or until taste fades
Step 5: Repeat for 30 minutes, then discard

If withdrawal symptoms continue despite maximum dose of nicotine gum, notify MD/NP/Pharmacist to reassess

For patient who smokes 25 or more cigarettes in 24 hours

- Chew one piece of nicotine 4 mg gum when urge to smoke occurs
Weeks 1 to 6: one nicotine 4 mg gum PO q1-2h. To increase chances of quitting, chew at least 9 pieces in 24 hours during the first 6 weeks
Then Weeks 7 to 9: one nicotine 2 mg gum PO q2-4h
Then Weeks 10 to 12: one nicotine 2 mg gum PO q4-8h

For patient who smokes less than 25 cigarettes in 24 hours

- Chew one piece of nicotine 2 mg gum when urge to smoke occurs
Weeks 1 to 6: one nicotine 2 mg gum PO q1-2h. To increase chances of quitting, chew at least 9 pieces in 24 hours during the first 6 weeks
Then Weeks 7 to 9: one nicotine 2 mg gum PO q2-4h
Then Weeks 10 to 12: one nicotine 2 mg gum PO q4-8h

Nicotine Inhaler (2)

- If nicotine inhaler ordered, advise patient:
• Up to 40% (4 mg) of nicotine from each cartridge is released after 20 minutes of frequent continuous puffing and about 50% of the released nicotine is systematically available, i.e. about 2 mg nicotine.
If withdrawal symptoms continue despite maximum dose of nicotine inhaler, notify MD/NP/Pharmacist to reassess
nicotine inhaler 4 mg nicotine/cartridge: _____ cartridges in 24 hours for _____ weeks
Then nicotine inhaler 4 mg nicotine/cartridge _____ cartridges in 24 hours for _____ weeks
Advise patient to use at least 6 cartridges in 24 hours during the first 3 to 6 weeks to improve chances of quitting (max 12 nicotine inhaler cartridges in 24 hours)

Nicotine Mouthspray

- If nicotine mouthspray ordered, advise patient:
• Prime spray with first use or after 2 days of not using
If withdrawal symptoms continue despite maximum dose of nicotine mouthspray, notify MD/NP/Pharmacist to reassess
nicotine mouthspray 1 mg nicotine/spray: 1 – 2 spray(s) q30-60minutes (max 2 nicotine mouthsprays/dose, max 4 nicotine mouthsprays/h, max 64 mouthsprays in 24 hours)

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Other Pharmacological Management

Lab Investigations

Prescriber to consider baseline renal and hepatic monitoring if clinically indicated and not previously ordered

eGFR _____

Bupropion

Ensure there is at least an 8-hour dosing interval between each dose of sustained release bupropion

buPROPion Sustained Release (SR) 150 mg PO once daily for 3 days [caution-renal]
Then buPROPion Sustained Release (SR) 150 mg PO BID for _____ weeks [caution-renal]

Varenicline

Prescriber to consider dose reduction for patients with intolerable nausea

varenicline 0.5 mg PO once daily for 3 days [caution-renal]
Then varenicline 0.5 mg PO BID for 4 days [caution-renal]
Then varenicline 1 mg PO BID for _____ weeks [caution-hepatic,renal]

OR

varenicline 0.5 mg PO once daily for 3 days
Then varenicline 0.5 mg PO BID for _____ weeks

Non-pharmacological Management

Behavioral Counseling

Cognitive Behavioural Therapy (CBT) Motivational Interviewing

Patient Education and Self-management

- Provide patient with smoking cessation educational materials
- Provide patient information on community/public health smoking cessation clinic
- Provide patient information on harm reduction techniques
- Provide patient self-help resources (e.g. smoking cessation website)
- _____

Arrange

Referrals

Smoking Cessation Counsellor Psychologist - Reason: _____

Pharmacist - Reason: _____ SW - Reason: _____

Psychiatrist - Reason: _____ _____ - Reason: _____

Follow-up Information

Provide a copy of patient's care plan and other relevant documents to the following as per policy/procedure:

Primary Care Provider Specialist: _____

Patient's community pharmacy _____

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The intent of this 'Patient Information and Instructions' section is to provide instructions to the patient. This section may be printed and given directly to the patient for their review and to take with them upon discharge.

Patient Information and Instructions

Instructions

- Review the information provided to you before you go home and again when you arrive home
- Bring your Medication Reconciliation form and plan of care to your Pharmacist at your next visit
- Bring this document, the Medication Reconciliation form and plan of care to your Primary Care Provider, e.g. family doctor or nurse practitioner
- Ensure there is at least an 8-hour dosing interval between each dose of sustained release bupropion
- Take varenicline with a large glass of water and food to reduce nausea

Community Support Resources

- Quit Smoking: Health Canada
<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/index-eng.php>
- How to stop smoking: Smokers Helpline: 1-877-513-5333 <http://www.smokershelpline.ca>

Follow-up Appointments

<input type="checkbox"/> Primary Care Provider: _____	Phone Number: _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____	or <input type="checkbox"/> Patient will be notified
<input type="checkbox"/> Patient to arrange appointment to be seen in _____ day(s)	or _____ week(s)
<input type="checkbox"/> Pharmacist: _____	Phone Number: _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____	or <input type="checkbox"/> Patient will be notified
<input type="checkbox"/> Patient to arrange appointment to be seen in _____ day(s)	or _____ week(s)
<input type="checkbox"/> Smoking Cessation Program: _____	Phone Number: _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____	or <input type="checkbox"/> Patient will be notified
<input type="checkbox"/> Patient to arrange appointment	
<input type="checkbox"/> _____	Phone Number: _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____	or <input type="checkbox"/> Patient will be notified
<input type="checkbox"/> Patient to arrange appointment to be seen in _____ day(s)	or _____ week(s)

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Order Set Development and Implementation Considerations

The intent of this Order Set Development and Implementation Considerations section is to provide additional information for Order Set Committees and/or Order Set leads when implementing this order set locally. This section is not designed to be included in the actual order set and can be removed if needed.

Patient Care Considerations

- **Screening:** Ensure appropriate smoking cessation screening of patient is completed prior to entering patient into a smoking cessation program.
- **Initial Patient Assessment:** During the initial assessment of the patient it is important to include the following factors that will impact treatment strategies and success:
 - Smoking history
 - Quitting history
 - Present medications
 - Pregnancy
 - Mental health history
 - Substance abuse history
- **Counselling:** Prescribers should note that pharmacological treatment combined with smoking cessation counselling is more effective than pharmacological treatment alone ⁽³⁾. Effective programs to stop smoking are those that begin during a hospital stay and include counselling with follow-up support for at least one month after discharge ⁽⁴⁾.
- **Determination of Treatment Goal:** It is important to establish the patient's treatment goal. Some patients are not ready to quit smoking and want to reduce the number of cigarettes they smoke. Whereas other patients want to quit smoking completely. Understanding the patient's treatment goal will assist in determining an individualized care plan.
- **Discharge:** Encourage patients to continue smoking cessation upon discharge, provide resources and referrals to primary care or outpatient clinics as applicable.
- **Follow-up Care Considerations:** Follow-up should occur in the community to provide patients ongoing support and ensure treatment success. The emphasis of follow-up should include:
 - Comorbidities
 - Weight gain discussion and follow-up
 - Smoking status update
 - Situational management techniques
 - Medication review and adjustment
 - Ongoing encouragement
- **Non-Pharmacological Withdrawal Management:** Common withdrawal symptoms can include: anxiety, depression, increased appetite/weight gain, insomnia, irritability and restlessness. To increase the likelihood of patients successfully quitting, a combination of strategies is important. Offering patients withdrawal management strategies like exercise, acupuncture and counseling can aid in success. It is also important that patients are aware of their smoking triggers and have solutions to reduce their cravings.
- **Patient Relapse:** It is common for patients to relapse after quitting smoking. It is important to explain to patients to not be discouraged and that each time they try to quit, their chances of being successful improves.

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Additional Considerations

- **Drug-specific Reminders:** Drug-specific reminders are intended to alert prescribers to potentially harmful drug properties for certain susceptible patients. The following caution flags are for the organization's consideration when developing an order set: [caution-geriatric,hepatic,renal]. For a comprehensive list of drug cautions and contraindications, consult product monographs and/or alternative resources.

References

Key references ⁽¹⁻⁴⁾ Other references ⁽⁵⁾

All medications have been reviewed using Lexicomp and Compendium of Pharmaceuticals and Specialties (eCPS).

1. Collins, B., & Chase, F. (2015). Smoking Cessation. In Compendium of Therapeutics for Minor Ailments.
2. Selby, P., & DeRuiter, W. (2017). Tobacco use disorder : smoking cessation. Retrieved from www.e-therapeutics.ca
3. Stead, L. F., & Lancaster, T. (2012). Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation. Cochrane Database of Systematic Reviews. doi:10.1002/14651858.CD009670
4. Rigotti, N. A., Clair, C., Stead, L. F., General, M., & Hospital, M. G. (2015). Interventions for smoking cessation in hospitalised patients, 1–73. doi:10.1002/14651858.CD001837.pub3.Interventions
5. Reid, R. D., Pritchard, G., Walker, K., Aitken, D., Mullen, K., & Pipe, A. L. (2016). Managing smoking cessation. Canadian Medical Association Journal, 188(17–18), E484–E492. doi:10.1503/cmaj.151510

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