



MEDICAL DIRECTIVE

SMOKING CESSATION – NICOTINE REPLACEMENT THERAPY (NYFHT-006A)

DEFINITION

The NYFHT Smoking Cessation Program provides support to smokers who are actively seeking assistance with smoking cessation. In addition to providing information and support to these patients, the program will also provide an assessment of appropriateness for use of smoking cessation aids, including the facilitation of active treatment. Nicotine replacement therapy (NRT) increases the likelihood of success relative to no treatment.

PHYSICIAN'S ORDERS

- Order, renew, and titrate NRT for smoking cessation (Appendix 1 – NRT Products, Appendix 3,4 – Decision Tree)

PERSONS AUTHORIZED TO CARRY OUT THIS DIRECTIVE

- Clinical Pharmacist working in the NYFHT (minimum standards required to carry out directive include registration with Ontario College of Pharmacists' [RPh] and Doctor of Pharmacy degree [PharmD], or at the discretion of the Medical Director)
- Designated Registered Nurse or Nurse Practitioner working in the NYFHT

SITUATIONAL CIRCUMSTANCES REQUIRED

- Adult patients (\geq 18 years old)
- Current tobacco smoker
- Referral to "Smoking Cessation Program" by physician (written or verbal)
- Absence of specific medication contraindication (Appendix 2)

RISKS AND PREDICTABLE OUTCOMES

Risk

- Medication related adverse effects (e.g. local irritation from gum or patch)

Predictable Outcome

- Improved success with smoking cessation
- Improved patient satisfaction and disease awareness
- Improved patient access to care

CONTRAINDICATIONS TO THE IMPLEMENTATION OF THE DIRECTIVE

- Specific medication contraindication (Appendix 2)

SCHEDULE FOR REVIEW OF MEDICAL DIRECTIVE

- Every 2 years (minimum) or at the discretion of the members of the NYFHT

REFERENCES

CPS

CAMH Medical Directive (Administration of Nicotine Replacement Medications by Registered Nurses and Pharmacists in the Nicotine Dependence Clinic)

MEDICAL DIRECTIVE DEVELOPMENT

Dr. K. Wintemute, Medical Director

Dr. J. Hunchuck, Pharmacist

DATE

April 4, 2011

APPENDIX 1 – NRT PRODUCTS

Medication/Dosage	Indications	Contraindications/ Cautions	Max Dose/24h
Nicotine Patch			
<i>Can be given alone or in combination with nicotine gum and inhaler</i>			
Nicotine Patch (21mg)/24h	Smoking >15 cigarettes per day (CPD)	Contact hypersensitivity the patch. Signs and symptoms of these may include erythema, pruritis, edema, hives or generalized rash or urticaria. *Pregnancy, recent CVA, immediately post MI, angina, life threatening arrhythmias	**21mg (up to 35mg in consultation with physician)
Nicotine Patch (14mg)/24h	Smoking 7-14 CPD	As above	**21mg (up to 35mg in consultation with physician)
Nicotine Patch (7mg)/24h	Less than 7 CPD or unable to tolerate higher doses of NRT	As above	**21mg (up to 35mg in consultation with physician)
Nicotine Gum			
<i>Can be used alone or in combination with nicotine patch and inhaler</i>			
Nicotine Gum 4mg q1h prn	Willing to learn the proper technique since the nicotine has to be absorbed across the buccal mucosa	Unable to chew gum Wears dentures immediately post MI, arrhythmias, angina, active TMJ dysfunction	20 pieces of gum
Nicotine Gum 2mg q1h prn	As above Use 4mg first, switch to 2mg if unable to tolerate 4mg gum (too strong, nicotine toxicity - nausea, diaphoresis, irritated throat, etc.)	As above	20 pieces of gum
Nicotine Inhaler			
<i>Can be used alone or in combination with nicotine gum or patch</i>			
Nicotine Inhaler 10mg	Unable to tolerate or	Recent CVA, immediately post MI,	6 cartridges

cartridge q1h PRN (delivers 4mg nicotine per cartridge)	use nicotine gum	angina, life threatening arrhythmias	
Nicotine Lozenge <i>Can be used alone or in combination with nicotine gum, patch or inhaler</i>			
Nicotine Lozenge 2mg q1-2h PRN	Unable to tolerate or use nicotine gum or inhaler	Recent CVA, immediately post MI, angina, life threatening arrhythmias	15 lozenges per day
Nicotine Lozenge 4mg q1-2h PRN	Unable to tolerate or use nicotine gum or inhaler Use 4mg first, switch to 2mg if unable to tolerate 4mg lozenge (nicotine toxicity – nausea, diaphoresis, irritated throat, etc.)	As above	15 lozenges per day

*Recent studies have shown that using NRT is safer than smoking. Any client who is pregnant or who has a history of heart disease, recent CVA or MI, or any arrhythmias should be initiated on NRT by a doctor. The RN or pharmacist can then continue these clients on NRT and reduce dosages accordingly. Any increase in dosage should be done by the doctor.

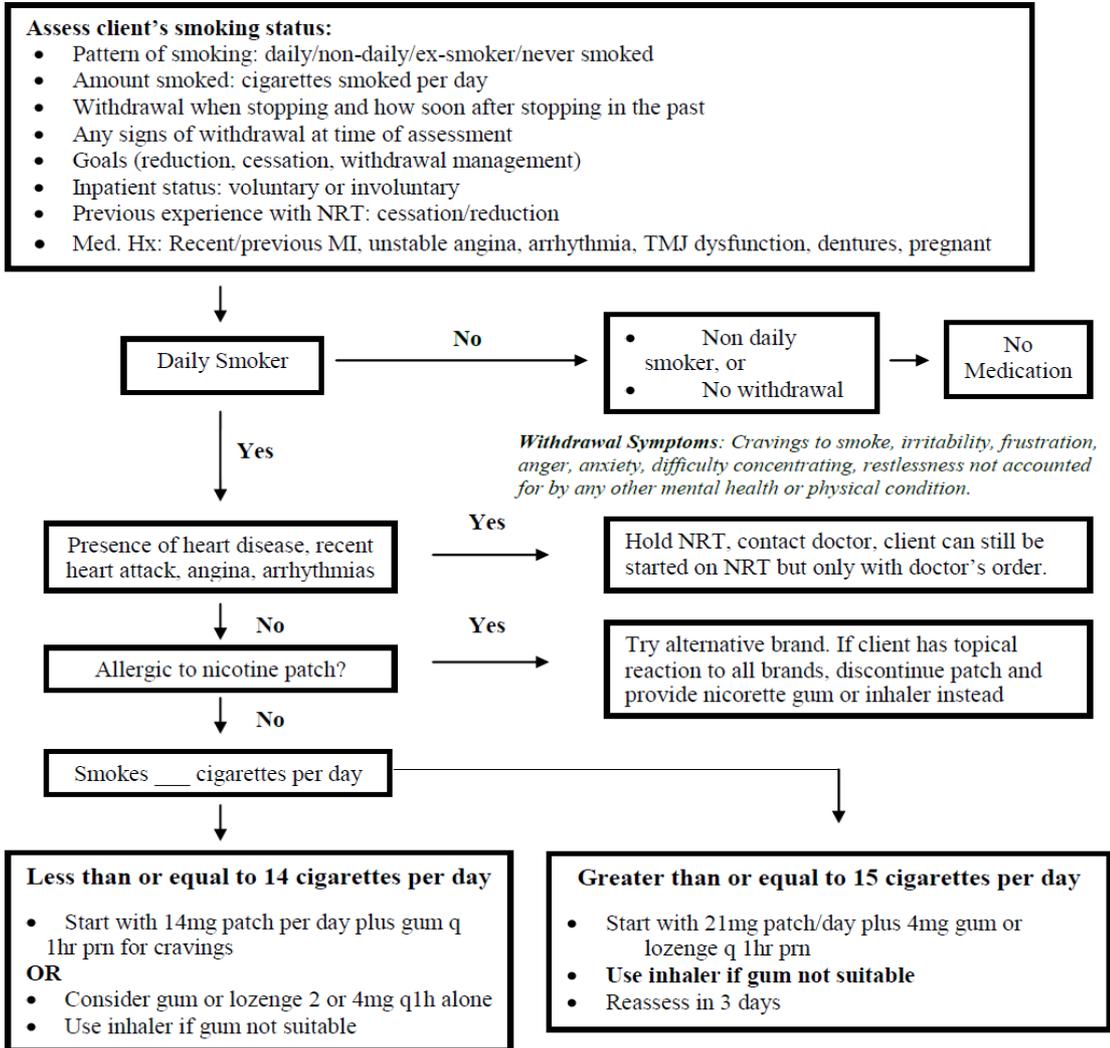
**Titration beyond the traditional 21mg patch dosage will be at the discretion of the physician. Appendix 4 may help to guide the decision to increase the nicotine patch dosage.

N.B. If client experiences nausea or vomiting, diaphoresis, tremors, confusion or weakness after using NRT, this could mean they are receiving too high a dose. The following management should be implemented: discontinue NRT, do not let client smoke, monitor client and notify a doctor. Once client's condition stabilizes, the doctor can try a lower dose and continue to monitor client closely for the above signs.

APPENDIX 2 – CONTRAINDICATIONS TO NRT

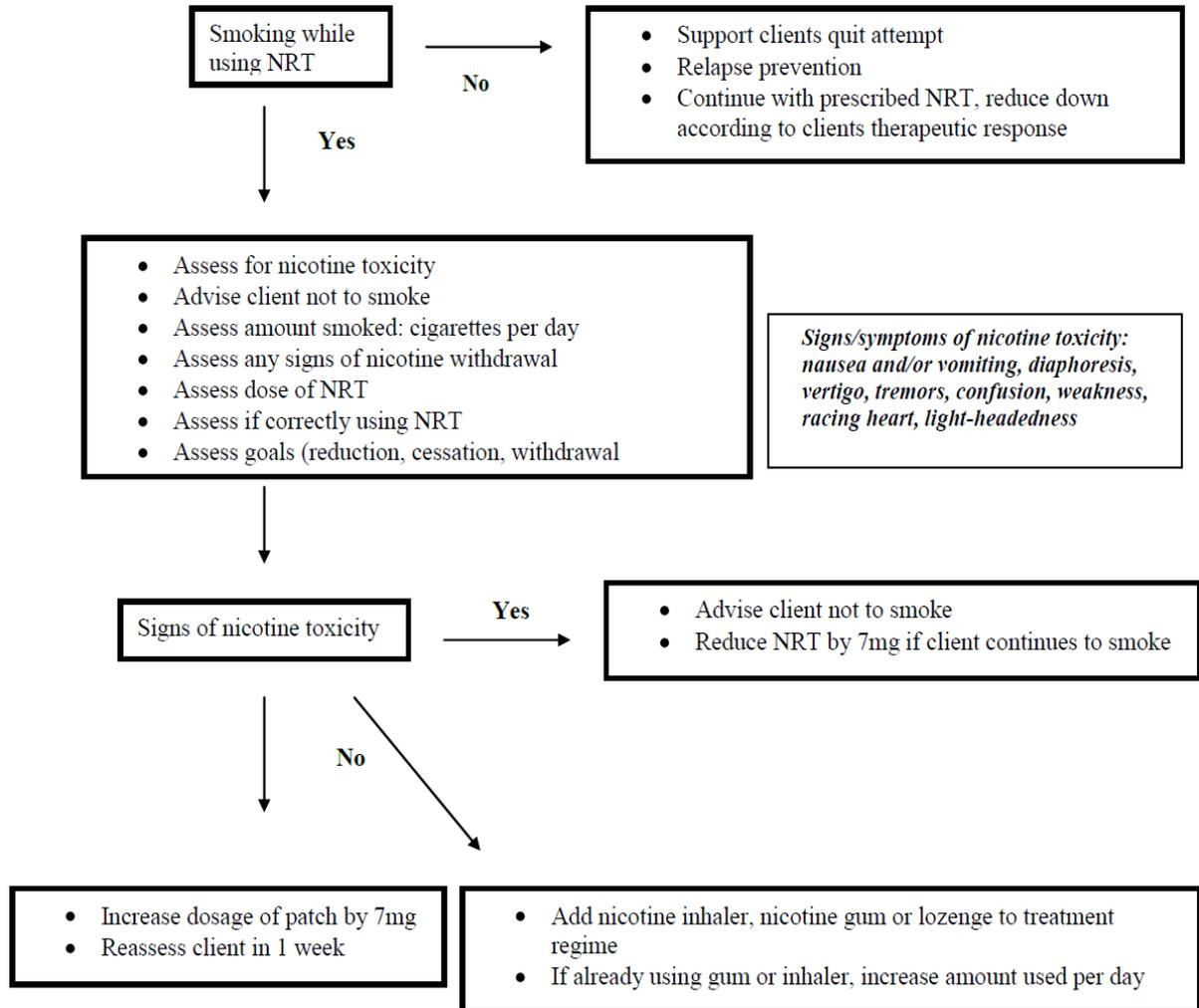
- Hypersensitivity to nicotine or delivery system (e.g. patch, gum)
- Non-smoker or occasional smoker
- Patients in immediate post-myocardial infarction period, with life-threatening arrhythmias, severe or worsening angina, recent cerebral vascular accident

APPENDIX 3 – DECISION TREE TO ADDRESS NICOTINE WITHDRAWAL



If client has dentures, TMJ dysfunction or is unable to chew nicorette gum, provide the inhaler or lozenge instead of gum. Start with 4mg gum or lozenge, if client can not tolerate 4mg (finds it is too strong) then reduce to 2mg gum or lozenge

**APPENDIX 4 – DECISION TREE TO ADDRESS NICOTINE WITHDRAWAL:
INCREASING DOSAGE BEYOND 21MG PATCH**



If client requires greater than 35 mg dosage, refer client to see the doctor. The pharmacist or RN can then continue clients on dosages of 35 mg or higher. Any additional increases beyond 35 mg should be done by the doctor.

