Vascular Health Primary Care Medical Directives Library

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Interprofessional Primary Care Medical Directive for Smoking Cessation

Adapted from Federation of Health Regulatory Colleges of Ontario Template Last Updated September 14, 2017

Title: Prescription of Nicotine Replacement Therapy (NRT)

Number: _____

Activation Date: _____

Review Due By: _____

Appendix A Attached: **Yes X** **No** **Title**: NRT Sample Order Guideline

Directive Order:

Initiate, adjust, renew, or discontinue Nicotine Replacement Therapy (NRT) by authorized regulated health professional(s) working within the smoking cessation program with or without prior consultation with the physician.
NRT includes nicotine patches, gum, lozenges, inhalers, and mouth spray.
Patients should be treated with NRT for at least 12 weeks; it may be necessary to adjust NRT dosage and duration based on patient's need.

Desired Outcomes:

Patients ready to quit or reduce smoking will be provided with the appropriate pharmacologic smoking cessation aids and counseling to support them in achieving their goal.

Recipient Patients:

- Patient in preparation/action stage of readiness to quit or reduce smoking
- Patient willing and able to follow up with health care providers on regular basis as per the smoking cessation plan

Authorized Implementer(s):

Regulated Health Professional(s) working within the smoking cessation program/clinic/ or service according to their scope of practice including:

- Completion of a recognized smoking cessation training program (e.g., Centre for Addiction and Mental Health (CAMH TEACH Program), Ottawa Model for Smoking Cessation Education and Training, and/or interprofessional core competencies for smoking cessation
- Review of the Medical Directive and any additional training on an annual basis
- Review of the NRT product monograph
- Demonstration of understanding of NRT, criteria, and protocols affiliated with its usage

Indications:

All patients under the care of a primary care provider who are seen for a smoking cessation consult and for whom NRT is deemed appropriate for their smoking cessation plan.

Contraindications:

Exclusion Criteria:

- Under 18 years of age
- Patient has known hypersensitivity to nicotine, menthol (oral inhaler). Previous adverse drug reaction (ADR) is not an absolute contraindication since the ADR may have been mild and/or to a specific formulation which would not preclude the use of any other formulation

Precautions:

- Patient is taking varenicline/CHAMPIX (potentiation of nicotine related adverse effects)
- Pregnancy, breast feeding
- History of heart disease, vasospastic disease, recent stroke or MI, angina, or any life threatening heart arrhythmias, and severe HTN (e.g. pheochromocytoma)
- Nicotine Patch: Contact hypersensitivity such as erythema, pruritus, edema, hives, or generalized rash
- Nicotine Gum: Unable to chew gum, wears dentures , active temporomandibular joint dysfunction, esophageal or peptic ulcers

- Nicotine Inhaler: Bronchospastic disease

Patient Consent: Consent is implied when the patient has participated in shared decision-making prior to initiation, adjustment, renewal, or discontinuation of Nicotine Replacement Therapy (NRT).

Guidelines for Implementing the Directive:

Appendix A Attached: **Yes x** **No** **Title** NRT Sample Order Guideline

During initial consultation:

- Authorized Implementer(s) assess the patient's health history, including smoking history

During subsequent visits:

- Authorized Implementer(s) assess smoking status, withdrawal symptoms, cravings, nicotine toxicity signs/symptoms, any side effects or adverse events, and when patient is ready to reduce NRT

A change in dose or discontinuation of NRT may be necessary if patient is still smoking, experiences nicotine toxicity, or has any side effects or adverse events.

The Authorized Implementer(s) will advise patient taking NRT to:

- Register for the Smoking Cessation Follow-up Support Program/Service or have a follow-up visit within the recommended timeframe from the initial prescription as per the smoking cessation plan
- Set a quit date or reduce number of cigarettes per day by 50% by next follow-up visit if no quit date
- Seek medical attention for any 'serious' adverse drug reactions
- Report any possible side effects to the prescribing health professional or their primary care provider

Documentation & Communication:

The Authorized Implementer(s) will document that the contraindication screening was completed and the NRT therapy initiated, renewed, adjusted, and/or discontinued.

Documentation should also include:

- Date and time
- Assessment in determining need to implement this directive
- Evaluation of the patient's response to treatment (e.g., reported side effects)
- NRT name, dose, route, frequency, quantity, and duration
- Refills
- Authorized Implementer's name, designation, and signature
- Medical Directive Title & Number

Communication should include:

- The prescription for NRT will be provided to the patient with a copy in the chart
- Notify patient's primary care provider when initiating, renewing, adjusting, and/or discontinuing NRT as per the patient's smoking cessation plan
- If patient is still smoking, experiences nicotine toxicity, or has any side effects or adverse events
    - This will be communicated to the prescribing health care professional and primary care provider and documented in the chart
    - The primary care provider will be notified of any serious adverse events within the recommended timeframe as per the patient's smoking cessation plan
- Authorized Implementer(s) carrying out this directive may direct questions to the primary care provider at any time
- Authorized Implementer(s) will seek consultation with the primary care provider regarding individual patient issues/care as needed

Review and Quality Monitoring Guidelines:

- The Medical Director/Lead Physician, is responsible to review and modify the directive on an annual basis, as required
- If new information becomes available between annual reviews, such as new clinical best practice

recommendations, the directive will be reviewed by an Authorizer and an Implementer

- The Authorized Implementer(s) is responsible to monitor the use of this Medical Directive and to review its use on an annual basis & communicate to the Medical Director/Lead Physician/ Nurse Practitioner

Administrative Approvals (as applicable):

Appendix B Attached: **Yes** X **No** **Title:** Authorizer Approval Form

Approving Physician (s) or Nurse Practitioners Authorizer (s):

The Medical Director/Lead Physician will also sign the signature page at the back of the directive, authorizing use of the directive.

Adapted from:

University of Ottawa Heart Institute. (2016). The Prescription of Nicotine Replacement Therapy (NRT) Medical Directive. University of Ottawa Heart Institute: Ottawa Model for Smoking Cessation in Primary Care.

Hamilton Family Health Team (2015). Smoking Cessation Medical Directive: Medical Directive HFHT 22-NRT Only.

Taddle Creek Family Health Team (2016). Medical Directive: Nicotine Replacement Therapy.

Appendix A

Nicotine Replacement Therapy Sample Order Guideline (This is a General Guideline only-Continue to use Clinical Judgment on a Case by Case Basis)

1. Nicotine Replacement Therapy (for At Least 12 Weeks)

☐ Nicotine Patch

☐ Nicotine Patch 14 mg topically daily for patients who smoke up to 9 cigarettes per day

OR

☐ Nicotine Patch 21 mg topically daily for patients who smoke 10-29 cigarettes per day

OR

☐ Nicotine Patch 28 mg (21 mg + 7 mg patches) topically daily for patients who smoke greater than or equal to 30 cigarettes per day

AND

☐ Nicotine Replacement Therapy for Breakthrough Cravings

☐ Nicotine gum 2-4mg chew q 1h prn for breakthrough cravings (maximum 20 pieces per 24 hours)

OR

☐ Nicotine Inhaler 1 cartridge (10 mg cartridge) q 1h prn (delivers 4 mg of nicotine per cartridge) (maximum 12 cartridges per 24 hours)

OR

☐ Nicotine Lozenge 1-2 mg q 1-2 h prn (maximum 15 lozenges per 24 hours for 2 mg strength)

OR

☐ Nicotine Spray 1-2 sprays (1mg per spray) q 30 min-1 h prn (maximum dose is 2 sprays at a time, 4 spays per hour or 64 spays per 24 hours)

2. Follow Up Appointment

☐ Arrange return to Primary Care Smoking Cessation Service or Clinic in 4-6 weeks or earlier to assess smoking and add Nicotine patches as needed.

Adapted from:

CAN-ADAPTT/CAMH (2012) Algorithm for Tailoring Pharmacotherapy in primary care setting. Retrieved from https://www.nicotinedependenceclinic.com/English/CANADAPTT/Guideline/Pharmacotherapy.aspx

Nicotine Replacement Therapy Product Monographs

Taddle Creek Family Health Team (2016). Medical Directive: Nicotine Replacement Therapy.

Appendix B

Authorizer Approval Form

Name	Signature	Date

Last Updated September 14, 2017