



Affix Patient Sticker Here

Name .....

RM2 Number .....

NHS Number .....

Date of Birth .....

Address .....

.....

.....

Name of Healthcare Professional Completing form: .....

Role: .....

Date of form completion: .....

**CONVERSATION - UNDERSTAND - REPLACE - EXPERTS AND EVIDENCE-BASE**

(Tick all boxes when action completed)

**C** The right **conversation** every time

Do you smoke currently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Provide a smokefree flyer and the following brief advice to patients that smoke:**

- The very best chance of stopping smoking is with the help of medications and specialist support; both are readily available at this hospital
- We will support those trying not to smoke by maintaining smokefree hospital grounds

**U** **Understand** the level of addiction

How many cigarettes do you smoke in a day?	≤10 <input type="checkbox"/>	10-19 <input type="checkbox"/>	≥ 20 <input type="checkbox"/>
How long have you been awake before you have your first cigarette?	≤ 30 mins <input type="checkbox"/>	≥ 30 mins <input type="checkbox"/>	

**R** **Replace** nicotine to prevent withdrawal

Please ensure the patient is prescribed nicotine replacement according to the CURE treatment pathway and level of addiction. Ensure this is done as soon as possible after admission to the ward. Patient choice is an important part of quitting as it increases commitment to the quit attempt. Please offer patients a choice of the options overleaf in accordance with their level.

**E** **Experts and Evidence-based** Treatment

All smokers will automatically be referred to the CURE team who visit the patients whilst an inpatient and offer support, advice and motivational interviewing (opt-out service with automated e-referral system).

The CURE team will discuss additional treatment options during the admission and upon discharge.

Varenicline is a nicotine receptor agonist (relieves cravings by releasing dopamine in the brain) and antagonist (prevents the feeling of pleasure during smoking). It is a highly effective treatment for tobacco addiction. Additional nicotine is required in the first 1-2 weeks of varenicline. As an inpatient in a smokefree environment this can be given alongside nicotine replacement therapy.

- **0.5mg Day 1-3**
- **0.5mg twice daily day 4-7**
- **1mg twice daily day 8 – end of treatment (12 weeks)**

Side effects include nausea (minimise by having with food and water), sleep disturbance and vivid dreams. Stopping smoking can exacerbate pre-existing mental health illness regardless of treatment used. Care should be taken with patients with a history of psychiatric illness and varenicline should only be used in patients with a Mental Health diagnosis who are on stable treatment (i.e. no dosage changes or commencement of new medications in the last 3 months).

Bupropion is a nicotine receptor antagonist and helps reduce any positive reinforcement or pleasure during smoking through its antagonist effect and preventing the release of dopamine from smoking. Bupropion is an effective smoking cessation medication but has a number of drug interactions and potential side effects including seizures.

**Bupropion is only to be prescribed by the Specialist CURE team.**

## LOW LEVEL ADDICTION

≤ 10 Cigarettes/day

Prescribe a short acting nicotine replacement (“reach for” nicotine)  
Advise patients to use short acting nicotine frequently and when cravings occur



### First line:

**Nicotine lozenges 2mg as required** (usual maximum 15 in 24 hours)

### Options if patient would prefer an alternative short acting NRT

**Nicotine inhalator 15mg/cartridge** (maximum 6 cartridges in 24 hours)

**Nicotine microtabs 2mg as required** (usual maximum 24 in 24 hours)

### Advice for patients on short acting nicotine

**Inhalator:** The user ‘puffs’ on the device so the medication enters the mouth and is absorbed through the gums. It is not inhaled into the lungs.

**Lozenges:** Suck like a sweet to release the nicotine which is then absorbed through the gums. If the patient suffers heartburn, nausea or hiccups (nicotine being swallowed) then try parking the lozenge between the lip and gum.

**Microtabs:** Place under the tongue and allow to dissolve. They are not chewed, sucked or swallowed.

**Discuss Varenicline with all smokers** - see varenicline section

## MODERATE LEVEL ADDICTION

10 - 19 Cigarettes/day

Prescribe a long acting nicotine patch AND CONSIDER  
adding a short acting “reach for” nicotine replacement.



**Nicotine Patches 14mg/24hour** (smokes within 30 minutes of waking)

**Nicotine Patches 15mg/16hour** (does NOT smoke within 30 minutes of waking)

**Short acting nicotine replacement** (As per low level addiction pathway)

### Advice for patients:

#### Patches

*Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild.*

*24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.*

**Discuss Varenicline with all smokers** - see varenicline section

## HIGH LEVEL ADDICTION

≥ 20 Cigarettes/day

Prescribe a long acting nicotine patch AND a short acting “reach for”  
nicotine replacement. Discuss the following options with the patient:



**Nicotine Patches 21mg/24hour** (smokes within 30 minutes of waking)

**Nicotine Patches 25mg/16hour** (does NOT smoke within 30 minutes of waking)

**Short acting nicotine replacement** (As per low level addiction pathway)

### Advice for patients:

#### Patches

*Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild.*

*24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.*

**Discuss Varenicline with all smokers** - see varenicline section

Note: Stopping smoking can increase plasma levels of theophylline, clozapine and olanzapine and patients should be advised to monitor for signs of toxicity. This is due to components of cigarette smoke that stimulate cytochrome P450. Doses may need to be adjusted. Seek specialist advice. **In particular seek specialist advice from the CURE team or on call psychiatry team in patients taking clozapine.** Levels of Insulin and warfarin therapy might need to be adjusted but the clinical effect on these medications is likely to be extremely small. Blood levels will need to be checked more frequently and doses may need to be adjusted.