

Active smoker admitted to hospital

ADMITTING TEAM:

- Screen the patient for smoking status and identify as 'active smoker'
- Smoking status is recorded in electronic patient record / system
- Automated referral to the CURE team completed via electronic system
- Smoker is provided with brief advice
- Smoker is classified as LOW, MODERATE or HIGH level addiction
- Smoker is offered NRT in accordance with the treatment pathway and level of addiction (NRT started with 24 hrs of admission)
- Smoker is offered varenicline in accordance with treatment pathway

Supported by CURE e-learning modules 1 & 2 providing training on VBA & prescribing pharmacotherapy for tobacco addiction

CURE TEAM REVIEW: WITHIN 48 HRS OF ADMISSION

- Smoker is offered a 45 minute consultation with a specialist stop smoking practitioner
- Current NRT reviewed and amended as required
- Need for additional medications assessed (varenicline, bupropion)
- Behavioural change support and motivational interviewing
- Signposting to sources of support after discharge
- Follow-up plan agreed
- Specialist assessment send to smoker's GP (ideally an automated process)

DISCHARGE PATHWAY: OPTIONS INCLUDE...

- Ongoing support from hospital CURE team at 2, 4, and 12 weeks
- Ongoing support from community stop smoking service at 2, 4 and 12 weeks
- Ongoing prescriptions and support from GP / practice nurse
- Ongoing prescriptions and support from community pharmacist

Low Level Addiction ≤ 10 Cigarettes/day	Moderate Level Addiction 10-19 Cigarettes/day	High Level Addiction ≥ 20 Cigarettes/day
<p>First line:</p> <ul style="list-style-type: none"> ☐ Nicotine lozenges 2mg as required <i>usual maximum 15 in 24 hours</i> <p>Options if patient would prefer an alternative short acting NRT</p> <ul style="list-style-type: none"> ☐ Nicotine inhalator 15mg/cartridge <i>maximum 6 cartridges in 24 hours</i> ☐ Nicotine microtabs 2mg as required <i>usual maximum 24 in 24 hours</i> <p>Discuss Varenicline with all smokers - see varenicline section</p>	<p>Prescribe a long acting nicotine patch AND CONSIDER adding a short acting "reach for" nicotine replacement.</p> <ul style="list-style-type: none"> ☐ Nicotine Patches 14mg/24 hour <i>(Smokes within 30 minutes of waking)</i> ☐ Nicotine Patches 15mg/16 hour <i>(Does NOT smoke within 30 minutes of waking)</i> ☐ Short acting nicotine replacement <i>(As per low level addiction pathway)</i> <p>Discuss Varenicline with all smokers - see varenicline section</p>	<p>Prescribe a long acting nicotine patch AND a short acting "reach for" nicotine replacement. Discuss the following options with the patient:</p> <ul style="list-style-type: none"> ☐ Nicotine Patches 21mg/24 hour <i>(Smokes within 30 minutes of waking)</i> ☐ Nicotine Patches 25mg/16 hour <i>(Does NOT smoke within 30 minutes of waking)</i> ☐ Short acting nicotine replacement <i>(As per low level addiction pathway)</i> <p>Discuss Varenicline with all smokers - see varenicline section</p>
<p>Advice for patients on short acting nicotine</p> <p>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.</p> <p>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.</p> <p>Microtabs: Place under the tongue and allow to dissolve. They are not chewed, sucked or swallowed.</p>	<p>Advice for patients Patches</p> <p>Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild</p> <p>24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.</p>	<p>Advice for patients Patches</p> <p>Advise patients to use a clean & hairless area of skin to apply the patch. Skin irritation can occur but is generally mild</p> <p>24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.</p>

VARENICLINE

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).

