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Dear Colleagues

The following guideline has not been reviewed within the set timescale.

NHS Grampian Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms In The Acute Setting, Version 1

Although this guideline is still available for use please be advised that the content of this may no longer be valid and its use should be risk assessed. This will remain the case until the lead author or those responsible for the guideline undertake its review. Furthermore, practitioners must ensure that they choose NRT products based on the current national contract and those products approved for use within NHSG according to the NHSG Formulary.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.




Yours sincerely



Lesley Coyle
Chair of Medicines Guidelines Policies Group

**NHS Grampian Staff Guidance For The Inpatient Prescribing
And Administration Of Nicotine Replacement Therapy (NRT)
For Nicotine Withdrawal Symptoms In The Acute Setting.**

Co-ordinators: Principal Pharmacist (clinical) NHS Grampian - Acute	Consultation Group: NHSG Tobacco group	Approver: Medicine Guidelines and Policies Group
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Signature: 	Signature: 	Signature: 
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Version 1

Executive Sign-Off

**This document has been endorsed by the Director of Pharmacy and Medicines
Management**

Signature: 

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Group/Individual responsible for this document: Grampian Medicines Management Group

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols and procedures.

Responsibilities for ensuring registration of this document on the NHS Grampian Information/ Document Silo:

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Lead Author/Co-ordinator: Principal Pharmacist (clinical) NHS Grampian Acute

Mental Health and Learning Disabilities Sector

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Sector: General Managers, Medical Leads and Nursing Leads

Departmental: Clinical Leads

Area: Line Manager

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Responsibilities for review of this document:

Lead Author/Co-ordinator: Principal Pharmacist (clinical) NHS Grampian Acute

Revision History:

Revision Date	Previous version Date	Summary of Changes	Changes marked*
	N/A		

*Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

NHS Grampian Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms in the Acute Setting

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NHS Grampian Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms in the Acute Setting

1. Introduction

All NHS Grampian sites will be smoke free by March 2015; smoking is not permitted inside the buildings or in the grounds. This guidance is intended to provide advice for staff on the prescribing of Nicotine Replacement Therapy (NRT) for patients being admitted to the NHS Grampian Acute Service Inpatient Facilities. This policy may be applied to patients in inpatient settings including Aberdeen Royal infirmary, Aberdeen Maternity Hospital, Woodend Hospital, Dr Grays Hospital and the Links Unit in Aberdeen.

All smokers admitted to the NHS Grampian Acute Service Inpatient Facilities should be offered NRT to prevent cravings provided it is clinically appropriate and all should be referred to smoking cessation support while in hospital, which will continue on discharge from hospital if appropriate. NRT must be prescribed on the Prescription and Administration Record (PAR). NRT can be used in place of cigarettes after abrupt cessation of smoking or alternatively to reduce the quantity smoked in advance of making an attempt to stop. Although the primary aim of treatment is permanent cessation some NRT products are also licensed for a reduction in smoking with a view to stopping.

N.B. Electronic cigarettes are not recommended by NHS Grampian as part of an attempt to stop smoking as the current evidence on e-cigarettes remains weak and inconclusive and there is a lack of safety testing.

2. Informed Consent

The patient's informed consent **must** be obtained before NRT can be prescribed and this should be recorded in the patient's clinical notes. Informed consent for smoking cessation support will be obtained by Smoking Advice Service, routine referral is required in the Patient Admission Document.

3. Patient Assessment

- Explain to all patients who smoke that NHS Grampian buildings and grounds are smoke free as of March 2015 which means that they cannot smoke on any site.
- All smokers should be referred to the Smoking Cessation Specialist Service via PMS.

Whilst awaiting input from the Smoking cessation service a patient can be assessed using the following questions and by calculating a **Fagerstrom Score**:

1. Are you using/taking any nicotine replacement products at present?
- If yes then prescribe if appropriate.

2. Have you ever experienced withdrawal symptoms from smoking? (e.g. cravings, irritability, anxiety/depression, poor concentration).
3. Do you wish to stop smoking long term?

Fagerstrom Score:

Add the score for both factors. 5+ = High dependence, 3-4 = Moderate dependence, 1-2 = Low dependence. Refer to table 1 for appropriate prescribing level.					
How many cigarettes do you smoke each day?	10 or fewer	11-20	21-30	31 or more	
Score: 0-3	0	1	2	3	
How long after you wake in the morning do you have your first cigarette?	More than 60 minutes	31-60 minutes	5-30 Minutes	Less than 5 minutes	
Score: 0-3	0	1	2	3	
Total Score					

- **Patients suffering acute nicotine withdrawal and who are motivated to stop smoking** should be prescribed NRT for symptomatic relief.

Note: On discharge from hospital, the patient will be given a minimum of a 7 days supply of NRT and advised on future support.

- **Patients suffering acute nicotine withdrawal but who do not intend to stop smoking** can be prescribed NRT to help with withdrawal symptoms (which may include; agitation, headaches, moodiness, irritability, nervousness, fidgeting, anger and cigarette craving).

Note: NRT will NOT be given on discharge to patients who do not intend to stop smoking.

4. Contra-Indications, Precautions And Further Information

Contra-indications

Hypersensitivity to nicotine or any ingredient of the preparation.

Cautions

- Skin disorders – caution with nicotine patches
- Phenylketonuria – caution with lozenges
- Gastrointestinal Disease – caution with oral nicotine products
- Unstable cardiovascular or cerebrovascular disease causing hospitalisation
- Renal or hepatic impairment (moderate/severe)
- Pheochromocytoma
- Uncontrolled hyperthyroidism
- Diabetes – monitor blood sugar closely
- Pregnancy and lactation – best to stop smoking without NRT, but if this is not possible NRT may be used, with short-acting products being preferable.

Smoking cessation can result in slower metabolism of certain drugs and a rise in blood levels. When prescribing NRT it is essential to consider the potential effects on all medication prescribed – refer to current British National Formulary (BNF). In addition for psychotropic drugs refer to the [NHSG Staff Guidance on Smoking Cessation and Psychotropic Drug Interactions](#) for further information.

Product Choice

Refer to Table 1. For more information on the complete range of products available, their advantages/disadvantages and the relevant reducing dose titrations see current BNF.

Discuss options with the patient. The choice of nicotine replacement preparations depends largely on patient preference and should take into account what preparations (if any), have been tried before and also on whether or not the patient is going to stop smoking completely during admission.

For patients who are stopping smoking:

- Nicotine patches are a prolonged release formulation and are applied for 16 hours (with the patch removed overnight) or for 24 hours. If the patient experiences strong cravings for cigarettes on waking a 24 hour patch may be more suitable.
- Immediate release nicotine preparations (gum, lozenges, inhalator, oral spray) are used whenever the urge to smoke occurs.
- Patients with a high level of nicotine dependence, or who have failed with NRT previously may benefit from using a combination of a long acting preparation and an immediate release short acting preparation to achieve abstinence.

For patients who are going to continue to smoke during admission:

- If the patient does not wish to stop smoking and is able to leave the ward to smoke then the safest option is to prescribe only short acting NRT, e.g. gum/lozenge/oral spray or inhalator. This should be prescribed at the appropriate strength on an as required basis for possible nicotine withdrawal effects due to a reduction in the amount of cigarettes smoked or if the patient craves a cigarette but is unable to smoke.

Note: If a patch is being prescribed choose Niquitin[®] which is licensed to assist smokers who are unable to smoke. Nicorette[®] patches are not licensed for this indication.

Ongoing Monitoring

Monitor for changes in the use of NRT and smoking status, and re-assess the potential effect on other medicines which the patient is prescribed.

Table 1: Nicotine Replacement Therapy

Refer to current BNF for detailed information on the complete range of NRT products available.

Nicotine Dependence				
Fagerstrom score - >	High dependence	Moderately Dependence	Low dependence	
	5+	3-4	1-2	
	> 20 Cigarettes/day	10-20 Cigarettes/day	<10 Cigarettes/day	Administration
Long-Acting NRT	NICOTINE PATCH (Nicorette[®] 16hr, Niquitin[®] 24hr)			
	Nicorette [®] Invisi Patch (16 hour patch) 25mg patch Niquitin [®] Patch (24 hour patch) 21mg patch	Nicorette [®] Invisi Patch (16 hour patch) 25mg patch Niquitin [®] Patch (24 hour patch) 21mg patch	Nicorette [®] Invisi Patch (16 hour patch) 15mg patch Niquitin [®] Patch (24 hour patch) 14mg patch	Apply one daily each morning. Remove 16 hour patch before bed. Remove 24 hour patch next morning. Apply fresh patch to alternative site.
Short-Acting NRT	NICOTINE GUM or LOZENGE			
	4mg gum/ lozenge Used as required, max 15/day.	2mg gum/ lozenge Used as required, max 15/day.	2mg gum/ lozenge Used as required, max 15/day.	Gum: Chew the gum until the taste becomes strong then rest it between the cheek and gum. When the taste starts to fade repeat this process. One piece of gum lasts approx. 30 mins. Lozenge: Slowly allow each lozenge to dissolve in the mouth; periodically move the lozenge from one side of the mouth to the other. Lozenges last for approximately 10-30 minutes, depending on their size.
Short-Acting NRT	NICOTINE INHALATOR (Nicorette[®]) 15mg cartridges			
	Used as required. Patients should not exceed 6 cartridges of the 15mg strength daily. Note: <ul style="list-style-type: none"> • Not suitable for heavy smokers unless used in combination. • Some denture wearers and patients with obstructive respiratory disease may find it difficult to use. 			A single 15mg cartridge lasts for approximately 40 minutes of intense use.
Short-Acting NRT	NICOTINE ORAL SPRAY (Nicorette[®] QuickMist mouthspray)			
	Use 1-2 sprays in the mouth when the urge to smoke occurs or to prevent cravings. <ul style="list-style-type: none"> • Do not exceed 2 sprays per episode (up to 4 sprays every hour). • Maximum of 64 sprays daily. 			The oral spray should be released into the mouth, holding the spray as close to the mouth as possible and avoiding the lips. Do not inhale when spraying and avoid swallowing for a few seconds after use.

Combination Therapy

Patients with a high level of nicotine dependence, or who have failed with nicotine replacement therapy previously, may benefit from using a combination of a patch and an immediate release short acting preparation to achieve abstinence. Use a lower strength (2mg) lozenge or gum as required.

References and further information available:

- Smoking Cessation Specialist Service
- BNF – current version
- Summary of Product Characteristics and Patient Information Leaflets, Nicorette[®] and Niquitin[®], Electronic Medicines Compendium, www.medicines.org.uk/emc
- NHS Grampian Joint Formulary
- IMPACT Volume 7 Issue 3 July 2013
- NHS Grampian ‘Guidance on Smoking Cessation and Psychotropic Drug Interactions’.

Distribution List

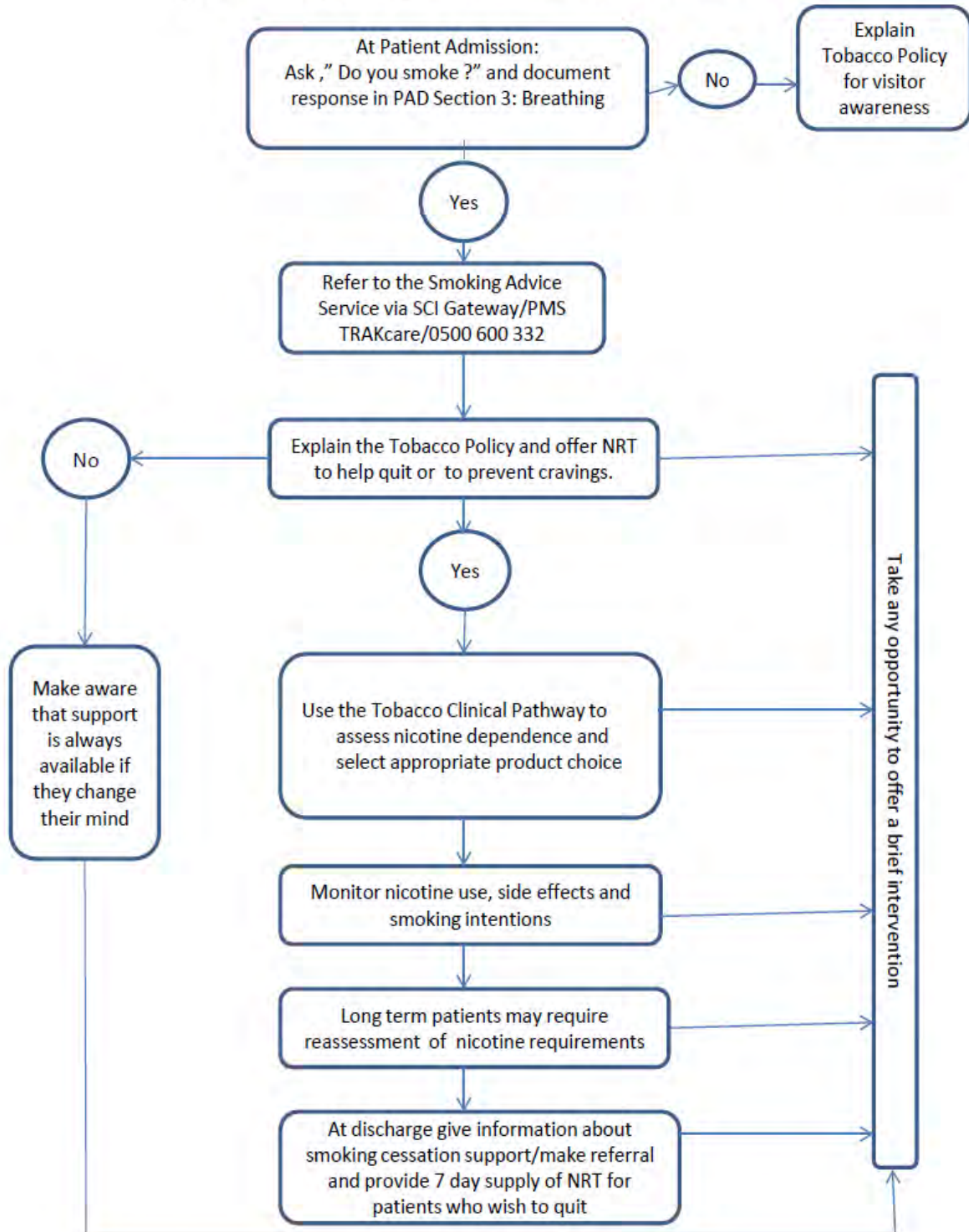
NHS Grampian Globals

Groups/persons consulted:

NHSG Acute Services Tobacco Group
NHSG Smoking Advice Service
NHSG Area Clinical Forum
NHSG Area Pharmaceutical Committee


Appendix 1: Ensuring That Hospital Patients In Acute Settings Do Not Experience Nicotine Cravings

Appendix 1: Supporting Patients with Nicotine Withdrawal



Appendix 2: Smoking Cessation Clinical Pathway

To be used for patients admitted or transferred to hospital and identified as a smoker in the Patient Admission Assessment Document. Use in combination with “NHS Grampian Guidance for the Inpatient Prescribing and Administration of Nicotine Replacement Therapy (NRT) for Nicotine withdrawal Symptoms in the Acute Setting”

Smoking Cessation Clinical Pathway 	(affix identification label here) CHI: Name: Address: DOB:
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Date/...../.....	Initial
Ask	1. When was your last cigarette? Date:/...../..... 2. Are you currently using Nicotine Replacement Therapy (NRT)? Yes/No 3. Do you intend to go off site to smoke whilst an inpatient? Yes/No 4. Do you wish to use NRT whilst in hospital? <input type="checkbox"/> To help you quit <input type="checkbox"/> to assist with nicotine cravings	
Assess	If wishing to use NRT then determine Fagerstorm score 1. How many cigarettes do you smoke? <input type="checkbox"/> Less than 10 (0) <input type="checkbox"/> 10-20 (1) <input type="checkbox"/> 21-30 (2) <input type="checkbox"/> 31+ (3) 2. How soon after waking do you smoke your first cigarette? <input type="checkbox"/> Over 60 mins (0) <input type="checkbox"/> 31-60 mins (1) <input type="checkbox"/> 5-30 mins (2) <input type="checkbox"/> within 5 mins <p style="text-align: right;">Total score = <input type="checkbox"/></p> <p>[1-2 low tobacco dependence; 3-4 moderate dependence; 5+ high dependence]</p>	
Assist	Having determined nicotine dependence score proceed to assist with NRT options as seen overleaf For complete range of treatment options refer to British National Formulary if stock items are unsuitable. For administration usage refer to NHSG Guidance for Inpatient Prescribing	

On discharge arrange follow up	Hospital discharge date/...../.....	Initial
	Do you wish to stop smoking long term?	Yes/No	
If yes	Explain options of further support from Smoking Advice Service or Pharmacy Service Provide patient with NRT for 7 days if they have high/moderate dependence	Indicates wishing referral to: Smoking Advice Service (SAS) Tel: 0500 600 332 <input type="checkbox"/> Or Pharmacy <input type="checkbox"/> Advise to visit local pharmacy Record product used <input style="width: 100px;" type="text"/>	
If no	Remind patient of services available	SAS contact details given Yes/No	

	High/Moderate Dependence	High/Moderate Dependence	Low Dependence	NRT not required
Products to choose from	Smoking Rate >20 cigarettes per day	10-20 cigarettes per day	< 10 cigarettes per day	Behavioural support
Long-Acting NRT Nicotine Patch	Nicorette Patch (16 hour patch) 25mg patch Or NiQuitin Patch (24 hour patch) 21mg patch	Nicorette Patch (16 hour patch) 25mg patch Or NiQuitin Patch (24 hour patch) 21mg patch	Nicorette Patch (16 hour patch) 15mg patch Or NiQuitin Patch (24 hour patch) 14mg patch	
Short-acting NRT [Can be given in combination with patches]	Nicotine gum/lozenge 4mg Use as required Maximum 15 per day	Nicotine gum/lozenge 2mg Use as required Maximum 15 per day	Nicotine gum/lozenge 2mg Use as required Maximum 15 per day	
Short-acting NRT [Can be given in combination with patches]	Nicotine Inhalator (Nicorette) 15mg cartridges Use as required Maximum 6x15mg cartridges daily	Nicotine Inhalator (Nicorette) 15mg cartridges Use as required Maximum 6x15mg cartridges daily	Nicotine Inhalator (Nicorette) 15mg cartridges Use as required Maximum 6x15mg cartridges daily	
Short-acting NRT [Can be given in combination with patches]	Nicotine Oral Spray (Nicorette Quickmist Mouthspray) 1-2 sprays in mouth when urge to smoke occurs or to prevent cravings Up to 4 sprays hourly Maximum 64 sprays daily	Nicotine Oral Spray (Nicorette Quickmist Mouthspray) 1-2 sprays in mouth when urge to smoke occurs or to prevent cravings Up to 4 sprays hourly Maximum 64 sprays daily	Nicotine Oral Spray (Nicorette Quickmist Mouthspray) 1-2 sprays in mouth when urge to smoke occurs or to prevent cravings Up to 4 sprays hourly Maximum 64 sprays daily	

Prescribe and record product used in NHS Grampian Prescription and Administration Record Sheet and in patient's clinical notes