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Our Ref NRT/MH_619_MGPG/Feb22
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Dear Colleagues

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

NHS Grampian Mental Health Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms, Version 2

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.

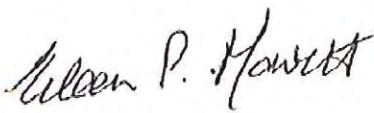
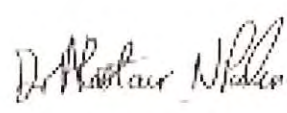

Yours sincerely



Lesley Coyle
Chair of Medicines Guidelines Policies Group

NHS Grampian Mental Health Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms

Co-ordinators: Principal Pharmacist Mental Health	Consultation Group: Mental Health Operational Medicines Management Group	Approver: Medicine Guidelines and Policies Group
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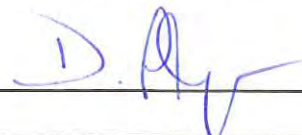
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Identifier: NHSG/Guid/NRT_MH/ MGPG619	Review Date: October 2015	Date Approved: October 2013
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Uncontrolled when printed
Version 2

Executive Sign-Off

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

Signature: 

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Title: NHS Grampian Mental Health Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms

Unique Identifier: NHSG/Guid/NRT_MH/MGPG619

Replaces: Version 1, NHSG/Guid/NRT_MH/MGPG497

Lead Author/Co-ordinator: Principal Pharmacist, Mental Health

Subject (as per document registration categories): Prescribing and prescription

Key word(s): Nicotine replacement therapy, NRT, nicotine withdrawal symptoms, smoking cessation, inpatient

Process Document: Policy, Protocol, Procedure or Guideline Guidance

Document application: NHS Grampian

Purpose/description: This guidance is intended to provide advice for medical staff on the prescribing of Nicotine Replacement Therapy (NRT) for patients being admitted to NHS Grampian Mental Health Service Inpatient Facilities.

Group/Individual responsible for this document: Mental Health Operational 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:

Lead Author/Co-ordinator: Principal Pharmacist, Mental Health

Physical location of the original of this document: Pharmacy Department, Royal Cornhill Hospital

Job title of creator of this document: Principal Pharmacist, Mental Health

Job/group title of those who have control over this document: Mental Health Operational Medicines Management Group

Responsibilities for disseminating document as per distribution list:

Lead Author/Co-ordinator: Mental Health Operational Medicines Management Group

Mental Health and Learning Disabilities Sector

Responsibilities for implementation:

Organisational: Mental Health Services Clinical Management Board and Sector General Managers

Operational Management Units Directorate Service Managers

Directorate Level Directorate Service Managers and Clinical Directors

Sector General Managers, Medical Leads and Nursing Leads

Departmental: Clinical Leads

Area: Line Manager

Review frequency and date of next review: Review 2 yearly. Any significant changes in evidence will result in earlier alteration.

Responsibilities for review of this document:

Lead Author/Co-ordinator: Mental Health Operational Medicines Management Group

Revision History:

Revision Date	Previous version Date	Summary of Changes	Changes marked*
August 2013	August 2011	Title update to specify for 'inpatient' use.	Throughout.
August 2013	August 2011	Scope of guidance changed to include all NHS Grampian Mental Health Service Inpatient Facilities.	Page 2
August 2013	August 2011	Deleted: "NB: NRT products are kept in the emergency cupboard situated in Corgarff ward for use if treatment requires to be initiated out with RCH pharmacy department's opening hours".	Page 4
August 2013	August 2011	Short Acting NRT: <ul style="list-style-type: none">Remove information relating to 10mg cartridges as 10mg strength discontinued.Add information relating to nicotine oral spray (new NRT product).	Page 4, Table 1
October 2013	August 2011	References updated.	Page 5

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

NHS Grampian Mental Health Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms

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NHS Grampian Mental Health Staff Guidance For The Inpatient Prescribing And Administration Of Nicotine Replacement Therapy (NRT) For Nicotine Withdrawal Symptoms



1. Introduction

This guidance is intended to provide advice for medical staff on the prescribing of Nicotine Replacement Therapy (NRT) for patients being admitted to NHS Grampian Mental Health Service Inpatient Facilities.

All smokers admitted to NHS Grampian Mental Health Service Inpatient Facilities should be offered NRT, provided it is clinically appropriate and also offered access to smoking cessation support while in hospital. NRT must be prescribed on the drug kardex. 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.

3. Patient Assessment

Key Questions:

1. How many cigarettes do you smoke each day?
 2. How long after you wake in the morning do you have your first cigarette?
 3. Are withdrawal symptoms anticipated or have they been experienced in the past? (e.g. cravings, irritability, anxiety/depression, poor concentration)
 4. Do you wish to stop smoking long term?
 5. Are you addicted to nicotine? If the answer is no then NRT is not required.
- **Patients suffering acute nicotine withdrawal and who are motivated to stop smoking** should be prescribed NRT for symptomatic relief and referred to the Smoking Cessation Specialist Service on extension 57223 at the earliest opportunity. On discharge, 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: No NRT will 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.

Precautions:

- 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. This is significant for clozapine and some other antipsychotic drugs. Refer to the '[NHSG Staff Guidance on Smoking Cessation and Psychotropic Drug Interactions](#)' for further information. This guidance relates however only to the effects of smoking cessation on psychotropic drugs. When prescribing NRT it is essential to consider the potential effects on all medication prescribed – refer to current BNF.

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 nicotine replacement therapy 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. NB: 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 psychotropic drugs.

Table 1: Nicotine Replacement Therapy

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

	Smoking Rate			Administration
	> 20 Cigarettes/day	10-20 Cigarettes/day	<10 Cigarettes/day	
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. 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			A single 15mg cartridge lasts for approximately 40 minutes of intense use.
	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. 			
Short-Acting NRT	NICOTINE ORAL SPRAY (Nicorette[®] QuickMist mouthspray)			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.
	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. 			

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:

- Summary of Product Characteristics and Patient Information Leaflets, Nicorette[®] and Niquitin[®], Electronic Medicines Compendium, www.medicines.org.uk/emc
- NHS Grampian Joint Formulary
- NHS Grampian 'Guidance on Smoking Cessation and Psychotropic Drug Interactions.'
- BNF Number 65 September 2013
- IMPACT Volume 7 Issue 3 July 3013
- Smoking Cessation Specialist service extension 57223.