NHS Grampian

Protocol For The Supply/Administration Of Medicines As Included In The Nicotine Replacement Therapy (NRT) Formulary For Nicotine Withdrawal Symptoms By Nurses Working Within NHS Grampian Community Hospitals

Lead Author:	**Consultation Group**:	**Approver:**
Smoking Cessation Co-ordinator	See relevant page in the protocol	Medicines Guidelines and Policies Group

Signature:		**Signature:**
		

NHSG Identifier:	**Review Date:**	**Date Approved:**
NHSG/Protocol/NRT/ MGPG1137	January 2024	January 2021

Uncontrolled when printed

Version 1.1 (Amended May 2023)

Executive Sign-Off

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

Signature: 

Revision History:

Reference and approval date of previous superseded protocol	New protocol adapted from NHSG/PGD/NRT/MGPG987 which it supersedes.	
Date of change	**Summary of Changes**	**Section heading**
October 2020	New protocol developed from previous PGD.	
May 2023	Removal of Appendix 5, Reporting of CEL 14 (2008) Health Promoting Health Services no longer a requirement.	Appendix 5
May 2023	Reference to Appendix 5 removed.	Page 7

NoS Identifier: NHSG/Protocol/NRT/MGPG1137
Keyword(s): Protocol NRT nicotine replacement therapy nurses nicotine withdrawal Nicotinell NiQuitin

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this protocol and to ensure that staff are working to the most up to date protocol. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this protocol act within their own level of competence.

The lead author is responsible for the review of this protocol and for ensuring the protocol is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review and subsequent expiry date should not be more than 3 years from the date the protocol was authorised.

Document: Drafted: October 2020
Completed: January 2021
Approved: January 2021 (published – March 2021)
Amended: May 2023

Consultative Group

Name:	**Title:**
Frances Adamson	Medicines Management Specialist Nurse
Kevin Leslie	Senior Public Health Practitioner
Elaine Neil	HSCP Lead Pharmacist Aberdeenshire
Claire Nickford	GP Medical Director Turriff Hospital
Catherine Noble	Lead Operational Nurse Aberdeenshire
Rachel Stewart	Smoking Cessation Co-ordinator Aberdeenshire

Protocol For The Supply/Administration Of Medicines As Included In The Nicotine Replacement Therapy (NRT) Formulary For Nicotine Withdrawal Symptoms By Nurses Working Within NHS Grampian Community Hospitals

Clinical indication to which this Protocol applies

Definition of situation/Condition	This protocol will authorise nurses working in NHS Grampian community hospitals to supply/administer a range of Nicotine Replacement Therapy (NRT) as included in the NHS Grampian NRT Formulary (Appendix 3) to those who smoke or use NRT. NHS Grampian premises and grounds are completely smoke free. All smokers admitted to NHS Grampian community hospitals should be offered NRT to manage nicotine withdrawal symptoms provided it is clinically appropriate. This includes individuals receiving care from A&E/Minor Injury Units. On admission individuals are asked smoking status. For all individuals who smoke follow Appendix 4: Pathway to support individuals with nicotine withdrawal symptoms. This will assist nurses to: • Reinforce NHSG Tobacco Policy • Assess nicotine dependency • Offer appropriate NRT product/s • Provide individuals wishing to quit on discharge a 7 day's supply of NRT along with information on Quit Your Way support. This formulary contains monographs for all NRT products covered by the protocol and should be used in conjunction with the information in the core sections of the protocol. This protocol should be used in conjunction with the recommendations in the current British National Formulary (BNF), and individual Summary of Product Characteristics (SmPC).
Inclusion criteria	All individuals aged 12 years or over who smoke and are requiring NRT to manage nicotine withdrawal symptoms whilst in hospital. This protocol includes individuals who smoke and are receiving care from A&E/Minor Injury Unit. Prior to the supply/administration of the medicine, valid consent to receiving treatment under this protocol must be obtained. Consent must be in line with current NHSG consent policy.

Exclusion criteria	• Aged less than 12 years of age • Hypersensitivity to nicotine or any ingredient of the preparation being considered • An individual hospitalised for myocardial infarction, severe dysrhythmia or cerebral vascular accident/head injury who is considered to be haemodynamically unstable should be encouraged to stop smoking with non-pharmacological interventions unless initiated by a doctor • NRT gum contains sorbitol, individuals with rare hereditary conditions of fructose intolerance should not take these medicines • Individual who have had a previous reaction to NRT products • Where there is no valid consent.
Precautions and special warnings	• Stopping smoking can affect the metabolism of certain medicines resulting in an increase in the blood levels of the medicine. Particular care is required for individuals taking: o Warfarin o Some anti-psychotics, e.g. clozapine, olanzapine o Theophylline • Skin disorders – caution with patches • Phenylketonuria – caution with lozenges • Gastrointestinal Disease – caution with oral nicotine products • Moderate or severe renal or hepatic impairment • Phaeochromocytoma • Uncontrolled hyperthyroidism • Diabetes – monitor blood sugar closely • Pregnancy and lactation – use short acting products.
Action if excluded from treatment	These individuals should be discussed with the GP if a prescription is required. The reason why the individual was excluded under the protocol should be documented in the individuals nursing records.
Action if treatment is declined	The individual should be advised of the NHSG Tobacco Policy and risks/consequences of not adhering to the policy. Information should be provided on the benefits of using NRT whilst in hospital and advised they can change their mind at any time if they want to use products. Record outcome in individuals nursing record if appropriate.

Description of treatment available under the protocol

Name form and strength of medicine	See individual medicine monographs.
Legal status	Medicines referred to in this protocol are all General Sales List (GSL) medicines. All medicines **supplied** under this protocol **must** either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Dosage/Maximum total dose	See individual medicine monographs. **Combination Therapy** Individuals 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) gum as required.
Frequency of dose/Duration of treatment	**NRT products can be supplied or administered for a maximum duration of 4 weeks under this protocol.** Individuals requiring NRT therapy out with this duration must be referred to a GP for continued prescribing of the NRT product.
Maximum or minimum treatment period	No minimum treatment period up to a maximum of 4 weeks.
Route/Method of administration	See individual medicine monographs.
Quantity to be administered	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Follow-up (if applicable)	Monitor nicotine use and effectiveness of chosen product/s and record any side effects.

	For long stay individuals using NRT or individuals who wish to stop smoking whilst in hospital refer to Quit Your Way: • Free phone **08085 20 20 30** advising that this is a hospital in-patient, to ensure the individual receives the appropriate support and assistance • Electronic 'stop smoking' referral form: https://www.hi-netgrampian.org/stop-smoking-referral-form/. Individuals who wish to stop smoking on discharge can be given a minimum of 7 days' supply of NRT via a GP10 prescription and provided information on Quit Your Way support.
Advice (Verbal)	Advice should be given on what to expect and what to do for minor and major reactions. Advice on Quit Your Way should be provided on discharge to all patients who smoke and/or have been using NRT whilst in hospital.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made accessible to the individual. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. Copies of PIL and SmPCs for medicines can be found at http://www.medicines.org.uk or http://www.mhra.gov.uk/spc-pil/index.htm
Identifying and managing possible adverse reactions	See individual medicine monographs. **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.** **BNF**: https://about.medicinescomplete.com/ **SmPC/PIL/Risk Minimisation Material:** https://www.medicines.org.uk/emc/ http://www.mhra.gov.uk/spc-pil/index.htm https://www.medicines.org.uk/emc/rmm-directory If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Report any severe reactions using the Yellow Card System. https://yellowcard.mhra.gov.uk/

Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied/administered: • Appropriate storage facilities • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. pocket mask, bag valve mask, supraglottic airway) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current protocol in print or electronically.

Characteristics of staff authorised to supply/administer medicine(s) under this protocol

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individuals capacity to understand the nature and purpose of the medicine supply/administration in order to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the protocol • Competent to undertake supply/administration of the medicine • Competent to work under this protocol.
Ongoing training and competency	**All professionals working under this protocol must:** • Have attended basic life support training which is required to be updated annually • Have undertaken NHS e-anaphylaxis training or equivalent (including annual updates) which covers all aspects of the identification and management of anaphylaxis • Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct

	• Have knowledge and familiarity of the following; ○ SmPC for the medicine(s) to be supplied/administered in accordance with this protocol.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current protocol is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this protocol and meet the requirements above. Maintain up to date record of all staff authorised to supply/administer the medicine(s) specified in this protocol.

Documentation

Authorisation of supply/ administration	Nurses working within community hospitals in NHS Grampian can be authorised to supply/administer the medicine(s) specified in this protocol by their Clinical Manager or a GP. All authorised staff are required to read the protocol and sign the Agreement to Supply and/or Administer Medicines Under Protocol (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.
Record of supply/ administration	**Accident and Emergency and Minor Injury Units** – All medicines supplied or administered must be recorded on ADASTRA or on the "NHS Grampian Casualty Unit" sheet. **In-patients** An electronic or paper record for recording the screening of individuals and the subsequent supply/administration of the medicine(s) specified in this protocol must be entered on the individuals Prescription Administration Record (PAR) and nursing notes in order to allow audit of practice. This should include as a minimum: • Date and time of supply/administration • Individuals name and CHI • Details of parent/guardian, or person with parental responsibility where applicable • Exclusion criteria, record why the medicine(s) was not supplied/administered

<table>
<tr><td></td><td>

Consent to the administration/supply (if not obtained elsewhere)
Signature and name in capital letters of practitioner who supplied/administered the medicine(s)
Record of any adverse effects (advise individual’s doctor).

Details to be recorded on the Individuals Prescribing and Administration Record (PAR):

Nurse must make an entry in the PAR to record all products being used. Check the allergy section for any known adverse effects to NRT products
Long Acting NRT products should be written in the ‘Regular Therapy’ section
Short acting NRT products should be written in the ‘As Required Therapy’ section
‘NRT Protocol’ must be entered in the Additional Instructions box
Administration should be recorded in the usual way by nurses signed up to the Protocol and in agreement with the products detailed
The Prescriber signature box must be signed by the nurse carrying out the initial assessment and agreeing with the individual the products to be used.

</td></tr>
<tr><td>Audit</td><td>All records of the medicine(s) specified in this protocol will be filed with the normal records of medicines in each practice/service.</td></tr>
<tr><td>References</td><td>Electronic Medicines Compendium
http://www.medicines.org.uk

<table>
<tr><th>Medicine</th><th>Date of Revision</th><th>Date Accessed</th></tr>
<tr><td>Nicotinell® Patch TTS 10 (7mg)</td><td>01/07/19</td><td>14/10/20</td></tr>
<tr><td>Nicotinell® Patch TTS 20 (14mg)</td><td>01/07/19</td><td>14/10/20</td></tr>
<tr><td>Nicotinell® Patch TTS 30 (21mg)</td><td>01/07/19</td><td>14/10/20</td></tr>
<tr><td>Nicotinell® Gum 2mg</td><td>26/11/19</td><td>14/10/20</td></tr>
</table>
</td></tr>
</table>

Medicine	Date of Revision	Date Accessed
Nicotinell® Gum 4mg	26/11/19	14/10/20
Nicotinell® Lozenge 1mg	29/04/20	14/10/20
Nicotinell® Lozenge 2mg	29/04/20	14/10/20
NiQuitin® Lozenge 4mg	March 2020	14/10/20
NiQuitin® Lozenge 1.5mg	07/12/15	15/02/21
NiQuitin® Lozenge 2mg	April 2020	15/02/21

British National Formulary
https://about.medicinescomplete.com/ accessed 06/10/20

NHS Grampian

Appendix 1

Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Protocol

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply/administer the medicine(s) contained within the following Protocol

Protocol For The Supply/Administration Of Medicines As Included In The Nicotine Replacement Therapy (NRT) Formulary For Nicotine Withdrawal Symptoms By Nurses Working Within NHS Grampian Community Hospitals

I have completed the appropriate training to my professional standards enabling me to supply/administer the medicine(s) under the above protocol. I agree not to act beyond my professional competence, nor out with the recommendations of the protocol.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

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Appendix 2

Healthcare Professionals Authorisation to Supply/Administer Medicine(s) Under Protocol

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this protocol is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this protocol is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply/administer the medicine(s) under this protocol is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.
Protocol For The Supply/Administration Of Medicines As Included In The Nicotine Replacement Therapy (NRT) Formulary For Nicotine Withdrawal Symptoms By Nurses Working Within NHS Grampian Community Hospitals
Local clinical area(s) where the listed healthcare professionals will operate under this protocol:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Protocol For The Supply/Administration Of Medicines As Included In The Nicotine Replacement Therapy (NRT) Formulary For Nicotine Withdrawal Symptoms By Nurses Working Within NHS Grampian Community Hospitals					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

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Appendix 3

Nicotine Replacement Therapy (NRT) Formulary
October 2020

Medicine Monographs

<table>
<tr><th colspan="2">Nicotinell® Transdermal Patch (7mg, 14mg and 21mg) (Administer)</th></tr>
<tr><td>Medicine Legal Status</td><td>GSL</td></tr>
<tr><td>Indication</td><td>Nicotinell® patches relieve and/or prevent cravings and nicotine withdrawal symptoms associated with tobacco dependence.</td></tr>
<tr><td>Dose/Maximum total Dose</td><td>
<table>
<tr><td>Fagerstrom score</td><td>High dependence
5+</td><td>Moderate Dependence
3-4</td><td>Low dependence
1-2</td></tr>
<tr><td>Cigarettes/day</td><td>>20</td><td>10-20</td><td><10</td></tr>
<tr><td>Nicotinell® Patch</td><td>21mg patch</td><td>14mg patch</td><td>7mg patch</td></tr>
</table>
Maximum dose of one Nicotinell® Patch only every 24 hours allowed only under this protocol.
</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>One transdermal patch every 24 hours for a maximum of 4 weeks.</td></tr>
<tr><td>Route/Method of Administration</td><td>The patch should be applied transdermally as soon as it has been removed from the packaging. Following removal of the metallic backing, the patch should be applied to an area of dry skin with no skin lesion and little hair (shoulder blade, hip, lateral surface of the arms, etc) and held in position for 10-20 seconds with the palm of the hand. Each patch should be removed after 24 hours and disposed of safely by folding the patch in two and disposing of it in the appropriate medicinal waste bin.

A different site of application should be chosen each day and several days should be allowed to elapse before a new patch is applied to the same area of skin.

During handling, avoid contact with the eyes and nose and wash hands after application.</td></tr>
<tr><td>Quantity to be supplied and/or administered</td><td>See Frequency of dose/Duration of treatment section above.</td></tr>
<tr><td>Potential Adverse Reactions</td><td>Common: Application site skin reactions, agitation, insomnia, abnormal dreams, headache, dizziness and cough.

NOTE: Some symptoms may be related to nicotine withdrawal associated with stopping smoking.</td></tr>
</table>

Nicotinell® Transdermal Patch (7mg, 14mg and 21mg) (Administer)	
Overdose	If the individual shows signs of overdose, the patch should be removed immediately. The skin surface may be washed with water and dried (no soap should be used). The individual should then be treated symptomatically.
Advice	Individuals should be advised to leave the patch in situ for a full 24 hour period. Should the patch become dislodged for any reason they should inform a member of nursing staff as soon as possible. Individuals using the 21mg patch should be advised to report excessive side effects which do not resolve within a few days.
Monitoring (If applicable)	Monitor for adverse effects.
Storage	Do not store above 25°C.

<table>
<tr><th colspan="2">Nicotinell® Medicated Chewing Gum (2mg and 4mg) (Supply/Administer)</th></tr>
<tr><td>Medicine Legal Status</td><td>GSL</td></tr>
<tr><td>Indication</td><td>Nicotinell® Gum relieves and/or prevent cravings and nicotine withdrawal symptoms associated with tobacco dependence.</td></tr>
<tr><td>Dose/Maximum total Dose</td><td>
<table>
<tr><td>Fagerstrom score</td><td>High dependence
5+</td><td>Moderate Dependence
3-4</td><td>Low dependence
1-2</td></tr>
<tr><td>Cigarettes/day</td><td>>20</td><td>10-20</td><td><10</td></tr>
<tr><td>Nicotinell® Gum</td><td>4mg gum</td><td>2mg gum</td><td>2mg gum</td></tr>
</table>
Maximum dose of 15 pieces of Nicotinell® Gum, 4mg or 2mg in 24 hour period only under this protocol.
</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>Maximum of 15 pieces of gum in a 24 hour period for up to 4 weeks.</td></tr>
<tr><td>Route/Method of Administration</td><td>One piece of Nicotinell® gum to be chewed orally when the user feels the urge to smoke. Normally, 8-12 pieces per day can be used, up to a maximum of 15 pieces per day.
Directions for use:
1. One piece of gum should be chewed until the taste becomes strong.
2. The chewing gum should be rested between the gum and cheek.
3. When the taste fades, chewing should commence again.
4. The chewing routine should be repeated for 30 minutes.</td></tr>
<tr><td>Quantity to be supplied and/or administered</td><td>One piece of gum to be administered as required up to a maximum of 15 pieces in any 24 hour period or 1 over-labelled box of 36 pieces to be supplied every 48 hours as available. NOTE: Individuals name, supplying nurse’s initials and the date of issue must be entered on the pharmacy label.</td></tr>
<tr><td>Potential Adverse Reactions</td><td>Common: Salivary hypersecretion, jaw muscle ache, hiccups, agitation, insomnia, abnormal dreams, headache, dizziness, nausea, vomiting, dyspepsia and flatulence.
NOTE: Some symptoms may be related to nicotine withdrawal associated with stopping smoking.</td></tr>
</table>

Nicotinell® Medicated Chewing Gum (2mg and 4mg) (Supply/Administer)	
Overdose	Overdose with Nicotinell® gum may occur if many pieces are chewed simultaneously. Nicotine toxicity after ingestion will most likely be minimized as a result of early nausea and vomiting that occur following excessive nicotine exposure. Risk of poisoning by swallowing the gum is small. If overdose is suspected all nicotine intake should stop immediately.
Advice	Individuals should be advised to follow the directions for use and not to exceed 15 pieces of gum in a 24 hour period.
Monitoring (If applicable)	Monitor for adverse effects.
Storage	Do not store above 25°C.

<table>
<tr><th colspan="2">Nicotinell® Lozenge (1mg and 2mg) (Supply/Administer)</th></tr>
<tr><td>Medicine Legal Status</td><td>GSL
NOTE: The use of Nicotinell® Lozenge (1mg and 2mg) in those under 18 years of age constitutes an ‘off-label’ use of the medicine, i.e. use of the medicine outwith the terms of the licence, this should be discussed with the individual prior to the supply.</td></tr>
<tr><td>Indication</td><td>Nicotinell® Lozenge relieves and/or prevents cravings and nicotine withdrawal symptoms associated with tobacco dependence.</td></tr>
<tr><td>Dose/Maximum total Dose</td><td>
<table>
<tr><td>Fagerstrom score</td><td>High dependence
5+</td><td>Moderate Dependence
3-4</td><td>Low dependence
1-2</td></tr>
<tr><td>Cigarettes/day</td><td>>20</td><td>10-20</td><td><10</td></tr>
<tr><td>Nicotinell® Lozenge</td><td>2mg lozenge</td><td>2mg lozenge</td><td>1mg lozenge</td></tr>
</table>
Maximum dose of 15 Nicotinell® Lozenges, 2mg or 1mg in 24 hour period only under this protocol.</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>Up to a maximum of 15 lozenges in 24 hours for a maximum of 4 weeks.</td></tr>
<tr><td>Route/Method of Administration</td><td>One Nicotinell® Lozenge to be sucked when the user feels the urge to smoke. Normally, 8-12 lozenges per day can be used, up to a maximum of 15.

Directions for use:
1. One lozenge to be sucked until the taste becomes strong.
2. The lozenge should then be lodged between the gum and cheek.
3. When the taste fades, sucking of the lozenge should commence again.
4. The sucking routine will be adapted individually and should be repeated until the lozenge dissolves completely (about 30 minutes).

Concomitant use of acidic beverages such as coffee or soda may decrease the buccal absorption of nicotine. Acidic beverages should be avoided for 15 minutes prior to sucking the lozenge.</td></tr>
</table>

Nicotinell® Lozenge (1mg and 2mg) (Supply/Administer)	
Quantity to be supplied and/or administered	One lozenge to be administered as required up to a maximum of 15 pieces in any 24 hour period or 1 over-labelled box of 36 lozenges to be supplied every 48 hours as available. **NOTE:** Individuals name, supplying nurse's initials and the date of issue must be entered on the pharmacy label.
Potential Adverse Reactions	Common: dry mouth, stomatitis, hiccups, agitation, insomnia, abnormal dreams, headache, dizziness, nausea, vomiting, dyspepsia and flatulence. **NOTE:** Some symptoms may be related to nicotine withdrawal associated with stopping smoking.
Overdose	Overdose with Nicotinell® lozenge may occur if many lozenges are sucked simultaneously. Nicotine toxicity after ingestion will most likely be minimised as a result of early nausea and vomiting that occur following excessive nicotine exposure. If overdose is suspected all nicotine intake should stop immediately.
Advice	Individuals should be advised to follow the directions for use and not to exceed 15 lozenges in a 24 hour period.
Monitoring (If applicable)	Monitor for adverse effects.
Storage	Do not store above 25°C.

<table>
<tr><th colspan="2">NiQuitin® Lozenge 1.5mg, 2mg and 4mg (Supply/Administer)</th></tr>
<tr><td>Medicine Legal Status</td><td>GSL</td></tr>
<tr><td>Indication</td><td>NiQuitin® Lozenge relieves and/or prevents cravings and nicotine withdrawal symptoms associated with tobacco dependence.</td></tr>
<tr><td>Dose/Maximum total Dose</td><td>
<table>
<tr><td>Fagerstrom score</td><td>High dependence
5+</td><td>Moderate Dependence
3-4</td><td>Low dependence
1-2</td></tr>
<tr><td>Cigarettes/day</td><td>>20</td><td>10-20</td><td><10</td></tr>
<tr><td>NiQuitin® Lozenge</td><td>4mg lozenge</td><td>2mg lozenge</td><td>1.5mg or 2mg lozenge</td></tr>
</table>
Maximum dose of 15 Nicorette® Lozenges, 4mg, 2mg or 1.5mg in 24 hour period only under this protocol.
</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>Up to a maximum of 15 lozenges in 24 hours for a maximum of 4 weeks.</td></tr>
<tr><td>Route/Method of Administration</td><td>One NiQuitin® Lozenge to be chewed orally when the user feels the urge to smoke. Normally, 8-12 lozenges per day can be used, up to a maximum of 15.

Directions for use:

1. One lozenge to be sucked until the taste becomes strong.
2. The lozenge should then be lodged between the gum and cheek.
3. When the taste fades, sucking of the lozenge should commence again.
4. The sucking routine will be adapted individually and should be repeated until the lozenge dissolves completely (about 30 minutes).

Concomitant use of acidic beverages such as coffee or soda may decrease the buccal absorption of nicotine. Acidic beverages should be avoided for 15 minutes prior to sucking the lozenge.</td></tr>
<tr><td>Quantity to be supplied and/or administered</td><td>One lozenge to be administered as required up to a maximum of 15 pieces in any 24 hour period or 1 over-labelled box of 36 lozenges to be supplied every 48 hours as available.
NOTE: Individuals name, supplying nurse’s initials and the date of issue must be entered on the pharmacy label.</td></tr>
</table>

NiQuitin® Lozenge 1.5mg, 2mg and 4mg (Supply/Administer)	
Potential Adverse Reactions	Common: belching; flatulence, hiccups, pharyngitis, mouth irritation, mouth ulceration; tongue ulceration, agitation, insomnia, abdominal pain, headache, dizziness, nausea, vomiting. **NOTE:** Some symptoms may be related to nicotine withdrawal associated with stopping smoking.
Overdose	Overdose with NiQuitin® Lozenge may occur if many lozenges are sucked simultaneously. Nicotine toxicity after ingestion will most likely be minimised as a result of early nausea and vomiting that occur following excessive nicotine exposure. If overdose is suspected all nicotine intake should stop immediately.
Advice	Individuals should be advised to follow the directions for use and not to exceed 15 lozenges in a 24 hour period.
Monitoring (If applicable)	Monitor for adverse effects.
Storage	Do not store above 25°C. Store in the original packaging in order to protect from light.

Appendix 4 - Pathway to Support Individuals With Nicotine Withdrawal Symptoms

Patient Admission
Confirmed as smoker or NRT user and offered NRT during in-patient stay

Accepts NRT

No

Reinforce
NHS Grampian's Tobacco Policy

Provide information on the benefits of using NRT whilst in hospital

Make patient aware that support is always available if they change their mind

Discharge
Provide information on Quit Your Way

Yes

Assess Fagerstrom Test (Table 1)

Treatment Options
Discussed and products selected

Accepts NRT

No

Yes

Record of Administration/Supply Documented, Products administered/supplied.

Monitor
Nicotine use and effectiveness of chosen product/s, record any side effects. **Long term patient**: may require reassessment

Anticipated Discharge Plan
Discuss progress and future plan.

Discharge
Arrange a GP10 for 7 day's supply of NRT for those who wish to quit. Provide information on Quit Your Way and how to obtain future NRT

Table 1. Fagerström test for nicotine dependence.[3]

- How soon after waking do you smoke your first cigarette?
  - ☐ Longer than 60 minutes (0 points)
  - ☐ 31 to 60 minutes (1 point)
  - ☐ 5 to 30 minutes (2 points)
  - ☐ Less than 5 minutes (3 points)
- How many cigarettes do you smoke each day?
  - ☐ 10 or fewer (0 points)
  - ☐ 11 to 20 (1 point)
  - ☐ 21 to 30 (2 points)
  - ☐ More than 30 (3 points)

Scoring key for nicotine dependence:
5–6 points = heavy
3–4 points = moderate
0–2 points = light