

### Bolton Stop Smoking Service Referral

This patient has received smoking cessation advice whilst in hospital and prescribed a limited amount of medication. This patient has requested continued support after discharge including a continued supply of stop smoking medication in accordance with local guidelines.  1

This patient has not requested continued support but has been informed they will receive **ONE** follow up call approximately four weeks after their quit/last cigarette date.  2

**Patient details:**

Address label or complete in block capitals: Name:..... Address:..... ..... ..... Post code:..... RMC/NHS No:..... D.O.B.....	Assessed on which ward and department:	<input type="text"/>
	Date of assessment:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Date of last cigarette: (or) intended quit date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Your name, dept & tel:	<input type="text"/>

Patient occupation:

Patient contact details:  
home telephone/work number/mobile/email

Mental Health patients - Care Co-ordinator name & number

Patient's GP: (& address if known)

Medication Prescribed in Hospital

Varencline (Champix)

24hr patch (step1)  (step2)  Taken off at night? Yes  No

Lozenge 4mg  Mini Lozenge 4mg  1.5mg

Gum 4mg  2mg  Nasal Spray 10mg  Inhalator 15mg

Notes:

<b>Mental Health:</b> Inpatient support initiated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Community support arranged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient pregnant/breastfeeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**DETACH AND SEND AS SOON AS COMPLETED TO:  
Bolton Stop Smoking Service, Crompton Health Centre**

### Level 2 Inpatient Smoking Cessation Assessment Form

This form is to be used during the assessment of a patient for stop smoking support, including the use of stop smoking medications. **Please complete fully then place this section in the patient notes. Stop smoking medication should not be prescribed to inpatients without this completed form.**

**Mental Health Departments:** It is advised that smoking cessation attempts should generally not be initiated when a patient is acutely unwell. Review when acute episode has ended.

Affix address label or complete: Name:..... Address:..... ..... Post code:..... Tel:..... RMC/NHS No:..... D.O.B.....	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
	Date of last cigarette: (or) intended quit date: <input type="text"/> / <input type="text"/> / <input type="text"/>

**Mental Health Department:** Diagnosis

Acutely Unwell?  
If **Yes** review potential for quitting when acute episode ended Yes  No

Is patient on antipsychotic medication? e.g. Clozapine?  
If **Yes** inform doctor of any attempt to stop smoking Yes  No

Age started smoking?

Age now?

Any periods longer than 12 months **NOT** smoking?  YEARS

Smoked what? Cigarettes  Rolling Tobacco  Uses Chewing Tobacco   
e-cigarette  Cigar  Pipe  Shisha Pipe etc.

Usual number of cigarettes smoked per day? 1-10  11-20  20 or more

How long before first cigarette after waking? 0-5 mins  5-30 mins  over 30 mins

Does patient find it difficult not smoking in non-smoking places? Yes  No

Has patient tried to stop smoking before? Yes  No

Has patient previously used any medication to help them stop smoking? Yes  No

If Yes, which product and strength? (If known)

Is patient ready to quit smoking from today? Yes  No

Does patient want help to stop smoking whilst in hospital? Yes  No

Does patient only want to stop smoking temporarily whilst in hospital? Yes  (only offer NRT if Yes) No

Does patient want someone to contact them and offer stop smoking support when sent home? (If no, inform patient ONE 4-week follow up call will still be made) Yes  (complete discharge letter tick box 1) No  (complete discharge letter tick box 2)

Is patient pregnant/breastfeeding? Yes  (only offer NRT if Yes) No

DETACH AND SEND ON COMPLETION

### Medication Recommended

**Inpatients should be prescribed product on a one weekly basis. (Continued abstinence from smoking is required). Check BNF for current prescribing/dosing recommendations. Any change of medication should be recorded in notes/review section below. ONE FULL WEEK PRODUCT TO BE SUPPLIED ON DISCHARGE**

#### STOCK ITEMS IN PHARMACY

Varenicline	Champix	Starter pack	<input type="checkbox"/>	Maintenance supply	<input type="checkbox"/>
24hr Patch (7 patches)	Niquitin CQ Clear (If patch is to be used as a 16hr patch, ensure this is documented on the patients' wardex)	Step 1	<input type="checkbox"/>	Step 2	<input type="checkbox"/>
Gum	Nicorette Mint (105)	4mg	<input type="checkbox"/>	2mg	<input type="checkbox"/>
Lozenge	Niquitin CQ (72)	4mg	<input type="checkbox"/>		
Mini Lozenge	Niquitin CQ (20)	4mg	<input type="checkbox"/>	1.5mg	<input type="checkbox"/>
Nasal Spray	Nicorette (1-2 bottles)		<input type="checkbox"/>		
Inhalator	Nicorette (Cartridges)		<input type="checkbox"/>		
Sublingual Tablet (Microtab)	Not in stock but can be ordered if necessary		<input type="checkbox"/>		

Was medication prescribed as above? Yes  No   
*If no, please give details in notes/review*

Prescriber:

Signed:

NOTES/REVIEW (please continue to review medication use whilst patient remains in hospital)

Name Level 2 Advisor/contact details:

Signed:

### Stop smoking medication for Bolton NHS Foundation Trust

TREATMENT OPTIONS AT A GLANCE		NRT		VARENICLINE (Champix)		
Available product (RBH)	PATCHES AVAILABLE STEP1/STEP2	GUM 4mg/2mg	SPRAY 10mg	INHALATOR 15mg cartridges	LOZENGE 4mg MINI LOZENGE 4mg/1.5mg	TABLETS 0.5mg (white / 1mg (blue)
Treatment Period	8 to 12 weeks	Licence recommends gradual withdrawal after 3 months	12 weeks	12 weeks	At least 12 weeks - then reduce gradually. Maximum treatment length 6 months.	12 week course Titrates via Starter pack initially
Dosage	<b>Niquitin CQ:</b> Step 1 > 10 cigs per day Step 2 < 10 cigs per day  RBH stock is for 24hr patch only. These patches can be removed at night if desired and must be removed at night during pregnancy. Please ensure patient's wardex documents the required duration.	<b>Nicorette:</b> 4mg > 20 cigs per day 2mg < 20 cigs per day  Maximum dose 15 pieces gum per day.	<b>Nicorette:</b> One spray in each nostril when urge to smoke occurs. Limit of one spray each nostril twice/hour. Maximum 64 sprays per day. Reduce dose gradually after 8 weeks.	<b>Nicorette:</b> Maximum of 6 cartridges per day (15mg/cartridge). Reduce dose gradually after 8 weeks. Reduce use by half over next 2 weeks.  One cartridge = 40mins intensive use.  10 puffs on inhalator = 1 puff of cigarette for nicotine delivery	<b>Niquitin CQ:</b> 1.5mg *TTFC >30 mins 4mg *TTFC <30 mins  1 lozenge every 1-2 hours (Max 15 lozenges daily)	<b>Pfizer - Varenicline:</b> Day 1-3 0.5mg OD Days 4-7 0.5mg BD Day 8 onwards 1mg BD  Need to set quit date for 8-16 days after commencing tablet
Advantages	Very easy to use. Automatically gives the right dose. 24hr patches can help with early morning cravings.	Easy to regulate dose. Could help prevent overeating. Gives extra help at difficult moments.	Provides fast relief to heavy smokers. Easy to adjust dose.	Helps keep hands and mouth busy. Easy to regulate dose. Could help prevent over-eating.	Can be used discreetly. Easy to adjust dose. Very few side effects.	Alleviates symptoms of craving/withdrawal whilst simultaneously reducing rewarding effects of smoking.
Disadvantages	24hr patches may disturb sleep or sleep disturbed by stopping smoking. Not orally gratifying. Possibility of skin reaction.	Tricky with dentures. Jaw ache. Gastric upset. Hiccups.	May cause nasal irritation at first. This will disappear after several days use.	Coughing. Throat irritation.	Gastric upset. Stinging in mouth. Hiccups. Localised irritation.	Nausea. Abnormal dreams, insomnia, headache.
Available product	Niquitin CQ @ Nicotinell @ Nicorette @	Niquitin CQ @ Nicotinell @ Nicorette @	Nicorette @	Nicorette @	Niquitin CQ @ Nicotinell @	Pfizer Varenicline @ (Champix)
Legal category	General Sales Licence	General Sales Licence	General Sales Licence	General Sales Licence	General Sales Licence	POM

\*Time to first cigarette = Highlighted = pharmacy stock items

Check BNF's and/or SPC's for prescribing/dosing recommendations