

Staff Assessment for Nicotine Replacement Therapy (NRT) Patches

This form is to be completed by employees who wish to quit smoking and take up the offer of eight weeks free NRT patches.

Instructions for Employees

1. Take this form to your manager to complete the cost centre information and sign.
2. Complete remaining sections of this form, up to the consent section.
3. Arrange a time to speak with your designated staff health nurse.
4. Take this form with you when speaking with the staff health nurse. If contact is via phone, fax it prior to speaking with them.
5. If you are unsure about any of the questions on this form, please ask the staff health nurse for assistance or see your doctor.

To be completed by manager	
Name of staff member requesting eight weeks free NRT patches	
Employee number	
Name and signature of manager	
Cost centre number	_____ / _____ / _____
Date	

To be completed by staff member
<p>If you identify with any of the following, please tick box below.</p> <p><input type="checkbox"/> current severe kidney or liver disease</p> <p><input type="checkbox"/> diabetes requiring insulin</p> <p><input type="checkbox"/> cardiovascular disease i.e.,</p> <p>- heart attack or stroke in the last four weeks</p> <p>- severe dysrhythmia (abnormal heart rhythms)</p> <p>- severe high blood pressure</p> <p>- chest pain or angina in the past four weeks</p> <p><input type="checkbox"/> tumour of the adrenal gland</p> <p><input type="checkbox"/> current stomach ulcer</p> <p><input type="checkbox"/> current uncontrolled, overactive thyroid</p> <p><input type="checkbox"/> allergic or hypersensitive to nicotine</p> <p><input type="checkbox"/> pregnant or lactating</p>
<p>If you have ticked <u>any</u> of the above, you will need to be assessed by your doctor to determine if it is appropriate for you to have NRT (the brand of patches used by the health service are QuitX). If appropriate, request a letter from your doctor. Make a time to speak with the staff health nurse and take this assessment form and doctors letter (or fax to staff health nurse) with you.</p> <p>If <u>none</u> of the above apply to you, please make an appointment to speak with your staff health nurse.</p>

NB. In some locations the role owner may nominate a replacement for the staff health nurse.

Please speak with your staff health nurse if you;

- suffer from a generalised skin condition or disorder that may make it difficult to use a patch
 - suffer allergic eczema or dermatitis
 - are allergic or hypersensitive or any component of the patch
- to discuss providing a more suitable form of NRT**

NOTE : If you suffer from Phenylketonuria please see your doctor before taking lozenges. Similar precautions, as outlined above, exist for lozenges.

If you have had allergic reactions that involve swelling of the lips, face and throat, or itchy skin rash, using NRT can sometimes trigger this reaction.

I have read and understand the information provided.

I smoke more than 10 cigarettes per day, or have my first smoke of the day within 30 minutes of waking. I have not had free NRT during the previous 12 months. I am aware of the benefits of taking NRT to assist me to quit and wish to participate in the 8 weeks free NRT patches offer. I agree to be supported by the Quitline or other services for smoking cessation assistance.

The information I have provided is true and correct.

Signature of staff member

Contact phone number

Fax number

Name (please print)

Date

To be completed by staff health nurse	
Task	Date task completed
Assessment form completed by staff member	
Drug interactions reviewed & staff member advised to see GP if they notice any change in the effectiveness of their medication (Comments can be added here)	
Letter from doctor stating that it is safe for staff member to use NRT	
'Quit Tips' handout discussed and provided to staff member	
Discussed referral to Quitline and form faxed	
Supplied 2 weeks NRT (weeks 1&2) OR provided authorised form for supply of 2 weeks NRT from pharmacy	
Date for second appointment diarised	
Supplied 3 weeks NRT (weeks 3,4,5) OR provided authorised form for supply of 3 weeks NRT from pharmacy	
Discussed options for final 3 weeks NRT to be supplied	
Supplied final 3 weeks NRT (6,7,8) OR provided authorised form for supply of 3 weeks NRT from pharmacy	
Record; - Name of staff member and payroll number - Number of packs of NRT arranged for staff member	
Information to be provided annually regarding; - Number of staff members assisted to quit smoking - Total number of packs of NRT arranged for staff	

Signature
(Staff Health nurse)

Contact phone number

Name (please print)

Date