

## Example Nicotine Dependent Care Assessment Form

Hunter New England Health

### NICOTINE DEPENDENT CARE ASSESSMENT FORM

Affix patient label here

To be completed on admission

Do you currently smoke?  Yes  No If no please initial as well as tick  
If yes, how many cigarettes per day?   
How soon after waking do you have your first cigarette?  0-30mins  >30mins

**Note:** Smoking > 10 cigs/day or within first 30mins of waking indicates nicotine dependence and patient needs to be assessed for suitability for NRT by using the Nurse Initiated Medicine Protocol - Nicotine Replacement Therapy (Patch) OR the Midwife Initiated Medicine Protocol - Intermittent Nicotine Replacement Therapy (Lozenge)

Patient advised of the Smoke-free Policy. NB If non-smoker no further questions are required

**Patient Waiver** (to be completed and signed by patient and nurse after NRT options discussed)

- I have been advised not to smoke and of the risks of going off site if I choose to do so
- I have been offered NRT and accept this treatment
- I have been offered NRT and refused this treatment
- Patient contraindicated for nurse initiated NRT
- Patient does not have the intellectual/physical capacity to sign the waiver

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Designation \_\_\_\_\_

### Inpatient Management

- All current smokers and recent quitters are to be monitored for nicotine withdrawal symptoms **daily** using the **Nicotine Withdrawal Monitoring Tool** and review smoking care if necessary – **see reverse side for tool**

### Discharge Planning

Do you intend **NOT** to smoke when you leave hospital?  Yes  No  
Referral to Quitline accepted/fax completed  Yes  No  
Patient refused referral to Quitline

### Day of Discharge, if NRT provided:

- Three day post discharge supply of NRT offered to inpatients who received NRT  
 Accepted  Refused
- Patient provided with revised medication list?  Yes  No
- Patient advised to provide list to their General Practitioner and community pharmacist at next visit?  Yes  No
- When discharge summary is forwarded to General Practitioner include:
  - NRT provided  Yes  No
  - Advice to support quit attempt  Yes  No

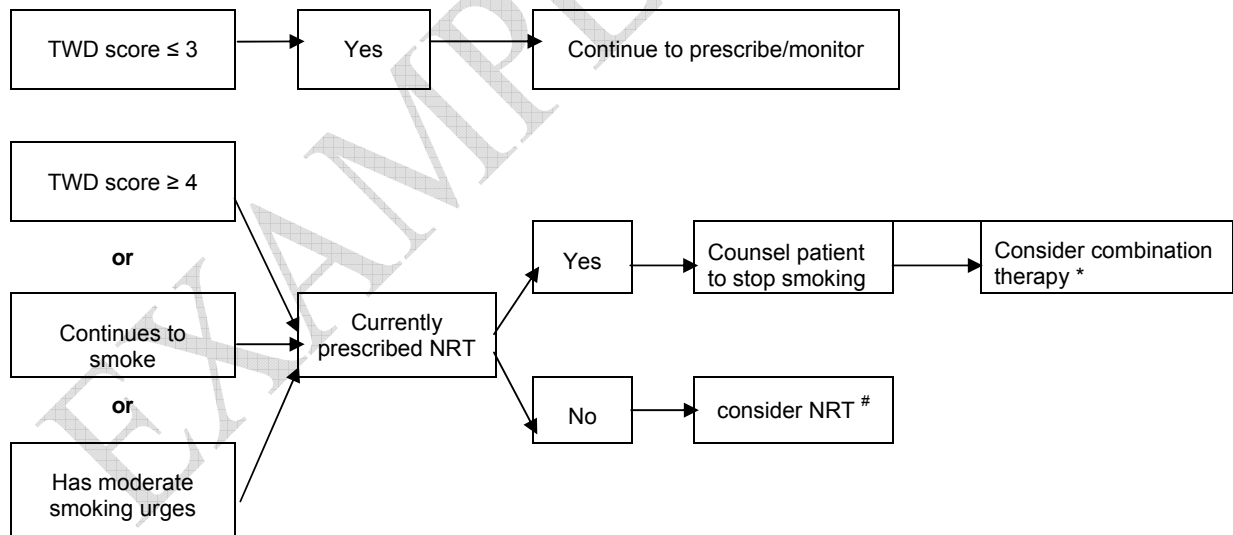
Affix patient label here

**Nicotine Withdrawal Monitoring Tool**

Each day ask the patient if they have been experiencing any of the symptoms below **as a result of not being able to smoke**. Rate the severity of the patients' symptoms using the following scale:  
**0** – Not at all      **1** – Mild      **2** – Moderate      **3** – Severe

Withdrawal symptoms	Date (day/month)					
	_/_	_/_	_/_	_/_	_/_	_/_
1. Sadness or depression						
2. Difficulty sleeping						
3. Feeling irritable, frustrated or angry						
4. Feeling anxious or panicky						
5. Difficulty concentrating						
6. Feeling restless						
7. Urges to smoke						
<b>Add scores in column to get <u>total withdrawal discomfort (TWD) score</u></b>						
Patient smoked today (please circle)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

**Actions if patient has:**



\* Combination therapy is the addition of another form of NRT, for example 4mg lozenge in addition to 21mg patch. Prompt the medical officer to assess patient suitability for combination therapy.

# 21mg/24 hour patch can be nurse initiated or 4mg lozenge can be midwife initiated. If patient is contraindicated to nurse or midwife initiated NRT prompt the medical officer to assess patient suitability for NRT. For lactating mothers consider intermittent forms of NRT (lozenge) immediately after feeding.

**Reference:** Cappelleri J, Bushmakin A, Baker C, Merikle E, Oufade A, Gilbert D Revealing the multidimensional framework of the Minnesota nicotine withdrawal scale, Current medical research and opinion. 21(5): 749-60 May 2005