Legacy Emanuel Medical Center
Nicotine Withdrawal Prevention Protocol (NicWiPP) Provider Education

Legacy Health Tobacco Program
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Legacy is Addressing Tobacco at LEMC

- Patients leaving to smoke, employees smoking
- Smoking is a leading cause of morbidity (surgical site infection) and mortality.
- Legacy Health can do better
  - Treat nicotine withdrawal more aggressively
  - Systematic use of nicotine replacement
    - NicWiPP: a new nurse-based protocol
    - Firm stance on smoking: NOT ALLOWED
  - Get providers and nurses on the “same page”
Electronic Cigarettes / Vapor

- E-cigarettes promote nicotine addiction, leading to more cigarette use.
- Each cartridge contains toxic ingredients.
- FDA found small amounts of antifreeze-like chemicals and carcinogens.
- E-cigarettes are unregulated and have not been tested for safety.
- Use gives mixed message about the importance of tobacco cessation.
- E-cigarettes each contain a potentially dangerous ignition source.

NOT ALLOWED ON LEGACY PROPERTY
NEW Process: Nicotine Withdrawal Prevention Protocol (NicWiPP)

1. Should start in the Emergency Department
   a. Give Nicotine Replacement Therapy (NRT) to every smoker

2. Nursing Collaborative Protocol: New Nursing Role
   a. Ascertain Tobacco status, Initiate NRT based on CPD
   b. Manage Nicotine Withdrawal via new NRT Dosing Protocol

3. Tobacco Treatment Specialist (Midlevel Provider) available at LEMC
   a. For Tobacco Cessation Bedside Counseling
   b. For help with difficult patients, page Tobacco Treatment Specialist

4. Provider (At Discharge)
   a. NRT Prescription and Fax-Referral to Tobacco Quit Line
   b. Route a letter to PCP and include tobacco in the discharge summary
Nic-WiPP Nursing Process

1. Patient is identified as tobacco user
2. Provider orders protocol on admit: “Implement Nic-WiPP”
3. RN obtains accurate tobacco history
4. Nursing determines appropriate nicotine dose and orders both the basal NRT (Patch) and p.r.n. NRT (lozenge) using the dose-appropriate NicWiPP protocol
5. Nursing will document NRT dosing changes in epic
6. Every shift nursing will do an assessment for nicotine withdrawal (like pain assessment)
7. Nursing will determine need for p.r.n. NRT; and also if the basal dose NRT needs to be adjusted
See included PDF file “Legacy NRT Dosing Guideline 2014”
Nic-WiPP
Definitions to know for Legacy NRT Guideline

• Current Every Day Smoker
  • Smoked every day in past 30 days
• Current Someday Smoker:
  • Has smoked some days in past 30 days
• PPD: Number of packs smoked per day
• CPD: Number of cigarettes smoked per day
• TTFC: Time to first cigarette upon waking
• TFD: Time to first dip of smokeless tobacco
• 1 PPD = 20 CPD
NicWiPP
Withdrawal Symptoms

Symptoms and Behaviors of nicotine withdrawal are non-specific and can be hard to distinguish from other causes.

Treating these symptoms and behaviors as nicotine withdrawal will help many patients become much more comfortable

- Symptoms of nicotine withdrawal:
  > Anxiety, stress, irritability, restlessness, nausea, trouble with concentration/focus, insomnia, vivid dreams, tobacco/nicotine cravings.

- Behaviors of nicotine withdrawal:
  > Complaining of any of above. Asking frequently/more frequently for p.r.n. nausea or *pain meds. Notice body movements – restless, changing position a lot, messing with the bedding and/or IV tubing, picking at dressings/tape/anything we’ve stuck on their skin.

- Pain receptors also respond favorably to nicotine replacement.
Nic-WiPP: Basal NRT dose (nicotine patch)

- **Smoker**
  - Greater than 40 CPD (greater than 2 PPD):
    - 42 mg transdermal (two 21 mg patches) daily
  - 21-40 CPD (1-2 PPD):
    - 35 mg transdermal (21 mg patch + 14 mg patch) daily
  - 16-20 CPD (¾ to 1 PPD):
    - 28 mg transdermal (21 mg patch + 7 mg patch) daily
  - 10-15 CPD (½ to ¾ PPD):
    - 21 mg patch daily
  - Less than 10 CPD (less than ½ PPD):
    - 14 mg patch daily

- **Smokeless**
  - Greater than 3 cans or pouches per week:
    - 42 mg transdermal (two 21 mg patches) daily
  - 1-3 cans or pouches of tobacco per week:
    - 21 mg patch daily
  - Less than 1 can or pouch of tobacco per week:
    - 14 mg patch daily
Nic-WiPP:
Short-acting nicotine for PRN use (lozenge)

- Need PRN dose of short-acting nicotine lozenge
  - Nicotine patch takes up to 24 hours to begin working
    - The only help in the first 24 hrs is by using nicotine lozenge
  - Different dose according to time to first cigarette
    - Greater than 20 CPD (> 3 cans/wk) or TTFC/TFD: <30 min:
      - 4 mg lozenge Q 1-2 hours PRN nicotine withdrawal symptoms
    - Less than 20 CPD (< 3 cans/wk) or TTFC/TFD: > 30 min:
      - 2 mg lozenge Q 1-2 hours PRN nicotine withdrawal symptoms
    - Limit Lozenge use to less than 20/day.

- Tapering the NRT Dose: Taper as an outpatient
  - Patch: taper 7-14 mg every 1-2 weeks as tolerated
  - Lozenge: self-taper as needed to control cravings
  - Longer treatment is better than shorter treatment
At LEMC You can order “NicWiPP Protocol”
Nurses will dose and treat nicotine withdrawal
NicWiPP
Order Set in Epic
(LEMC only)
NicWiPP: We have streamlined the protocol for both OB and Emergency Department use

OB: do not use nicotine patch, only 2mg lozenge
ED: use lozenge while in ED, one dose for patch
For patients who continue to smoke at LEMC Despite best efforts, including NRT/counseling

1. First ensure appropriate NRT order, consider titration of dose
2. At LEMC: Consult Certified Tobacco Treatment Specialist (TTS)
3. If continuing to smoke: NURSE/Provider talk with patient
4. If patient persists, then NURSE/Provider discuss AMA discharge
5. If patient leaves without telling staff and is gone for over 30 minutes, staff will overhead page patient to return or try calling patient on cell phone (etc…) in attempts to assure patient is safe and returned to room.
6. If after another 30 minutes, patient has still not returned, nursing staff will notify LIP and discharge patient as “eloped”
7. If patient returns, Nurse talks with LIP about what to do (i.e. readmit, go to ER, send home etc). It is going to be different for every case.
8. DISCHARGING THE PATIENT IS ALWAYS A LAST RESORT
At Discharge: Tobacco Quit Line Referral

- Tobacco Quit line is an effective, free resource for all smokers
  - Talk over the phone or chat online with an expert Quit Coach
  - Receive tailored materials in the mail
  - Learn how to get support from family and friends (social support)
  - If eligible, receive 2 weeks of nicotine patches and/or gum

- Patient can call (toll free)
  - Quit line call: 1.800.QUIT.NOW (1.800.784.8669)

- The Quit Line can call the patient for you after they go home
  - Ask patient if they want a call from an expert
  - Do a Quit Line Fax-Referral
  - Quit Line will call the patient at home
    - Will make three attempts
    - You need to specify phone number
    - You need to specify time of day
At Discharge:
Tobacco Quit Line
Fax-Referral

Discharge orders: “referral to Quit Line”

Specify the following
-(PREGNANT: Y/N)
-(LANGUAGE)
-(TYPE OF TOBACCO)
-(GIVES PERMISSION)
-(BEST TIME TO CALL)
-(WHICH PHONE)

Associated DX:
-(305.1 tobacco use)
Use Smart Phrase “.NRTPCP”

At Discharge
-Open a new progress note
-Use this smart phrase to create a letter to PCP
-Route letter to PCP for every smoker where NicWiPP was ordered.

Dear @PCP@,

Legacy Health has made addressing tobacco a top priority to improve the health of patients and communities we serve. For smokers, tobacco cessation is the single most important thing we can do to improve health outcomes. As part of our efforts to improve bedside tobacco cessation for all hospitalized smokers, we recently had the privilege of caring for your patient, @NAME@. @CAPHE@ received tobacco cessation counseling and "dose-appropriate" pharmacotherapy to address nicotine withdrawal. Please consider following up on this by addressing tobacco use when @HE@ comes to see you at their next office visit.

One way to do this is to refer them to the Tobacco Quit Line, a free resource for effective, evidence-based counseling: 1-800-QUIT NOW(1-800-784-8669).

Appropriate pharmacotherapy for nicotine withdrawal can double long-term abstinence rates. While in the hospital, @FNAME@ received a combination of long-acting nicotine patch and short-acting nicotine Lozenge. We recommend continuing this dose for at least 4 weeks before slowly tapering.

For more information about "Dose-Appropriate" Nicotine Replacement Therapy, or to download and print Tobacco Quit Line Brochures for @FNAME@, go to our Provider Resource page: www.legacyhealth.org/providerresources

For more information, or if you have any questions or comments, please contact the Legacy Health Tobacco Cessation & Prevention Program by e-mail at tobaccofree@lhs.org. Please join us as we work together to improve the health of the patients we serve by taking the time to address tobacco for your patient at the next clinical encounter.

@MECRED@

References:
2. www.surgeongeneral.gov/tobacco/tobaqrg.htm
“Closing the Loop”
Discharge Summary

Use Smart Phrase

“.NRTDCSUM”

-Include this smart phrase in the discharge summary for every smoker where NicWiPP was ordered.

@CAPHE@ received tobacco cessation counseling and appropriate pharmacotherapy to address nicotine withdrawal. To follow up on this inpatient intervention, please address tobacco use when @HE@ comes to see you for post-discharge follow-up.

Appropriate pharmacotherapy can double the long-term tobacco abstinence rates. @FNAME@ received the nicotine patch while in the hospital, and we recommend continuing this current dose for at least 4 weeks before slowly tapering.

Appropriate behavioral support also improves tobacco quit rates. Consider referral to the Tobacco Quit Line: 1-800-QUIT NOW (1-800-784-8669) where @HE@ can receive effective, evidence-based counseling.

To download Tobacco Quit Line brochures as well as review our latest nicotine replacement therapy guideline, go to our provider resource page:

www.legacyhealth.org/providerresources

For more information contact the Legacy Health Tobacco Cessation and Prevention Program by email at TobaccoFree@lhs.org.
Summary: NicWiPP at LEMC

1. Legacy Emanuel Hospital and Medical Center (LEMC)
2. New program to address tobacco use (NicWiPP)
3. Nurses can provide nicotine replacement therapy
   - Nurse will determine appropriate dosing
   - Nurse will do dose adjustment
4. At Admission
   - Order “NicWiPP” (for LEMC only)
5. At Discharge
   - Nicotine replacement therapy in d/c medications
   - Fax-Referral to Quit Line for patients who agree
   - Letter to PCP (use smart phrase “.NRTPCP”)
   - Include in D/C Summary (use “.NRTDCSUM”)
Questions

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