

NICE GUIDANCE PH48 TOOLKIT

DOCUMENT 8: EXAMPLE NICOTINE REPLACEMENT THERAPY PROCEDURE

PATIENT GROUP DIRECTIVE / STANDARD OPERATING PROCEDURE / HOMELY REMEDIES PROCEDURE

NATURE AND SCOPE: Procedure – Trust Wide Inpatient Units

SUBJECT: Procedure for Provision of Immediate Access to Nicotine Replacement Therapy

DATE OF LATEST RATIFICATION:

RATIFIED BY:

IMPLEMENTATION DATE:

REVIEW DATE:

ASSOCIATED TRUST POLICIES AND PROCEDURES:



1. INTRODUCTION

- Research is clear that a combination of specialist behavioural support and pharmacotherapy is the most effective way to stop smoking.
- Treatment of tobacco dependence in the NHS is highly cost-effective.¹
- Nicotine Replacement Therapy (NRT), Varenicline and Bupropion are the three licensed pharmacotherapies available in the UK.
- The harmful effects of smoking come from the chemicals in tobacco smoke, not the nicotine.
- NRT replaces nicotine to the body, which is usually delivered by cigarettes, without the harmful chemicals associated with tobacco smoke.
- There are a range of NRT products available in a variety of strengths to support individual needs and preferences. [Access NCSCT Stop Smoking Medications products list here.](#)
- NICE Guidance PH45 recommends that NRT is given for harm reduction / temporary abstinence.²
- NICE Guidance PH48 recommends that patients are given immediate access to NRT.³
- NRT is on the General Sales List (GSL) and as such can be bought over the counter by anyone over the age of 12.
- Using a combination of NRT (a fast-acting intermittent product with a patch) is more effective than single use NRT.
- Smokers are used to very large doses of nicotine from tobacco therefore it is unlikely that they will receive higher doses of nicotine through combination NRT than they are used to.

2. AIM

The aim of this procedure is to enable identified staff who have received appropriate training, and work with / form the Trust Smokefree team, to provide immediate access to NRT for patients who smoke and are admitted to hospital.

Staff identified are [Insert which group of staff are identified i.e. qualified nursing staff or other]

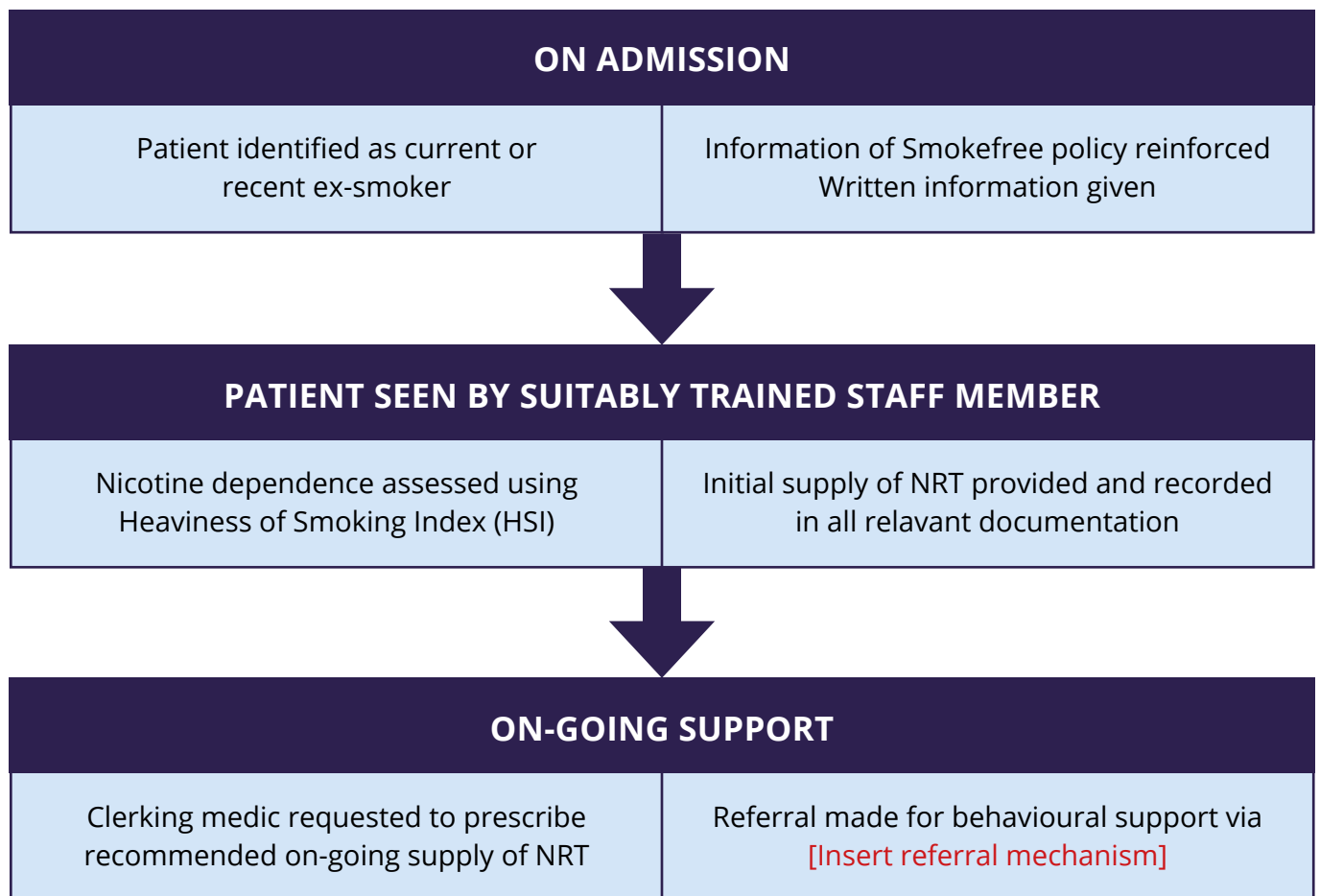
3. TRAINING

All staff issuing NRT via this procedure have undertaken a minimum training of:

- Health Education England: Alcohol & Tobacco Brief Interventions
- NCSCT: Medications
- [Insert any in-house training requirements]

[Access toolkit document 12 - Training plan here.](#)

4. PROCESS



ADDITIONAL NOTES

- The initial 3 days will start from the time NRT is first given.
- Patches should be given as regular medication.
- Administration of fast-acting NRT should be linked to the Trust self-administrations of medicine.
- Where possible, patients should be enabled to hold their own supply of fast acting NRT for “as-required” use (PRN) i.e. oral intermittent NRT products such as inhalator and lozenges.
[\[Link to Trust Self-medication policy\]](#)
- This should be enough to support the patient for the period between each routine drug round or for the 24-hour period subject to satisfactory risk assessment.
- This should be included within the patients care plan with patient’s full involvement and understanding.
- When “as required” NRT is prescribed it should be treated in the same way as other medications and routinely offered.

5. ASSESSING NICOTINE DEPENDENCE

Assessing nicotine dependence is complex. There is far more to this than just asking how many cigarettes a person smokes.

The National Centre for Smoking Cessation Training (NCSCT) recommends using the Heaviness of Smoking Index (HSI) (provided overleaf) to assess individual nicotine dependence.

Heaviness of Smoking Index		Score
On the days that you do smoke, how soon after you wake up do you have your first cigarette?		
■ Within 5 minutes (3 points)	■ 6 – 30 minutes (2 points)	
■ 31 – 60 minutes (1 point)	■ After 60 minutes (0 points)	
How many cigarettes do you typically smoke per day?		
■ 10 or fewer (0 points)	■ 11 – 20 (1 point)	
■ 21 – 30 (2 points)	■ 31 or more (3 points)	
	Score	
Score		

https://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf%20

6. TREATMENT GUIDE

NICE PH45 & PH48 Recommendation 6 gives the following advice on the provision of stop smoking pharmacotherapies:

- Advise people who smoke that licensed nicotine-containing products and other stop smoking pharmacotherapies help people to stop smoking and reduce cravings.
- Offer people who want (or need) to abstain temporarily on a short-, medium- or longer-term basis advice on how to do this. Include information about the different types of licensed nicotine-containing products and how to use them, and where possible, prescribe them.⁴
- Emphasise that nicotine is not the major cause of damage to people's health from smoking tobacco, and that any risks from using licensed nicotine-containing products or other stop smoking pharmacotherapies are much lower than those of smoking.

- Recommend and offer:
 - Licensed nicotine-containing products (usually a combination of transdermal patches with a fast-acting product such as an inhalator, gum, lozenges or spray) to all people who smoke
 - Varenicline⁵ or Bupropion as sole therapy as appropriate. Varenicline should normally be prescribed only as part of a programme of behavioural support. Do not offer Varenicline or Bupropion to pregnant or breastfeeding women or people under the age of 18. Varenicline and Bupropion can be used with caution in people with mental health problems. [Access toolkit document 9 – Varenicline Information here.](#)
- Encourage people who do not want (or do not feel able) to stop smoking completely (including pregnant or breastfeeding women) to use licensed nicotine-containing products to help reduce cravings to smoke during their stay.
- If stop smoking pharmacotherapy is accepted, ensure that it is provided immediately.
- When people are discharged from hospital ensure they have sufficient stop smoking pharmacotherapy to last at least 1 week or until their next contact with a stop smoking service.
- For those who chose to vape, the Trust will facilitate this by [\[Insert local approach to facilitating access and charging of e-cigarettes\]](#). [Access toolkit document 6 – Vaping policy guide here.](#) [\[Trust vaping policy link here\]](#).
- Advise the person of local policies on indoor and outdoor use of unlicensed nicotine-containing products.

NICE PH48 Recommend 7 - Adjust drug dosages for people who have stopped smoking

- People who use drugs that are affected by smoking should be monitored when they stop smoking.
- Some drug dosages may need to be adjusted.
- Drugs that are affected include:
 - Clozapine
 - Olanzapine
 - Theophylline
 - Warfarin

See relevant guidelines for further details, for example, UK Medicines Information. Discuss with secondary care users and their carers the potential to reduce the dose of some drugs when stopping smoking. Advise them to seek medical advice if they notice any side effects of changing smoking behaviour.

It must be stressed that every patient who receives NRT via this procedure, should be referred formally for behavioural support whether it is given for smoking cessation or temporary abstinence.

[\[Insert pathway to local behavioural support\]](#)



7. CRITERIA FOR INCLUSION

- Current Smokers.
- Consenting to treatment with NRT either as means to quit tobacco or for support with temporary abstinence for withdrawal management.
- Over the age of 16 years (under 16's should have NRT prescribed by the usual prescribing team).

8. CRITERIA FOR EXCLUSION

There are very few patients who are NOT suitable to receive NRT. They are:

- Non-tobacco users.
- Patients who have had previous serious reaction to NRT or any ingredients contained in the products.

9. CAUTIONS

Pregnancy

- The use of nicotine replacement therapy in pregnancy is preferable to the continuation of smoking but should only be used if smoking cessation without nicotine replacement fails.
- Intermittent therapy is preferable to patches but avoid liquorice flavoured nicotine products

Breast feeding

- Nicotine from NRT can be present in breast milk; however, the amount to which the infant is exposed is small and less hazardous than through smoking.
- Intermittent therapy is preferred

Myocardial infarction (MI), severe dysrhythmia or cerebrovascular accident (CVA)

If the event occurred within:

- The past 2 weeks, NRT should be initiated by the medical team.
- The last 48 hours, NRT should be initiated by a Consultant or Senior Registrar.
- Remove NRT patches 24 hours before microvascular reconstructive surgery and surgery using vasopressin injections.

10. THE PHARMACY TEAM

The pharmacy team are responsible for:

- Ensuring that there is a sufficient range and amount of NRT stock available on all wards.
- Reviewing stock levels and ordering NRT as appropriate.



- Supporting ward staff with queries relating to smoking; smoking cessation and its effects on other prescribed medication.
- Collecting and recording data regarding pharmacotherapy issued in a format to contribute to assessment and evaluation of the implementation of the Smokefree policy.

11. MONITORING OF COMPLIANCE

- The effectiveness of this PGD / SOP / Homely remedy policy will be monitored by the Smokefree Lead [insert name and designation]
- Reports will be required from the Electronic Prescribing and Medicines Administration software [insert which system is in place to achieve this]
- This will allow monitoring of NRT usage across the Trust which will be required on a quarterly basis

[Access Smokefree NHS Taskforce Statement here.](#)

REFERENCES

1. <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>
2. <https://www.nice.org.uk/guidance/ph45/resources/smoking-harm-reduction-pdf-1996359619525>
3. <https://www.nice.org.uk/guidance/ph48/resources/smoking-acute-maternity-and-mental-health-services-pdf-1996364658373>
4. <https://www.nice.org.uk/guidance/ph45/resources/smoking-harm-reduction-pdf-1996359619525> (Rec. 8)
5. <https://www.nice.org.uk/guidance/ta123/resources/varenicline-for-smoking-cessation-pdf-82598131665349>

