

IS YOUR PATIENT A SMOKER?

HOW MANY CIGARETTES DOES THE PATIENT SMOKE PER DAY?



HAVE YOU OFFERED AND PRESCRIBED NRT?

Always ensure you have checked all cautions & contraindications as per BNF: Nicotine

LOW ADDICTION / RAPID ACTION

USE AS AND WHEN CRAVINGS OCCUR.

- Nicotine lozenges 2mg, use as required (usual max 15 in 24hrs)

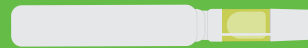
The lozenge should be sucked to activate and then parked between the lip and gum.



- Nicorette inhalator 15mg cartridge (max 6 in 24hrs)

The user 'puffs' on the device so the medication enters the mouth and is absorbed through the gums.

It is not inhaled into the lungs.



MODERATE ADDICTION

PATCH + RAPID ACTION (IF NEEDED)

- Nicotine Patches 14mg / 24 hour (Smokes within 30 minutes of waking)
- Nicotine Patches 15mg / 16 hour (Does NOT smoke within 30 minutes of waking)

24-hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance.



- Plus rapid action item



HIGH ADDICTION

PATCH + RAPID ACTION

- Nicotine Patches 21mg / 24 hour (Smokes within 30 minutes of waking)
- Nicotine Patches 25mg / 16 hour (Does NOT smoke within 30 minutes of waking)



24-hour patches are ideal for patients that smoke within 30 minutes of waking, but they can cause sleep disturbance.

- Rapid Action nicotine replacement

(As per low level addiction pathway) with additional option of using an oral spray instead of the lozenges or inhalator.

- Quick Mist, oral administration (supply 1 device every 3 days)

Spray should be aimed at the cheek, avoiding the throat and tongue. Advise the user not to swallow for a few seconds, as swallowing nicotine will not be effective and may cause side effects. Use 1 or 2 sprays in place of a cigarette or if experiencing cravings.



REMEMBER TO REFER THE PATIENT TO YOUR IN-HOUSE TOBACCO DEPENDENCY TREATMENT TEAM.

This is just for support to stay comfortably Smokefree in hospital, this does not mean the patient is committing to quit smoking.