

|                         |           |
|-------------------------|-----------|
| Last Name               |           |
| First Name              |           |
| PHN#                    | MRN#      |
| Birthdate (dd-Mon-yyyy) | Physician |

## Nicotine Replacement Therapy - Inpatient

Select orders by replacing a (✓) in the associated box

For more information, see Clinical Knowledge Topic **Tobacco Reduction, Adult - Inpatient**  
<http://insite.albertahealthservices.ca/klink/14163.asp>

### Patient Self Monitoring

- Monitor for signs of nicotine toxicity, including headache, increased heart rate, dizziness, confusion, agitation, restlessness, lethargy
- Notify the physician of any signs of nicotine toxicity

### Medications

*Pharmacotherapy, when used in combination, increases chances of successful long-term cessation. Interventions for smoking cessation should be initiated during hospitalization as they may be more effective than those initiated afterward. Nicotine replacement therapy medications are also effective to provide withdrawal comfort. Smoking tobacco can alter the metabolism of a number of medications, including caffeine. This is primarily due to substances in tobacco smoke.*

### Nicotine Replacement Therapy - Initial Dose *Patient may administer*

|  |   |  |
|--|---|--|
| <p><b>Nicotine patch</b><br/>Choose one</p> <p>→</p>       | } | <p><i>Less than 10 cigarettes per day (Not effective for smokeless tobacco users)</i></p> <p><input type="checkbox"/> nicotine patch 7 mg TOPICALLY daily X ____ days</p> <p><i>10 -19 cigarettes per day or less than 3 tins per week</i></p> <p><input type="checkbox"/> nicotine patch 14 mg TOPICALLY daily X ____ days</p> <p><i>Greater than 19 cigarettes per day or 3 - 5 tins per week</i></p> <p><input type="checkbox"/> nicotine patch 21 mg TOPICALLY daily X ____ days</p> <p><i>Greater than 25 cigarettes per day or 5 tins per week (recommended pharmacy consult)</i></p> <p><input type="checkbox"/> nicotine patch ____ mg TOPICALLY daily X ____ days</p> |
| <b>AND</b>   |   |  |
| <p><b>Short-acting therapy</b><br/>Choose one</p> <p>→</p> | } | <p><input type="checkbox"/> nicotine gum ____ mg PO every 1 hour PRN (<i>recommended dose 2 mg or 4 mg</i>)</p> <p><input type="checkbox"/> nicotine lozenge ____ mg PO every 1 hour PRN (<i>recommended dose 2 mg or 4 mg</i>)</p> <p><input type="checkbox"/> nicotine inhaler 1 cartridge INHALED every 20 minutes PRN</p> <p><input type="checkbox"/> nicotine mouth spray 1-2 sprays (1mg) INHALED every 30 minutes PRN</p>   |

### Nicotine Replacement Therapy - Titration *Patient may administer*

*Titration once the initial dose of NRT is optimized:*

- *Use initial dose for 6 weeks and reduce dose by 7 mg every 2 weeks thereafter.*
- *If strong cravings return when attempting downward titration instruct patient to remain at the higher dose for longer.*
- *Nicotine patch can be used for 10-12 weeks or longer if necessary.*
- *The short acting NRT being used in combination with the patch can be used for longer than 12 weeks as needed.*

|                      |                    |              |
|----------------------|--------------------|--------------|
| Prescriber Signature | Date (dd-Mon-yyyy) | Time (hh:mm) |
|----------------------|--------------------|--------------|

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### Tobacco Cessation

Choose either *buPROPion* or *varenicline*. They are not currently endorsed to be used together

*buPROPion* and nicotine replacement therapy (NRT) can be used concurrently for the first week. NRT can then be either tapered or stopped. If strong cravings return continue NRT. Doses may need to be adjusted for renal/hepatic insufficiency.

*buPROPion* SR 150 mg PO daily X 3 days (*Initial dose*) Start Date (dd-Mon-yyyy) \_\_\_\_\_

**AND THEN**

*buPROPion* SR 150 mg PO BID (*Maintenance dose*)

**OR**

*varenicline* and NRT can be used concurrently for the first week. Strongly consider adding PRN NRT during the first week after starting *varenicline*. NRT can then be tapered or stopped. If strong cravings return continue NRT.

*varenicline* 0.5 mg PO DAILY X 3 days **AND THEN** *varenicline* 0.5 mg PO BID X 4 days (*Initial dose*)  
Start Date (dd-Mon-yyyy) \_\_\_\_\_

**AND THEN**

*varenicline* \_\_\_\_\_ 0.5 mg PO BID (*Maintenance dose*)

### Transitions and Referrals

Consult Pharmacy

|                      |                    |              |
|----------------------|--------------------|--------------|
| Prescriber Signature | Date (dd-Mon-yyyy) | Time (hh:mm) |
|----------------------|--------------------|--------------|