

Tobacco Reduction Patient Care Pathway Form

 Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name <i>(last, first)</i>
Birthdate <i>(yyyy-Mon-dd)</i>
Gender
PHN#

TOBACCO & SMOKE FREE ENVIRONMENT - ADMISSION (ED OR INPATIENT)	
<input type="checkbox"/> Inform patient/family of AHS Tobacco & Smoke-Free Environments Policy – Policy Postcard and/or signage	
TOBACCO/TOBACCO LIKE PRODUCT USE STATUS – ADMISSION (ED OR INPATIENT)	
'As a standard of care, we ask everyone about their tobacco use. Have you used tobacco or tobacco-like products in the last 30 days?'	
<input type="checkbox"/> No (STOP) <input type="checkbox"/> Yes (Go to WITHDRAWAL COMFORT) <input type="checkbox"/> Refused (if patient unable to answer wait to determine status at bedside)	
Completed by/Date:	
WITHDRAWALCOMFORT – ADMISSION (ED OR INPATIENT)	
'Are you interested in pharmacotherapy to help you not use tobacco/tobacco-like products during your stay?'	
<input type="checkbox"/> No (remind patient they cannot use tobacco or tobacco like products on site but can ask for withdrawal comfort as needed) <input type="checkbox"/> Yes - Use Nicotine Replacement Therapy Inpatient form or formulary. (Go to THERAPUTIC INTERVENTION)	
Completed by/Date:	
THERAPEUTIC INTERVENTION - AAR (ED TRIAGE OR INPATIENT BEDSIDE)	
If completing 5A Brief Tobacco Intervention use Form #18251 If completing Intensive Tobacco Intervention use Form #18252	
ASK	
Tobacco: which describes your use? <input type="checkbox"/> Never Use <input type="checkbox"/> Previous Use (Quit over a year ago) <input type="checkbox"/> Recent Quit (in last year) <input type="checkbox"/> Current Use (in Last 30 days)	Tobacco-Like Products: which describes your use? <input type="checkbox"/> Never Use <input type="checkbox"/> Previous Use (Quit over a year ago) <input type="checkbox"/> Recent Quit (in last year) <input type="checkbox"/> Current Use (in Last 30 days)
Tobacco Products: Describe the type, amount and years of use you use	Tobacco-Like Products: Describe the type, amount and years of use
ADVISE	
<input type="checkbox"/> Patient advised 'Remaining free from or stopping tobacco use is one of the best things you can do for your health/treatment outcomes' (personalize to health issue as able) (Never or Previous Users STOP)	<input type="checkbox"/> Patient advised 'Any substance that is smoked or vaped may have harms and therefore is not recommended' (personalize to health issue as able) (Never or Previous Users STOP)
REFER	
'There are trained health professionals that can support your efforts to reduce or stop tobacco use here and when you return home. May I refer you to one or more of them?'	
<input type="checkbox"/> patient declined <input type="checkbox"/> patient agreed - go to REFERRAL	
Completed by/Date:	
REFFERAL - ED TRIAGE OR INPATIENT DISCHARGE PLANNING	
Patient referred to:	
<input type="checkbox"/> Onsite support _____ <input type="checkbox"/> AlbertaQuits – online, helpline or group support - complete AlbertaQuits Fax Referral Form 09973 <input type="checkbox"/> Primary Care Physician/Clinic _____ <input type="checkbox"/> Other _____	
Completed by/Date:	