

Form Title **Commercial Tobacco Care Pathway**

Form Number **21127**

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Commercial Tobacco Care Pathway

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

Tobacco and 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 commercial tobacco use. Have you used commercial tobacco or tobacco-like products in the last 30 days?'	
<input type="checkbox"/> Refused - If patient unable to answer wait to determine status at bedside <input type="checkbox"/> No - Stop <input type="checkbox"/> Yes - Go to Withdrawal Comfort ▼	
Completed by (print name)	Date (yyyy-Mon-dd)
Withdrawal Comfort - Admission (ED or Inpatient)	
'Are you interested in pharmacotherapy to help you not use commercial tobacco/tobacco-like products during your stay?'	
<input type="checkbox"/> No (remind patient they cannot use commercial tobacco or commercial 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 Therapeutic Intervention ▼	
Completed by (print name)	Date (yyyy-Mon-dd)
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	
Commercial Tobacco Which of the following describes your use of commercial tobacco products (cigarettes, cigars, smokeless tobacco, etc.)? <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)	Commercial Tobacco-Like Which of the following describes your use of commercial tobacco-like products (electronic cigarettes, cannabis, etc.)? <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)
Commercial Tobacco (Describe the type, amount and years of use)	Commercial Tobacco-Like (Describe the type, amount and years of use)
Advise	
Commercial Tobacco <input type="checkbox"/> Patient advised 'Not using/stopping commercial tobacco use is one of the best things you can do for your health/ treatment outcomes and we can help you' (personalize to health issue as able)	Commercial Tobacco-Like <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)

Commercial Tobacco Care Pathway

Last Name	
First Name	
PHN#	MRN#
Birthdate <i>(dd-Mon-yyyy)</i>	Physician

Refer

'There are trained health professionals that can support your efforts to reduce or stop commercial tobacco use here and when you return home. May I refer you to one or more of them?'

- patient declined
 patient agreed - **Go to Referral ▼**

Referral *(ED Triage or Inpatient Bedside)*

Patient referred to *(choose all that apply)*

- Onsite Support _____
 AlbertaQuits – online, helpline or group support - complete AlbertaQuits Fax Referral Form 09973
 Primary Care Physician/Clinic _____
 Other _____

Completed by *(Last name, First name)*

Date *(yyyy-Mon-dd)*