Alberta Health Services

Form Title **Tobacco Reduction Care Pathway**

Form Number **21127**

Alberta Health Services

Tobacco Reduction Care Pathway

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

Tobacco and Smoke Free Environment - Admission *(ED or Inpatient)*

☐ 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?'

☐ Refused - **If patient unable to answer wait to determine status at bedside**
☐ No - **Stop**
☐ 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 tobacco/tobacco-like products during your stay?'

☐ No *(remind patient they cannot use tobacco or tobacco like products on site but can ask for withdrawal comfort as needed)*

☐ 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

Tobacco Which of the following describes your use of tobacco products *(cigarettes, cigars, smokeless tobacco, etc.)*?	**Tobacco-Like** Which of the following describes your use of tobacco-like products *(electronic cigarettes, cannabis, etc.)*?
☐ Never Use ☐ Previous Use *(quit over a year ago)* ☐ Recent Quit *(in last year)* ☐ Current Use *(in last 30 days)*	☐ Never Use ☐ Previous Use *(quit over a year ago)* ☐ Recent Quit *(in last year)* ☐ Current Use *(in last 30 days)*
Tobacco *(Describe the type, amount and years of use)*	**Tobacco-Like** *(Describe the type, amount and years of use)*

Advise

Tobacco	**Tobacco-Like**
☐ Patient advised 'Not using/stopping 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)*	☐ Patient advised 'Any substance that is smoked or vaped may have harms and therefore is not recommended'. *(personalize to health issue as able)*

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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?'

☐ 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)*