

## PowerChart: Documenting Smoking Cessation Pathway

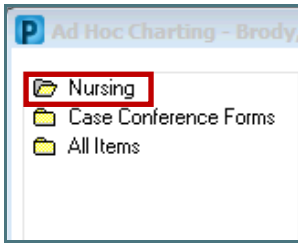
The Smoking Cessation Pathway is an evidence-based decision support tool for screening smoking behaviour of all patients on admission, and to assist patients to quit smoking.

### Documenting Smoking Cessation Form in Ad Hoc Forms

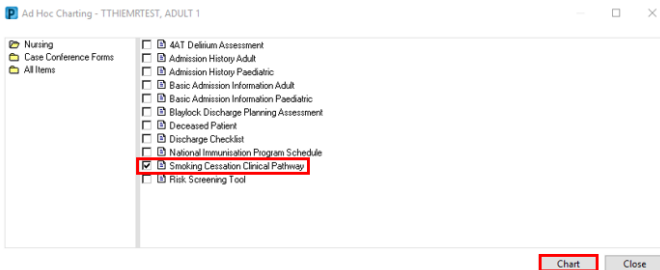
1. *Open* patient chart
2. Click on *AdHoc* button on toolbar.



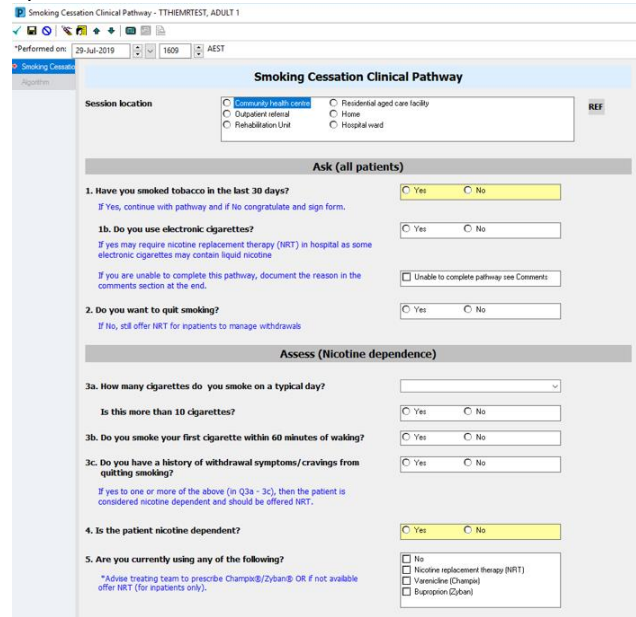
3. The *Nursing* folder default opens



4. Tick box to select *Smoking Cessation Clinical Pathway* form and then click *Chart*.



### 5. *Smoking Cessation* form open



6. *Document* as required. Please note there are 4 mandatory fields on the electronic form (yellow).



Fields required for funding are:

- Q1. Have you smoked tobacco in the last 30 days?
  - Q4. Is the patient nicotine dependent?
  - Q8. Patient acceptance/decline of Nicotine Replacement Therapy
  - Q10. Patient consent to referral to support service?
- Sign the form

### f the patient is a non-smoker





Smoking Cessation Clinical Pathway - TTHERTEST, ADULT 1

\*Performed on: 29-Jul-2019 1609 AEST

### Smoking Cessation Clinical Pathway

Session location:  Community health centre  Residential aged care facility  Outpatient referral  Home  Rehabilitation Unit  Hospital ward REF

#### Ask (all patients)

1. Have you smoked tobacco in the last 30 days?  Yes  No REF  
If Yes, continue with pathway and if No congratulate and sign form.

1b. Do you use electronic cigarettes?  Yes  No  
If yes may require nicotine replacement therapy (NRT) in hospital as some electronic cigarettes may contain liquid nicotine  
If you are unable to complete this pathway, document the reason in the comments section at the end.  Unable to complete pathway see Comments

2. Do you want to quit smoking?  Yes  No  
If No, still offer NRT for inpatients to manage withdrawals

#### Assess (Nicotine dependence)

3a. How many cigarettes do you smoke on a typical day?   
Is this more than 10 cigarettes?  Yes  No

3b. Do you smoke your first cigarette within 60 minutes of waking?  Yes  No

3c. Do you have a history of withdrawal symptoms/cravings from quitting smoking?  Yes  No  
If yes to one or more of the above (in Q3a - 3c), then the patient is considered nicotine dependent and should be offered NRT.

4. Is the patient nicotine dependent?  Yes  No REF

5. Are you currently using any of the following?  No  Nicotine replacement therapy (NRT)  Varenicline (Champix)  Bupropion (Zyban)

\*Advise treating team to prescribe Champix/Zyban OR if not available offer NRT (for inpatients only).

#### Advise

6. Advise all smokers to quit (using clear and non-confrontational language)  Yes  
"As a health professional the best advice that I can give you is to try to stop smoking"  
"Giving up smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)"  
"Using NRT and behavioural support considerably increases your long term success in quitting"  
"NRT is available from most retail stores, however patches and medications (Champix® and Zyban®) are cheaper on PBS"

#### Assist (discuss treatment and other options)

7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference)

Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek Medical Officer advice if any of the above are ticked.

Children <12 years  Discharge  Any local precautions/protocols (e.g. microvascular surgery, skin grafts etc)  Pregnancy/lactation  Recent cardiovascular event <48hrs

8. **INPATIENT ONLY - Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect** REF

Regular or stat dose NRT may be prescribed by a medical officer, nurse or pharmacist according to your local policy.

Patient offered NRT and accepted/treatment (onward discharge script is written for ongoing treatment)  Patient offered NRT and declined treatment (ask again during stay as needed)  Patient unable to be offered NRT. Refer to Medical Officer (see Q.7) or document reason in Comments

If DECLINED (ask again during patient's hospital stay)

9. PBS Eligible Prescribing - Prescribed pharmacotherapy on discharge or in outpatients (NRT patches/Champix®/Zyban®)  Yes  No REF

If no, document reason

#### Arrange Follow-up

10. Patient provided with a copy of "self help" resource (e.g. 'Quit Because You Can' booklet)  Yes  No REF

11. Did patient consent to referral to any of these services? (tick all that apply) REF

None  Quitline Service  Local smoking cessation support/tobacco treatment specialist services in the HHS  GP follow up

(13QUIT@health.qld.gov.au Fax: 07 3259 8217)  
(remind patients of subsidised PBS products - see algorithm section)  
Fax (with cover sheet) or post copy with discharge summary after completion to the service(s) above.

Patient Phone: Segoe UI

Would you like Quitline to send a report on the patient's progress?  Yes  No

#### Comments

7. Use the tick at the top of the form to *Sign* your documentation.

