EXAMPLE: Outpatient Tobacco Treatment Policy

Guideline Name: Nicotine Withdrawal and Tobacco	Treatment Guideline
Date Effective:	

- I. POLICY: We will provide comprehensive treatment for all chemical dependencies including nicotine.
- II. **PURPOSE:** Tobacco use and nicotine dependence are major health concerns that affect our colleagues and the patients we serve. We recognize that nicotine is an addictive substance and our treatment philosophy includes treating all substances of abuse.

III. GUIDELINES/PROCEDURES

- A. Nicotine dependence and tobacco use disorder will be treated the same as other addictive substances.
- B. All clients will be screened for tobacco use as part of intake assessment and will be documented in client records. Document selected tobacco cessation medication. This will include tobacco use, delivery system (including combustible cigarettes, cigars, smokeless tobacco, e-cigarettes, etc.), quantity of tobacco use, and age of first use.
- C. Treatment plans will be developed to treat the dependence and incorporated into treatment plan in the same manner as other chemical dependences are incorporated.
- D. Regardless of stage of change and motivations for tobacco recovery, tobacco cessation medication recommendations will be made and noted in the client record. Selected tobacco cessation medication will be documented.
- E. Review of client's progress with tobacco cessation will be reviewed and adjusted when treatment plan is reviewed.
- F. Clients who use tobacco will be offered a referral to the Wisconsin Tobacco Quitline. Referrals and recommendations will be documented in chart.

IV. AVAILABLE THERAPEUTIC OPTIONS:

- a. Nicotine Replacement Therapy (NRT):
 - i. Recommended Dosage:

Medication	Cautions/Warnings	Recommended Dosage	Side Effects
Transdermal Nicotine Patch (7mg, 14mg, 21 mg)	Do not use if you have severe eczema or psoriasis Heart attack in last two weeks	 One patch per day If ≥ 10 cigs/day: 21 mg 4 wks, 14 mg 2-4 wks, 7 mg 2-4 wks If < 10 cigs/day: 14 mg 8 wks 	Local skin reactionInsomnia
Nicotine Lozenge (2mg, 4mg)	 Do not eat or drink 15 minutes before or during use One lozenge at a time Limit 20 in 24 hours 	 If smoke > 30 minutes after waking: 2 mg If smoke ≤ 30 minutes after waking: 4 mg Weeks 1-6: 1 every 1-2 hrs Weeks 7-9: 1 every 2-4 hrs Weeks 10-12: 1 every 4-8 hrs 	HiccupsCoughHeartburn

Nicotine Gum (2 mg, 4mg)	 Caution with dentures Do not eat or drink 15 minutes before or during use 	 1 piece every 1 to 2 hours 6-15 pieces per day If smoke > 30 minutes after waking: 2 mg If smoke ≤ 30 minutes after waking: 4 mg 	Mouth sorenessStomachache
Nicotine Nasal Spray	 Not for patients with asthma May irritate nose (improves over time) 	 1 "dose" = 1 squirt per nostril 1 to 2 doses/hour; 8 to 40 doses/day Do NOT inhale 	Nasal irritation
Nicotine inhaler	May irritate mouth/throat at first (improves over time)	 6-16 cartridges/day Inhale 80 times/cartridge May save partially-used cartridge for next day 	Local irritation of mouth and throat

^{*} Patients with a history of multiple quit attempts should be offered combination therapy of patch and gum or lozenge.

ii. Contraindications:

Pregnant Persons – Pregnant and breastfeeding persons who smoke will be encouraged to quit without medication based. Pregnant persons will be offered behavioral counseling interventions that exceed minimal advice to quit.

b. Other Therapies

- i. Varenicline (Chantix)
 - 1. Dosing:

Day 1-3: 0.5mg every morning

Day 4-7: 0.5mg twice daily

Day 8-end: 1mg twice daily

- 2. Start 1 week before quit date; use for 3-6 months
- 3. Do not use Varenicline if any of the following apply:
 - With significant renal impairment
 - With serious psychiatric illness
 - Undergoing dialysis
 - Breastfeeding

ii. Bupropion (Zyban, Wellbutrin)

- 1. Dosing: 150 mg/day p.o. for 3 days, then 150 mg p.o. bid for 7 to 12 weeks. If insomnia is experienced the order should be written as 150mg p.o. in the morning and give the second dose earlier in the evening at 5pm.
- 2. Start 1-2 weeks before quit date; use for 2-6 months.
- 3. May use in conjunction with Nicotine replacement therapy.
- 4. Do not use Bupropion SR if any of the following apply:
 - History of seizure disorder or increased risk of seizures
 - History of anorexia or bulimia
 - Patient is taking an MAO inhibitor