

Integris Health, Oklahoma, Inpatient Admission, Smoking Status (Cerner)

Admission History Adult - ProdTest1108, RefranglesNORMAL
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*Performed on: 10/03/2011 1602
By: Kersey RN, April D

+	Substance Abuse	Add	▼
+	Tobacco	Add	▼

<p>Patient use any type of tobacco product currently?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="font-size: small; color: blue;">If YES, an order will be placed for Resp Therapy to perform Tobacco Cessation Education.</p>	<p>Patient utilize any tobacco product(s) Anytime During the Past 12 Months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="font-size: small; color: blue;">If there is documentation of any type of CURRENT tobacco use, or any type of tobacco use WITHIN ONE YEAR, select "Yes".</p> <p style="font-size: small; color: blue;">If YES, an order will be placed for Resp Therapy to perform Tobacco Cessation Education.</p>	<p>Type of Tobacco Product</p> <p><input type="checkbox"/> Pipe <input type="checkbox"/> Cigarette <input type="checkbox"/> Cigar <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Other:</p>	<p>How many years used tobacco products?</p> <p style="font-size: small;">year(s)</p> <p><input style="width: 80%;" type="text"/></p> <p>Tobacco usage per day</p> <p><input style="width: 80%;" type="text"/></p>	<p>Tobacco Household Concerns</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="font-size: small; color: blue;">If YES, an order will be placed for Resp Therapy to perform Tobacco Cessation Education.</p>	<p>Cigarette Smoking Status</p> <p><input type="radio"/> Current every day smoker <input type="radio"/> Current some day smoker <input type="radio"/> Former smoker <input type="radio"/> Never smoker <input type="radio"/> Smoker current status unknown <input type="radio"/> Unknown if ever smoked</p> <p style="font-size: small; color: blue;">100 Cigarettes = approximately 5 packs</p> <p style="font-size: small; color: blue;">Current every day smoker = someone who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes everyday.</p> <p style="font-size: small; color: blue;">Current smoke day smoker = an individual who has smoked at least 100 cigarettes during his/her lifetime and still smokes periodically, yet consistently.</p> <p style="font-size: small; color: blue;">Former smoker = someone who has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke.</p> <p style="font-size: small; color: blue;">Never smoker = someone who has not smoked 100 or more cigarettes during his/her lifetime.</p> <p style="font-size: small; color: blue;">Smoker current status unknown = individuals who were known to have smoked at least 100 cigarettes in the past, but whether they currently still smoke is unknown.</p>
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<p>Alcohol abuse in household</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Substance abuse in household</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Injuries/Abuse/Neglect/Financial Neglect in household</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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If YES to any of the above questions, an order will be placed for a Case Management Consult.