



Smoking Cessation Appointment Guide

Background: Smoking cessation has various approaches throughout Alberta, including online and group classes. It is also one area where primary care nurses can engage in health promotion and disease prevention. However, in many areas or clinics, as well as with specific populations simply referring to Alberta Quits is not enough. Primary Care Nurses should seize the opportunity to build rapport with the patient and support them similarly to supporting a chronic disease management appointment. This guide was created to help organize this appointment.

Understanding coaching about smoking cessation: Many people who smoke already understand it is not beneficial to their health. However, nicotine dependency is an addiction. Some patients may be ready to attempt to break the addiction cycle and some may not be. Helping without judgment is of the utmost importance to maintaining the relationship with clients who may want to quit in the future. Read more about coaching strategies [here](#).

Appointment Guide:

<p>Screening: should occur for every patient over the age of 10 that presents to primary care.</p> <p>“Have you used any Tobacco or Tobacco-like products including vaping in the last <i>(insert desired timeline may use 30 days or a year)</i>”</p>	<p>Screening process 5 A approach of breif and intensive tabacoo intervention Readiness Scale</p>	<p>If yes: Assess for quit readiness. If patients are considering quitting, congratulate them and ask when they might be willing to try quitting.</p> <p>If patients are willing to try quitting within the next month, suggest a follow-up visit to discuss it.</p> <p>If patients are willing to try to quit in the next year, tell them that you can help when they need it.</p>
<p>Obtain Nicotine History: type of nicotine used, amount, quit attempts, and a scale to assess for dependence.</p>	<p>History guides: Heaviness of Smoking Index Dependence Scales: Fagerstrom Autonomy Over Tabacco</p>	<p>History: How long have you used nicotine or tabacoo and by what method?</p> <p>Are there patterns of smoking? reasons for smoking? area and time of day they smoke, at home with</p>



		<p>other people who also smoke? At work? In the car?</p> <p>Quitting or relapsing history? What worked and what didn't?</p>
--	--	---

Relevant Medical History for Medication Intervention:
 Allergies / Intolerance to medications:
 Concurrent medications: Benzodiazepines: Yes / No ; Antipsychotic: Yes / No ;
 Antidepressants: Yes / No; Other:
 Chronic conditions and consequences of smoking:
 Cardiac History: High Blood Pressure Yes / No Blood Pressure: _____
 Arrhythmia Yes / No Heart Rate: _____; Heart Failure Yes / No _____
 Hypercholesterolemia Yes / No _____; Other heart related: _____
 Diabetes: Yes / No; Type 1 ___ Type 2 ___;
 Respiratory History: Asthma Yes / No; COPD Yes / No
 Lung related problems: Yes / No _____
 Past Seizure history: Yes / No _____
 Cancer: Yes / No; _____
 Alcohol Use: _____
 Depression: Yes / No; PHQ9 score:
 Anxiety: Yes / No; GAD score:
 Eating disorders: Yes / No; BEDS score:
 Bipolar disease: Yes / No; Schizophrenia: Yes / No
 Smoking-related health symptoms:
 ___ Cough; ___ Wheeze; ___ Shortness of breath; ___ Distorted Smell/Taste

****Review any contraindications for NRT or medications with PCP

<p>Offer Interventions:</p> <p>Medications: review above for viability of medication prescription and involve PCP/ Pharmacy.</p> <p>NRT: Assess for contraindications, when in doubt involve pharmacy and PCP</p>	<p>Medications: Algorithm for tailoring pharmacotherapy</p> <p>NRT: is not a replacement for motivation. A combination of long acting and short acting may be required depending on dependence scales. Summary of tobacco cessation pharm- NRT</p>	<p>Tips: Having the medication interventions on hand to utilize as samples will help to assist with one of the largest barriers to using these medications or NRT, which is cost. Ordering in advance from places such as sample cupboard or the Individual drug rep will assist.</p>
<p>Quit Plan: Options range from set date to tapering schedules. Encourage patient to 'practice</p>	<p>Quit Plan Templates: Tobacco Change Plan</p>	<p>Relapse education and follow up: Most people who attempt to quit will relapse a few times before achieving success.</p>



quitting' in certain situations- i.e. no smoking at work.		Make a joint plan with the patient that includes this reality. Arrange to follow up.
Additional Supports: Alberta Quits Quit Core		

NRT - **AB public drug plans** (AB Drug Benefit List, AB Human Services Drug Benefit Supplement or the Palliative Coverage Drug Benefit Supplement) reimburses members for 12 weeks of bupropion and varenicline annually. An additional 12 weeks of varenicline is available with special authorization from a physician. **AB Health Services** QuitCore program offers Albertans 18+ years of age no-cost NICODERM® patch, and NICORETTE® Gum, inhaler, lozenge and QUICKMIST® up to a lifetime maximum of \$500. Also, patch may be combined with an oral format.

Last reviewed by executive Aug 2024