From: UCSF-GME
Subject: PATIENT SAFETY AND QUALITY BULLETIN -- Smoking Cessation
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Patient Safety and Quality Bulletin

Complying with the Standards

November 7, 2008 Issue No. 34

From the UCSF Chief Medical and Chief Nursing Officers

Smoking Cessation

Although 70 percent of smokers want to quit, only 44 percent try to stop smoking each year (1). Quitting can be extremely difficult and discouraging. A clinician's advice to quit is an important motivator and can increase the rate of smoking cessation by about two-fold.

National Guidelines – Five 'As' at Every Patient Encounter

§ **Ask about tobacco use**
Suggested script: "Have you smoked or used tobacco in the past year?"

§ **Advise to quit**
Suggested script: "It is important to quit smoking and UCSF can help you."

§ **Assess readiness**
Suggested script: "Do you want to quit now?"
"Are you willing to give quitting a try?"
Action: If answer is "Yes, ready to quit," begin smoking cessation medication.
If answer is "No, not ready to quit," provide nicotine replacement to prevent withdrawal.

§ **Assist to quit**
Action: If ready to quit, combine counseling and medication since both more effective than either alone.
If not ready to quit, provide resources about quitting.

§ **Arrange follow-up**

Action If ready to quit, arrange follow-up care at discharge.

UCSF Inpatient Smoking Cessation Program

UCSF Medical Center is implementing a new inpatient smoking cessation program to better meet the needs of our patients, support the mission of our smoke-free campus (2)and improve compliance with regulatory "core measures."

Key features of the program include:

§ **RN:** On admission, 100 percent RN screening of patients for smoking, assesses interest in nicotine replacement and counseling.

§ **MD:** Provide early nicotine replacement therapy (See Smoking Cessation Medications below). Nicotine patch and gum orders with prescribing guidelines included on Core Admission and Transfer Orders.

§ **RT**: Provide smoking cessation counseling session for all interested patients (443-QUIT or 443-7848).

§ **UCare**: Enhanced UCare documentation supports automated referral to the smoking cessation team, simplifies provider documentation and facilitates data collection.

If you have questions regarding UCSF Inpatient Smoking Cessation Program, please contact Brian Smith, RCP, at Brian.L.Smith@ucsfmedctr.org.

Other UCSF Smoking Cessation Resource contacts are Suzanne Harris, RN, Suzanne.Harris@ucsfmedctr.org; Gina Intinarelli, RN, Gina.Intinarelli@ucsfmedctr.org; Lisa Kroon, Pharm.D., CDE, KroonL@pharmacy.ucsf.edu; Rebecca Schane, M.D., rschane@medsfgh.ucsf.edu.

Smoking Cessation Medications

Nicotine Replacement Therapy (NRT)

§ For hospitalized smokers UNWILLING TO QUIT, use nicotine replacement therapy (NRT) to prevent nicotine withdrawal.

§ For smokers READY TO QUIT, can use combination of NRT and bupropion SR.

§ Use of the patch with a short-acting formulation of nicotine (gum or lozenge) PRN for withdrawal is highly recommended.

§ For very heavy smokers, consider use of higher doses of the patch (pharmacy available for consultation re: dosing).

Dosing

§ **Nicotine patch***

>10 cigarettes/day: 21 mg/day transdermal patch Q24 hrs

≤10 cigarettes/day:14 mg/day transdermal patch Q24 hrs

§ **Nicotine gum**

≥ 25 cigarettes/day: 4 mg, 1 piece Q1 hr
< 25 cigarettes/day: 2 mg, 1 piece Q1 hr

§ **Nicotine lozenge** (do not chew)
1st cigarette ≤30 minutes after waking: 4 mg, 1 piece Q1 hr
1st cigarette >30 minutes after waking: 2 mg, 1 piece Q1 hr

§ **Combination Therapy with Short-Acting NRT** (to use with nicotine patch or bupropion SR)

o Nicotine Gum: 4 mg, 1 piece Q1 hr PRN withdrawal
o Nicotine Lozenge: 4 mg, 1 piece Q1hr PRN withdrawal

*Note: Nicotine patch, gum and lozenge available OTC. Prescription nicotine nasal spray and oral inhaler also available.

Precautions for Use

§ Use with close monitoring in patients with serious cardiac arrhythmias, during immediate post-MI period, or severe or worsening angina.

Common Side Effects

§ **Patch**: Skin irritation, headache, sleep disturbances (can remove at bedtime if bothersome)
§ **Gum**: Jaw and mouth soreness, hiccups and dyspepsia
§ **Lozenge**: Nausea, hiccups and heartburn

Bupropion SR (Zyban)

§ **Dosing**: 150 mg PO daily X 3 days, then 150 PO BID (8 a.m. and 5 p.m.)
§ **Precautions for Use**
o Do not use if patient has or had a seizure disorder, head trauma, or anorexia/bulimia; is already taking Wellbutrin, bupropion or Zyban; or during simultaneous abrupt discontinuation of alcohol or sedatives.
o Use with precaution if patient is on medications that can lower seizure threshold.
§ **Common Side Effects**: Insomnia and dry mouth
§ **Comments**
o May be used with NRT.
o Requires dose adjustment in severe liver disease.
o In an outpatient setting, start one week before quit date.

Varenicline (Chantix)

§ **Dosing:** 0.5 mg PO QAM x3 days (Days 1-3), then 0.5 mg BID x4 days (Days 4-7), then 1 mg PO BID.
§ **Precautions or Use:** Do not use if patient has serious psychiatric condition due to case reports of psychiatric symptoms (e.g., depressed mood, suicidal ideation).
§ **Common Side Effects: N**ausea, sleep disturbances
§ **Comments**
o Administer with food and large cup of water.
o Should not be used with NRT or bupropion SR.
o Requires dose adjustment in severe renal disease.
o In an outpatient setting, start 1 week before quit date.

Smoking Cessation Resources

§ **UCSF Tobacco Education Center** 885-7895

§ **UCSF Smoke-Free Workplace** http://ucsfhr.ucsf.edu/index.php/general/article/ucsf-a-smoke-free-workplace/

§ **(800) NO BUTTS** Free telephone support in multiple languages

§ **EX** www.BecomeAnEX.org <http://www.becomeanex.org/>

Footnotes

1.Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; May 2008. Available at: http://www.surgeongeneral.gov/tobacco/

2. http://manuals.ucsfmedicalcenter.org/AdminManual/IndividualPolicies/SmokingRestrictions.pdf

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