



## Medical Staff FAQs: Smoke- and Tobacco-Free Campus Effective May 31, 2011

### Q1: What are we doing and why are we doing this?

UW Medicine is committed to providing a safe and healthy environment for our patients, visitors and staff. The majority of hospitals in King County already have entirely smoke-free campuses, and UWMC and Harborview are proud to be joining them. Because quitting smoking is one of the most beneficial things that our patients can do for their health, we are implementing systematic identification and treatment of all patients who use tobacco. This will also prepare our hospitals for compliance with new Joint Commission core measures and recommendations for tobacco. Additionally, studies have shown that interventions for tobacco use in the hospital setting lead to increased rates of long-term cessation among patients.

### Q2: If my patient is a smoker, what do I do?

The treatment protocol, including NRT (nicotine replacement therapy) and counseling, will be integrated into all admit order sets, **but physicians will need to pro-actively check the box for NRT on the admit order sets:**

**If smoker/tobacco user, initiate nicotine replacement therapy (NRT) per protocol (form UH3050)**

### Q3: How will this change impact my workload?

This will not substantially affect your workload because the process will be driven primarily by nurse and pharmacist-initiated protocols, as long as you check the box for NRT on the admit order set. ***Unless you have been instructed by your service's attending NOT to have the patient use NRT, you should always check the box, or the nurse will have to call you later to sign the order.***

The nurses and pharmacists will provide the intervention. Your role will be to reinforce the message that remaining smoke free is the best thing patients can do for their health, and help support them in their efforts to quit.

### Q4: What if my attending physician does not want my patient on NRT?

Simply do not check the box on the admit order form.

### Q5: If my patient does not comply, what do I do?

If you become aware that your patient is (or has been) smoking, remind them of the policy and inform the nurse manager and attending physician.

### Q6: Where can I find on-line smoking cessation training with CME credits?

1) Treating Tobacco Dependence (basic training):

<http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts/dependence.html>

2) Other tobacco topics:

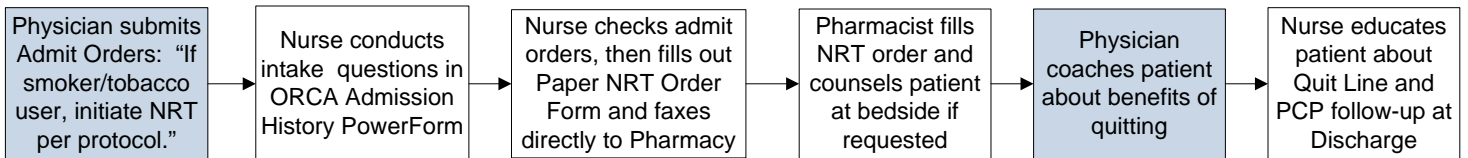
<http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts.html>

3) Other trainings and resources to help your patients quit:

<http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme.html>

**Appendices (next page):** Treatment Workflow and NRT Order Form (U3050)

## Treatment Workflow for Patients Who Smoke:



## Sample of NRT Order Form:

**UW Medicine Nicotine Replacement Therapy Order**  
(Adults Age 18 & over)

# of Cigarettes/Dips/ Cigars/Pipes per day	Nicotine Replacement Therapy Options (scheduled and PRN for nicotine withdrawal symptoms)
1-10 cigarettes/dips or 1-2 cigars/pipes	<input type="checkbox"/> <b>Nicotine patch 14 mg apply to skin daily*</b> If patient unable to use patch, then <input type="checkbox"/> Nicotine gum 2 mg chew every 1 hour PRN, max 24 pieces daily If patient unable to use patch or gum, then <input type="checkbox"/> Nicotine lozenge 2 mg transmucosal every 1 hour PRN, max 20 pieces daily†  <i>If withdrawal symptoms inadequately controlled by patch as above, ADD</i> <input type="checkbox"/> Nicotine gum 2 mg chew every 1 hour PRN, max 24 pieces daily <input type="checkbox"/> Nicotine lozenge 2 mg transmucosal every 1 hour PRN, if unable to use gum, max 20 pieces daily†
11-24 cigarettes/dips or 3-4 cigars/pipes	<input type="checkbox"/> <b>Nicotine patch 21 mg apply to skin daily*</b> If patient unable to use patch, then <input type="checkbox"/> Nicotine gum 2 mg chew every 1 hour PRN, max 24 pieces daily If patient unable to use patch or gum, then <input type="checkbox"/> Nicotine lozenge 2 mg transmucosal every 1 hour PRN, max 20 pieces daily†  <i>If withdrawal symptoms inadequately controlled by patch as above, ADD</i> <input type="checkbox"/> Nicotine gum 2 mg chew every 1 hour PRN, max 24 pieces daily <input type="checkbox"/> Nicotine lozenge 2 mg transmucosal every 1 hour PRN, if unable to use gum, max 20 pieces daily†
> 24 cigarettes/dips or > 4 cigars/pipes	<input type="checkbox"/> <b>Nicotine patch 21 mg apply to skin daily* PLUS nicotine gum 4 mg chew every 1 hour PRN, max 24 pieces daily</b> If patient unable to use gum, then <input type="checkbox"/> Nicotine patch 21 mg apply to skin daily* PLUS nicotine lozenge 4 mg transmucosal every 1 hour PRN, max 20 pieces daily† If patient unable to use patch, then <input type="checkbox"/> Nicotine gum 4 mg chew every 1 hour PRN, max 24 pieces daily If patient unable to use patch or gum, then <input type="checkbox"/> Nicotine lozenge 4 mg transmucosal every 1 hour PRN, max 20 pieces daily†

\*Remove patch at bedtime if patient has nightmares or disturbing dreams. Patient may refuse removal.  
 †Not to exceed 5 lozenges in 6 hours

Patient requests smoking cessation counseling. Please consult clinical pharmacist.

For the INPATIENT setting only, a nurse or pharmacist may sign the NRT order form if the NRT protocol has been authorized in the physician admission orders.

PROVIDER (RN /RPH) SIGNATURE	PRINT NAME	TITLE	PHONE/PAGER	DATE	TIME
PT.NO	<b>UW Medicine Health System</b> Harborview Medical Center – UW Medical Center Northwest Hospital & Medical Center – University of Washington Physicians Seattle, Washington  <b>NICOTINE REPLACEMENT THERAPY ORDER</b>  <b>*U3050*</b>  <small>*U3050*</small>				
NAME					
DOB					

WHITE - MEDICAL RECORD