1.0 Order
Registered Nurses (RN), Registered Practical Nurses (RPN) and pharmacists employed by CAMH may initiate the use of Nicotine Replacement Therapy (NRT) including the nicotine patch, gum, inhaler and/or lozenge for inpatients of CAMH, without prior consultation with a physician or a nurse practitioner (NP), under defined circumstances. The duration of the medical directive once initiated is 72 hours. Specified doses, indications, and maximum number of doses in 24 hours are indicated in Appendix A and Appendix B.

2.0 Recipient Patients
Clients/Patients registered to CAMH’s Emergency Department or admitted to an inpatient unit.

3.0 Authorized Implementers
RN, RPNs and pharmacists who are employed by CAMH and who have completed the Nicotine Replacement Therapy e-learning module may implement this directive. This training includes indications and contraindications for use of NRT, signs and symptoms of nicotine withdrawal and overdose, and actions to be taken if the client/patient presents with the above.

Authorized implementers will sign off on the medical directive in the CAMPUS system.

Agency Nurses are NOT authorized to initiate an order for NRT but can administer the medication.

4.0 Indications
Prior to initiating any nicotine replacement within this medical directive, RNs, RPNs and pharmacists must assess the following:

- Smoking status (i.e. number of cigarettes per day)
- Time to first cigarette of the day after waking
- Duration of use (cigarettes)
- Readiness to change (NB: this can be ‘zero’ if the client/patient is not ready to reduce/quit smoking but needs NRT because he/she is in a non-smoking facility)
- Goals (reduction, abstinence, no change) – as above
- Prior experience with any NRT (i.e. efficacy and side effects – see section 5.0 as well)
- Client/patient preference for type(s) of NRT
- Pregnancy/lactation status
- Presence of the following medical conditions: recent stroke, immediately post myocardial infarction (MI), life threatening arrhythmias, severe or worsening angina, temporomandibular joint (TMJ) dysfunction.
- Currently prescribed varenicline (Champix) or bupropion (Zyban/Wellbutrin)

5.0 Contraindications

- Known history of (or newly presenting) adverse side effects, drug sensitivity or allergy to nicotine replacement products (make note of the brand name, if possible, of the product associated with the reaction).
- Pregnant or lactating clients/patients, or those with recent MI, cardiac disease, recent stroke, severe or worsening angina or arrhythmias. ‘Recent’ is defined as within the last two weeks in this Medical Directive. These are not absolute contraindications; recent studies have shown that using NRT is safer then smoking. However consult with a physician or NP before initiating NRT for clients/patients with these conditions.
- See Appendix A for contraindications and cautions for specific products

6.0 Consent

The RN, RPN or pharmacist will obtain informed consent from the client/patient prior to initiating the medical directive.

7.0 Guidelines for Implementing the Order

7.1 Initiation of the NRT

For decisions relating to the initiation of NRT, refer to sections 4.0 and 5.0 as well as Appendices A and B.

7.2 Monitoring Use of NRT
If the client/patient complains of symptoms of excess nicotine, hold NRT, discourage the client/patient from smoking, monitor the client/patient, and contact the physician/NP (symptoms of excess nicotine may, in rare cases, include nausea, vomiting, diaphoresis, tremors, light-headedness, confusion, racing heart, or weakness).

The patch may be removed at bedtime if it is interfering with sleep.

If the client/patient experiences symptoms of nicotine withdrawal, despite maximizing the dose(s) of NRT in this medical directive, request physician/NP to reassess doses. Nicotine withdrawal symptoms may include craving to smoke, irritability, frustration, anger, anxiety, difficulty concentrating and/or restlessness.

If the client/patient experiences skin irritation with the patch (or if the patch is not adhering properly, even with tape around the edges) it may help to switch to another brand (contact the pharmacy).

8.0 Documentation and Communication

Implementation of this directive requires the following standard documentation:

a. RNs, RPNs, Pharmacists

- NRT orders are to be entered as described in Appendix A. Scheduled or PRN orders must indicate: date and time of initiating the medical directive, drug, dosage, maximum dose in 24 hours (for PRNs), the words “medical directive”, and the electronic signature of the RN, RPN or pharmacist.
- Document in the client/patient health record PowerForm for NRT medical directives, details of the assessment and order, including:
  - Date and time that the medical directive was initiated
  - Assessment completed in determining the need to implement the directive (see 4.0 Indications and 5.0 Contraindications);
  - Informed consent provided to client/patient;
  - Name of medical directive;

b. RNs, RPNs:

- Drug and dosage administered;
- Route of NRT administered;
- Name of the physician responsible for the client/patient;
- Evaluation of the client/patient’s response to the implemented treatment.
Any medication initiated on the authority of this medical directive should be brought to the attention of the client/patient’s treating physician or NP by the RN, RPN or pharmacist within 72 hours. If the treating physician agrees that the specified medication continue to be given to the client/patient then the physician must co-sign the medical directive on the MAR.

9.0 Review and Quality Monitoring Guidelines
9.1 Addressing Questions or Concerns
   • If a RN, RPN or pharmacist requires clarification of this medical directive, he/she should consult the attending physician or NP within his/her program.
   • If a nurse requires consultation on the dose or safety requirements of this directive for a specific client/patient, he/she should contact a physician or NP.

9.2 Review and Evaluation
   • A current or updated list of those certified to implement this medical directive must be maintained by each nursing unit. Methods for monitoring this medical directive must be implemented by each unit.
   • The RN, RPN or pharmacist is expected to complete the NRT e-learning on an annual basis or more frequently as needed.

10.0 Administrative Approvals
    Pharmacy and Therapeutics Committee May 20, 2014
    Medical Advisory Committee June 3, 2014

11.0 Approving Physician(s)/Authorizer(s)
    All physicians acting in a clinical role who have inpatient duties at CAMH. Signatures of physicians will be obtained by September 30th annually and are stored in the office of the Manager of Medical Services.

12.0 References
    n/a

13.0 Links/Related Documents
    AHR 3.11.15 Tobacco-Free Initiative
    CAMH Formulary
    Compendium of Pharmacetics and Specialties
    Registered Nurses of Association of Ontario Nursing Best Practice Guideline: Integrating Smoking Cessation into Daily Nursing Practice
    College of Nurses of Ontario Practice Guideline: Consent
Title: Initiation of Nicotine Replacement Therapy by Registered Nurses and Pharmacists for CAMH Inpatients

http://www.ocpinfo.com/Client/ocp/ocphome.nsf/web/Expanded+Scope+of+Practice+Regulation

Videos:

The ins and outs of NRT and other cessation medicines
http://www.youtube.com/watch?v=ge36fAOEtq4&feature=youtu.be

How to use the nicotine patch (CAMH’s TEACH project):
http://www.youtube.com/watch?v=reJ7m714pXQ

How to use the nicotine lozenge (CAMH’s TEACH project):
http://www.youtube.com/watch?v=nHe32QaDY2M&feature=relmfu

How to use the nicotine inhaler (CAMH’s TEACH project):
http://www.youtube.com/watch?v=F_ZzwANlgrw

How do you use the nicotine gum? (CAMH’s TEACH project):
http://www.youtube.com/watch?v=R0lh4CQ0hfo

14.0 Review/Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Revision Type (minor edit, moderate revision, complete revision)</th>
<th>Reference Section(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2008</td>
<td>1.0</td>
<td>New medical directive</td>
<td>n/a</td>
</tr>
<tr>
<td>May 2011</td>
<td>2.0</td>
<td>Moderate</td>
<td>Reformat; addition of consent, addition of nicotine lozenges to medication list, update to contraindications and decision tree</td>
</tr>
<tr>
<td>December 2013</td>
<td>3.0</td>
<td>Moderate</td>
<td>Update to appendices, resources</td>
</tr>
<tr>
<td>June 2014</td>
<td>4.0</td>
<td>Minor</td>
<td>Addition of RPN throughout directive</td>
</tr>
</tbody>
</table>
### Appendix A

<table>
<thead>
<tr>
<th>Medication/Dosage</th>
<th>Indications</th>
<th>Contraindications/Cautions</th>
<th>Max Dose in 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGULARLY SCHEDULED MEDICATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine Transdermal Patch: Can be given alone or in combination with a PRN NRT agent (nicotine gum, lozenge or inhaler).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nicotine patch 21 mg qam*</td>
<td>Smoking 10 or more cigarettes per day (CPD)</td>
<td>See section 5.0 plus: Hypersensitivity to the patch. Signs and symptoms of these may include local redness, generalized rash, pruritis, edema, or hives.</td>
<td>21 mg</td>
</tr>
<tr>
<td>nicotine patch 14 mg qam*</td>
<td>Smoking 5 to 9 CPD (or unable to tolerate higher dose)</td>
<td></td>
<td>14 mg</td>
</tr>
<tr>
<td>nicotine patch 7 mg qam*</td>
<td>Smoking less than 5 CPD (or unable to tolerate a higher dose)</td>
<td>Patches must not be cut to make a smaller dose.</td>
<td>7 mg</td>
</tr>
</tbody>
</table>

*May apply first patch at any time on the day the medical directive is started.*
<table>
<thead>
<tr>
<th>PRN (AS NEEDED) MEDICATION</th>
<th>Nicotine Gum:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be used alone or in combination with nicotine patch (client/patient can select between gum, inhaler or lozenge – order must be specific as to which one)</td>
<td></td>
</tr>
<tr>
<td>nicotine gum 4mg q1h PRN nicotine withdrawal symptoms</td>
<td>See algorithm. Willing to learn the proper technique since the nicotine has to be absorbed across the buccal mucosa. 4mg gum likely more effective than 2 mg.</td>
</tr>
<tr>
<td>nicotine gum 2mg q1h PRN nicotine withdrawal symptoms</td>
<td>As above and unable to tolerate 4mg gum.</td>
</tr>
<tr>
<td>Nicotine Inhaler:</td>
<td></td>
</tr>
<tr>
<td>Can be used alone or in combination with nicotine patch (client/patient can select between gum, inhaler or lozenge – order must be specific as to which one)</td>
<td></td>
</tr>
<tr>
<td>nicotine Inhaler 10mg cartridge q1h PRN nicotine withdrawal symptoms (each cartridge releases 4mg of nicotine)</td>
<td>See algorithm. Willing to learn the proper technique. Unable to tolerate or use nicotine gum.</td>
</tr>
<tr>
<td>Nicotine Lozenge:</td>
<td></td>
</tr>
<tr>
<td>Can be used alone or in combination with nicotine patch. (client/patient can select between gum, inhaler or lozenge – order must be specific as to which one)</td>
<td></td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>Dosage</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>Nicotine lozenge 4 mg q1h</td>
<td>PRN nicotine withdrawal symptoms</td>
</tr>
<tr>
<td>Nicotine lozenge 2 mg q1h</td>
<td>PRN nicotine withdrawal symptoms</td>
</tr>
<tr>
<td>Nicotine lozenge 1 mg q1h</td>
<td>PRN nicotine withdrawal symptoms</td>
</tr>
</tbody>
</table>
Appendix B: Decision Tree to Address Nicotine Withdrawal

Smoking Status
“How much do you smoke?”

For more information on nicotine dependence, smoking cessation or nicotine replacement therapy, contact the Nicotine Dependence Clinic.

Client/Patient smokes ______ cigarettes/day

Non-daily smoker
No withdrawal on stopping smoking

No medication
(periodically re-assess)

Daily Smoker

10 or more cigarettes/day

5-9 cigarettes/day
(or unable to tolerate higher dose of patch)

Less than 5 cigarettes/day
(or unable to tolerate a higher dose of patch)

If patch alone is not relieving withdrawal symptoms, add:

nicotine* gum, lozenge or inhaler q1h PRN for nicotine withdrawal up to a maximum of 10 pieces per 24 hours (or 6 pieces per 24 hours if using patch)

* Try 4 mg strength gum or lozenge if client/patient can tolerate this strength.

If client/patient still has withdrawal symptoms despite maximum doses, consult physician or nurse practitioner to re-assess dose.
Medical directive expires in 72 hours

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