

## NHS Tobacco Dependence Treatment Care Bundles: Clinical checklists

The three care bundles to support tobacco dependence treatment for inpatients are outlined below (see table 1).

### Admission Care Bundle

**Responsible Team: Admission Team**

Providing immediate brief advice, acute management of tobacco withdrawal and opt-out referral to the in-house Tobacco Dependence Team at the point of admission (as soon as possible, and ideally within 2 hours of admission).

### Inpatient Care Bundle

**Responsible Team: Tobacco Dependence Team**

Providing personalised bedside tobacco dependence support from an in-house Tobacco Dependence Adviser, including assessment and development of treatment plan, monitoring response to treatment delivering specialist support, and planning for post-discharge care.

### Post-Discharge Care Bundle

**Responsible Team: Tobacco Dependence Team or  
Community Stop Smoking Service (Transfer of Care)**

The offer of a post-discharge treatment and support package as part of care, including tobacco dependence aids and referral to specialist support. Includes:

### Clinical Checklists

This NHS Standard Treatment Plan (STP) for Inpatient Tobacco Dependence is a guide to support delivery of the three Inpatient Tobacco Dependence Treatment Care Bundle. The STP is designed to ensure patients receive consistent intervention based on evidence-based practice and provide patients with the best possible chance of having a smokefree hospital admission and long-term abstinence.

The Clinical Checklists correspond to the consultations outlined in the STP and provide a quick reference for what should be included at each contact. The checklists are designed to allow NHS staff to 'build' their portfolio of skills and can be used as a memory aid during consultations. These Clinical Checklists should be viewed as a guide and can be tailored in terms of order in which elements of support are discussed, patient needs, and time available.

The STP should be referenced for more detailed guidance.

[www.ncsct.co.uk/publications/STP-inpatient-acute](http://www.ncsct.co.uk/publications/STP-inpatient-acute)

**Table 1: Overview of the NHS Inpatient Tobacco Dependence Treatment Delivery Care Bundles**

| Bundle                                   | Responsible Team   | Care Bundle Details   |
|--|--|---|
| <p><b>Admission Care Bundle</b></p>      | <p><b>Admitting Team</b><br/>(Target for completion: Within two hours of admission)</p>  | <p><b>Brief advice and acute management of tobacco withdrawal</b></p> <p><b>IDENTIFY</b> – Identify tobacco use status. Any patient that actively smokes or has stopped within the <b>last two weeks</b> should be identified as meeting criteria for treatment</p> <p><b>ADVISE</b> – Provide brief advice on importance of smokefree admission, role of NRT, and available treatment and support</p> <p><b>TREAT</b> – Initiate combination NRT using rapid NRT prescribing protocol. Consider use of a nicotine vape or nicotine analogue medications where appropriate</p> <p><b>REFER</b> – Inform patient they will be referred to the in-house Tobacco Dependence Team and complete referral using local pathway</p> <p><b>RECORD</b> – Tobacco dependence diagnosis is recorded in patient medical record, ideally in the admission <b>diagnosis list and disease management plan</b></p> |
| <p><b>Inpatient Care Bundle</b></p>      | <p><b>Tobacco Dependence Team (TDT)</b><br/>(Target for completion: Within 24 hours of admission)</p>  | <p><b>Initial assessment and treatment plan</b></p> <ul style="list-style-type: none"> <li>■ Complete assessment</li> <li>■ Titrate/tailor or change medications as needed</li> <li>■ Provide personalised behavioural support</li> </ul>   |
|  | <p><b>Tobacco Dependence Team (TDT)</b><br/>(Based on patient need and length of stay)</p>   | <p><b>Follow-up consultations (whilst in hospital)</b></p> <ul style="list-style-type: none"> <li>■ Titration of medications</li> <li>■ Provide behavioural support</li> </ul>  |
|  | <p><b>Tobacco Dependence Team (TDT)</b></p>  | <p><b>Discharge planning and referral to community support</b></p> <ul style="list-style-type: none"> <li>■ Provide referral for ongoing support and to continue 12 week course of medication</li> <li>■ Provide supply of combination NRT/other aids (minimum recommended supply is 2 weeks)</li> <li>■ Ensure tobacco treatment plan is included in discharge summary and incorporates: behavioural support provided, treatment provided, and details of referral to community stop smoking support</li> </ul>  |
| <p><b>Post-Discharge Care Bundle</b></p> | <p><b>Tobacco Dependence Team (TDT) or Community Stop Smoking Service (Transfer of Care)</b><br/>(Target for completion: four weeks, post-discharge)</p> | <p><b>7 – 14 day post-discharge telephone contact</b></p> <ul style="list-style-type: none"> <li>■ Check smoking status, ongoing use of treatment, check engagement with community-based tobacco dependence support, liaise with community support if appropriate.</li> </ul> <p><b>Four week follow-up contact and outcome assessment</b></p> <ul style="list-style-type: none"> <li>■ Document smoking status, ongoing use of treatment, check engagement with community-based tobacco dependence support, liaise with community support if appropriate.</li> </ul>   |

# The Admission Care Bundle

## Brief advice and acute management of nicotine withdrawal

**Timeframe:** As soon as possible, ideally within two hours of admission

**Responsible Team:** Admitting Team

**Duration:** 5–10 minutes

### Clinical checklist

Done

- |  |                          |
|--|--------------------------|
| <b>1 IDENTIFY tobacco use status (smoked in last 14 days)</b>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Conduct CO testing (Recommended best practice)</li></ul>   |                          |
| <b>2 ADVISE – Provide brief advice on:</b>   | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Hospital's smokefree policy and importance of smokefree admission</li><li>Managing withdrawal symptoms and urges to smoke</li><li>Nicotine not being source of harm from smoking</li><li>Available treatment and support</li></ul> |                          |
| <b>3 TREAT – Initiate combination nicotine replacement therapy (Recommended clinical practice: As soon as possible, ideally within 2 hours of admission)</b>   | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Select NRT treatment and arrange for supply (initiate rapid NRT protocol)</li><li>Provide instructions for use of NRT products</li><li>As appropriate, consider use of nicotine vape or nicotine analogue medication</li></ul>     |                          |
| <b>4 REFER – Inform patient they will be referred to the in-house Tobacco Dependence Team</b>  | <input type="checkbox"/> |
| <b>5 RECORD</b>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>Record tobacco dependence in <b>admission diagnosis</b></li><li>Ensure tobacco dependence treatment details are included in the <b>management plan</b></li></ul>   |                          |

### Communication skills used

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Build rapport                      | Use reflective listening | <input type="checkbox"/> |
| Boost motivation and self-efficacy | Provide reassurance      | <input type="checkbox"/> |

### After the consultation

- |   |                          |
|---|--------------------------|
| Record tobacco dependence in the admission diagnosis list   | <input type="checkbox"/> |
| Record details of treatment in disease management plan  | <input type="checkbox"/> |
| Arrange provision of NRT or nicotine vapes (as soon as possible, ideally within 2 hours of admission)   | <input type="checkbox"/> |
| Ensure tobacco dependence team have been notified   | <input type="checkbox"/> |
| For patients taking Clozapine or Olanzapine or other medication where smoking affects drug metabolism, consult with prescriber on dose adjustment as per local protocol | <input type="checkbox"/> |

# The Inpatient Care Bundle

## Initial assessment and treatment plan

**Timeframe:** Within 24 hours of admission

**Responsible Team:** Hospital Tobacco Dependence Team

**Duration:** 15–45 minutes

### Clinical checklist

Done

|          |   |                          |
|----------|---|--------------------------|
| <b>1</b> | <b>Establish rapport and learn about how the patient is managing their abstinence</b> | <input type="checkbox"/> |
| <b>2</b> | <b>Provide personalised advice and inform about available support</b>                 | <input type="checkbox"/> |
| <b>3</b> | <b>Conduct assessment</b>   |                          |
|          | ■ Assess patient's level of tobacco dependence  | <input type="checkbox"/> |
|          | ■ Assess withdrawal symptoms and urges to smoke                                       | <input type="checkbox"/> |
|          | ■ Assess current treatment use (frequency, correct technique)                         | <input type="checkbox"/> |
| <b>4</b> | <b>Agree to treatment plan and provide specialist support during hospital stay</b>    |                          |
|          | ■ Advise on importance of tobacco dependence aids and instructions for use            | <input type="checkbox"/> |
|          | ■ Adjust NRT (as needed) and/or consider use of nicotine vapes/analogues              | <input type="checkbox"/> |
|          | ■ Advise on managing urges to smoke and identify personal coping strategies           | <input type="checkbox"/> |
|          | ■ Explain and conduct carbon monoxide testing   | <input type="checkbox"/> |
|          | ■ Discuss patient's smokefree goal/plan during and beyond hospital admission          | <input type="checkbox"/> |
|          | ■ Provide brief motivational intervention for patients (as appropriate)               | <input type="checkbox"/> |
| <b>5</b> | <b>Provide summary, agree to next follow-up, and prompt commitment</b>                |                          |
|          | ■ Address any questions or concerns   | <input type="checkbox"/> |
|          | ■ Prompt commitment from patient for staying smokefree or harm reduction goals        | <input type="checkbox"/> |

### Communication skills used

|                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Build rapport                      | Use reflective listening | <input type="checkbox"/> |
| Boost motivation and self-efficacy | Provide reassurance      | <input type="checkbox"/> |

### After the consultation

|  |                          |
|--|--------------------------|
| Record assessment and treatment plan, update disease management plan         | <input type="checkbox"/> |
| Arrange continued combination NRT, nicotine analogue or nicotine vape supply | <input type="checkbox"/> |
| Communicate with patient's treating team (as needed)                         | <input type="checkbox"/> |



# The Inpatient Care Bundle

## Discharge planning

**Timeframe:** Prior to discharge based on length of stay (LOS)

**Responsible Team:** Hospital Tobacco Dependence Team

**Duration:** 5–10 minutes

### Clinical checklist

Done

- |          |  |                          |
|----------|--|--------------------------|
| <b>1</b> | <b>Assess progress and any challenges experienced, provide positive reinforcement and reassess readiness to stop or reduce smoking</b> | <input type="checkbox"/> |
| <b>2</b> | <b>Discuss continued use of treatment and provide supply of tobacco dependence medication/aids</b>                                     | <input type="checkbox"/> |
| <b>3</b> | <b>Discuss importance of support following discharge from hospital</b>   |                          |
|          | ■ Discuss importance and review plans for post-discharge support   | <input type="checkbox"/> |
|          | ■ Inform patient of post-discharge follow-up calls/contacts  | <input type="checkbox"/> |
| <b>4</b> | <b>Provide guidance on staying smokefree/reducing smoking following discharge</b>  |                          |
|          | ■ Discuss plan/tips for staying smokefree following discharge  | <input type="checkbox"/> |
|          | ■ Discuss plan for dealing with urges to smoke   | <input type="checkbox"/> |
|          | ■ Reinforce the importance of abrupt cessation and dealing with any lapses   | <input type="checkbox"/> |
|          | ■ Identify support persons and plan ahead for patients with other people who smoke in the home   | <input type="checkbox"/> |
| <b>5</b> | <b>Provide a summary and address any questions or concerns</b>   |                          |
|          | ■ Prompt commitment from patient to staying smokefree or achieving harm reduction goals  | <input type="checkbox"/> |

### Communication skills used

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Build rapport                      | Use reflective listening | <input type="checkbox"/> |
| Boost motivation and self-efficacy | Provide reassurance      | <input type="checkbox"/> |

### After the consultation

- |   |                          |
|---|--------------------------|
| Document consultation in patient record   | <input type="checkbox"/> |
| Provide a supply of NRT and/or vaping liquids to be used post-discharge (minimum recommended supply is 2 weeks).        | <input type="checkbox"/> |
| If the patient is taking cytosine provide the remaining tablets in the pack to reach the end of the treatment, 25 days. | <input type="checkbox"/> |
| Communicate with patient's care team (as needed)  | <input type="checkbox"/> |
| Communicate with prescribers (as needed)  | <input type="checkbox"/> |
| Coordinate community referral (as needed)   | <input type="checkbox"/> |

# The Post-Discharge Care Bundle

1–4 week follow-up and outcome measurement

## 7–14 day post-discharge telephone contact

**Timeframe:** 7–14 days post-discharge

**Responsible Team:** Hospital Tobacco Dependence Team or  
Community Stop Smoking Service (Transfer of Care)

**Duration:** 5–10 minutes

### Clinical checklist

Done

|          |   |                          |
|----------|---|--------------------------|
| <b>1</b> | <b>Establish rapport and explain the reason for the call</b>  | <input type="checkbox"/> |
| <b>2</b> | <b>Assess smoking status and reassess smokefree goals</b>   | <input type="checkbox"/> |
| <b>3</b> | <b>Assess medication/vape use and supply</b>  | <input type="checkbox"/> |
| <b>4</b> | <b>Confirm access to community-based support, briefly address barriers, review options and refer as appropriate</b> | <input type="checkbox"/> |
| <b>5</b> | <b>Provide a summary and schedule 28-day follow-up</b>  | <input type="checkbox"/> |

### Communication skills used

|                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Build rapport                      | Use reflective listening | <input type="checkbox"/> |
| Boost motivation and self-efficacy | Provide reassurance      | <input type="checkbox"/> |

### After the consultation

|   |                          |
|---|--------------------------|
| Document consultation in patient record   | <input type="checkbox"/> |
| Coordinate community referral (as needed) | <input type="checkbox"/> |

# The Post-Discharge Care Bundle

## Four-week follow-up contact and outcome assessment

**Timeframe:** 28 days post-discharge

**Responsible Team:** Hospital Tobacco Dependence Team or  
Community Stop Smoking Service (Transfer of Care)

**Duration:** 10 minutes

**Format:** By telephone or in-person

### Clinical checklist

Done

|          |   |                          |
|----------|---|--------------------------|
| <b>1</b> | <b>Learn about progress and assess current smoking status, reassess smokefree goals</b>                             | <input type="checkbox"/> |
| <b>2</b> | <b>Assess medication/vape use and supply</b>  | <input type="checkbox"/> |
| <b>3</b> | <b>Confirm access to community-based support, briefly address barriers, review options and refer as appropriate</b> | <input type="checkbox"/> |
| <b>4</b> | <b>Provide a summary and positive reinforcement</b>   | <input type="checkbox"/> |

### Communication skills used

|                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Build rapport                      | Use reflective listening | <input type="checkbox"/> |
| Boost motivation and self-efficacy | Provide reassurance      | <input type="checkbox"/> |

### After the consultation

|  |                          |
|--|--------------------------|
| Document consultation in patient record  | <input type="checkbox"/> |
| Document 28 day smoking status in using locally established protocols for national dataset | <input type="checkbox"/> |
| Coordinate community referral (as needed)  | <input type="checkbox"/> |