

NHS Tobacco Dependence Treatment Care Bundles for Mental Health Hospitals: Clinical checklists

Table 1 provides an overview of the NHS Inpatient Tobacco Dependence Treatment Care Bundles for Mental Health Hospitals. The three bundles are the:

Point of Admission Care Bundle

Responsible Team: Admission Team

Providing immediate brief advice, rapid management of tobacco withdrawal and opt-out automated referral (or notification) by ward staff to the in-house Tobacco Dependence Team at the point of admission.

Inpatient Care Bundle

Responsible Team: Tobacco Dependence Team

Providing personalised tobacco dependence support from a specialist TDA, including assessment and development of treatment plan.

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 by specialist TDA, including the provision of tobacco dependence aids and referral to specialist support in the community.

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-mental-health

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

Bundle	Responsible Team	Care Bundle Details
Point of Admission Care Bundle	Admitting Team (Target for completion: Ideally within 30 minutes of admission but always within two hours)	<p>Brief advice and acute management of tobacco withdrawal</p> <p>IDENTIFY – Identify tobacco use and vaping status. Conduct carbon monoxide test. Any patient that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment.</p> <p>ADVISE – Provide brief advice and inform about available treatment and support.</p> <p>TREAT – Initiate treatment with a nicotine vape (for adults, if risk assessment permits) and/or combination NRT.</p> <p>REFER – Inform patient they will be referred to the in-house Tobacco Dependence Team and complete referral using local pathway.</p> <p>RECORD – Tobacco dependence diagnosis is recorded in patient medical record, ideally in the admission diagnosis list and management plan.</p>
Inpatient Care Bundle	Trust inpatient Tobacco Dependence Team (Target for completion: Within 24 hours of admission)	<p>Initial assessment and treatment plan</p> <ul style="list-style-type: none"> Complete assessment of severity of tobacco dependence Titrate/adjust nicotine vape and NRT (as needed) Advise on managing urges to smoke and coping strategies Test carbon monoxide (CO) level and discuss result Discuss patient's smokefree goal/plan Provide brief motivational intervention (as appropriate)
	Trust inpatient Tobacco Dependence Team (Typically weekly and more frequently if needed)	<p>Follow-up consultations (whilst in hospital)</p> <ul style="list-style-type: none"> Assess treatment response Ensure correct use of vape/NRT Repeat CO test and provide feedback Review and revise treatment plan Consider use of nicotine analogue medications where appropriate Provide behavioural support
	Trust inpatient Tobacco Dependence Team	<p>Discharge planning and referral to community support</p> <ul style="list-style-type: none"> Provide referral for ongoing support and to continue 12-week course of vape/NRT/nicotine analogue medication On discharge, provide supply of combination NRT/other aids (minimum recommended supply is two weeks) 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
Post-Discharge Care Bundle	Trust inpatient Tobacco Dependence Team or Community Stop Smoking Service (Transfer of Care) (Target for completion: four weeks post-discharge)	<p>7 – 14 day post-discharge telephone contact</p> <ul style="list-style-type: none"> Check smoking status, ongoing use of tobacco dependence treatment aids, check engagement with community-based tobacco dependence support, liaise with community support if appropriate. <p>Four week follow-up contact and outcome assessment</p> <ul style="list-style-type: none"> Document smoking status, ongoing use of tobacco dependence treatment aids, check engagement with community-based tobacco dependence support, liaise with community support if appropriate.

The Point of Admission Care Bundle

Brief advice and acute management of nicotine withdrawal

Timeframe: Ideally within 30 minutes of admission but always within two hours of admission

Responsible Team: Admitting Team

Duration: 5–10 minutes

Brief clinical checklist

Done

1	IDENTIFY current tobacco and vape use (last 14 days)	<input type="checkbox"/>
	<ul style="list-style-type: none">■ <i>"Do you currently smoke or use any other tobacco?"</i> > If yes, complete checklist; If no, record■ <i>"Do you currently vape?"</i> > If yes, support with continued use and record■ Measure and record carbon monoxide (CO) level	<input type="checkbox"/>
2	ADVISE – Provide brief advice on:	
	<ul style="list-style-type: none">■ Hospital's smokefree policy: <i>"All NHS hospitals including this one are completely smokefree, both in the buildings and on the grounds. This is to protect the health and wellbeing of patients and staff."</i>■ Available treatment and support: <i>"Whilst you are in hospital it is important that we help you manage the withdrawal symptoms and urges to smoke you may experience. We can give you a vape or nicotine replacement therapy that will make it much easier for you to not smoke."</i>	<input type="checkbox"/> <input type="checkbox"/>
3	TREAT – Initiate rapid treatment protocol with nicotine vape or combination NRT	
	<ul style="list-style-type: none">■ Complete risk assessment to ascertain if patient can safely use a vape/NRT■ Assess tobacco dependence: <i>"On a typical day, how many cigarettes do you smoke?"</i> See dosing guidelines (on next page).■ Provide instructions for use of selected vape/NRT products <p>Nicotine vapes > <i>"Use the vape regularly throughout the day and when urges to smoke occur. Take slow puffs on the vape to draw the vapour into your mouth and then inhale into your lungs."</i></p> <p>Combination NRT > <i>"Use a new patch every day and use the fast-acting NRT on the hour, every hour and as needed to manage urges to smoke and withdrawal symptoms."</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	REFER – Complete referral to the in-house Tobacco Dependence Team	<input type="checkbox"/>
	<ul style="list-style-type: none">■ Inform patient: <i>"A member of our Tobacco Dependence Team will come and see you to check how you're doing and provide additional support during your stay in hospital."</i>	
5	RECORD tobacco dependence in admission diagnosis and treatment details in the care plan	<input type="checkbox"/>

The Point of Admission Care Bundle

Brief advice and acute management of nicotine withdrawal

Dosing guidelines

Tobacco dependence	Initial dosing guidance
Low level dependence <10 cigarettes per day	<ul style="list-style-type: none">■ 3–12 mg/ml vape; or■ Fast-acting NRT product; or■ 10–15 mg NRT patch
Moderate level dependence 10–19 cigarettes per day	<ul style="list-style-type: none">■ 12–20 mg/ml vape (1 daily); or■ 21 or 25 mg patch + fast-acting NRT product
High level dependence 20–29 cigarettes per day	<ul style="list-style-type: none">■ 18–20 mg/ml vape (1–2 daily); or■ 18–20 mg/ml vape (1 daily) + 21 or 25 mg NRT patch; or■ 21 or 25 mg NRT patch + fast-acting NRT product
Very high level dependence >30 cigarettes per day	<ul style="list-style-type: none">■ 18–20 mg/ml vape (2–3 daily); or■ 18–20 mg/ml vape (1–2 daily) + 21 mg or 25 mg NRT patch; or■ 2 x 21 or 25 mg NRT patch + fast-acting NRT product

Prior to the consultation

Check the patient's record for an advance agreement for tobacco treatment – if you find one, honour it	<input type="checkbox"/>
Conduct medications review (See Appendix 12 for interactions with smoking)	<input type="checkbox"/>

Following the consultation

Record tobacco dependence in the admission diagnosis list	<input type="checkbox"/>
Record details of treatment in care plan	<input type="checkbox"/>
Arrange provision of nicotine vapes or NRT	<input type="checkbox"/>
Complete referral to/notify in-house Tobacco Dependence Team using local protocol	<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 (See Appendix 12)	<input type="checkbox"/>
Record baseline carbon monoxide (CO) test result	<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

1	Establish rapport and learn about how the patient is managing their tobacco dependence	<input type="checkbox"/>
2	Provide personalised advice and inform about available support	<input type="checkbox"/>
3	Conduct assessment	
	■ 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, dose)	<input type="checkbox"/>
4	Agree to treatment plan and provide specialist support during hospital stay	
	■ Advise on importance of tobacco dependence aids and instructions for use	<input type="checkbox"/>
	■ Titrate/adjust nicotine vape or NRT (as needed) and/or consider use of nicotine analogue	<input type="checkbox"/>
	■ Advise on managing urges to smoke and planning personal coping strategies	<input type="checkbox"/>
	■ Explain and conduct carbon monoxide (CO) testing	<input type="checkbox"/>
	■ Discuss patient's smokefree goal/plan during and beyond hospital admission	<input type="checkbox"/>
	■ Provide motivational intervention (as appropriate)	<input type="checkbox"/>
5	Provide summary, agree to next follow-up, and prompt commitment	
	■ Provide summary and ask about any questions	<input type="checkbox"/>
	■ Prompt commitment from patient to treatment plan and staying smokefree or harm reduction goal	<input type="checkbox"/>

Communication skills used

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

After the consultation

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

The Inpatient Care Bundle

Follow-up consultations (whilst in hospital)

Timeframe: Based on length of stay and patient complexity

Responsible Team: Hospital Tobacco Dependence Team

Duration: 10–15 minutes

Clinical checklist

Done

1	Check on patient progress	<input type="checkbox"/>
	<input type="checkbox"/> Provide positive reinforcement	
2	Measure carbon monoxide (CO)	<input type="checkbox"/>
3	Assess treatment response	
	<input type="checkbox"/> Assess withdrawal symptoms and urges to smoke and how they have dealt with them	<input type="checkbox"/>
	<input type="checkbox"/> Confirm correct use of treatment (frequency, technique); address any side effects	<input type="checkbox"/>
	<input type="checkbox"/> Discuss any difficult situations experienced and method of coping	<input type="checkbox"/>
4	Review and revise treatment plan	
	<input type="checkbox"/> Adjust treatment plan as needed; advise on continued use of aids	<input type="checkbox"/>
	<input type="checkbox"/> Consider addition of second aid	<input type="checkbox"/>
	<input type="checkbox"/> Discuss strategies for coping with urges to smoke	<input type="checkbox"/>
	<input type="checkbox"/> Discuss personal smoking routines, triggers, high risk situations and coping strategies	<input type="checkbox"/>
	<input type="checkbox"/> Reassess patient's tobacco treatment goals and confidence in remaining smokefree	<input type="checkbox"/>
	<input type="checkbox"/> Provide information about community follow-up support (as appropriate)	<input type="checkbox"/>
	For patients focusing on temporary abstinence:	
	<input type="checkbox"/> Provide brief motivational intervention (as appropriate)	<input type="checkbox"/>
	<input type="checkbox"/> Assess interest in harm reduction ('Cut Down and Then Stop' with use of vape or NRT)	<input type="checkbox"/>
	<input type="checkbox"/> Provide information about community follow-up support (as appropriate)	<input type="checkbox"/>
5	Provide summary and prompt commitment for staying smokefree	
	<input type="checkbox"/> Address any questions or concerns	<input type="checkbox"/>
	<input type="checkbox"/> Prompt commitment from patient for staying smokefree or achieving harm reduction goals	<input type="checkbox"/>

Communication skills used

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

After the consultation

Document consultation in patient record	<input type="checkbox"/>
Coordinate NRT, vape or nicotine analogue	<input type="checkbox"/>
Communicate with care team (as needed)	<input type="checkbox"/>
Communicate with prescribers (as needed)	<input type="checkbox"/>
Coordinate community referral (as needed)	<input type="checkbox"/>

The Inpatient Care Bundle

Discharge planning

Timeframe: Prior to discharge based on length of stay

Responsible Team: Hospital Tobacco Dependence Team

Duration: 5–10 minutes

Clinical checklist

Done

- | | | |
|----------|--|--------------------------|
| 1 | Assess progress and any challenges experienced, provide positive reinforcement and reassess readiness to stop or reduce smoking | <input type="checkbox"/> |
| 2 | Discuss continued use of treatment and provide supply of tobacco dependence aids | <input type="checkbox"/> |
| 3 | Discuss importance of support following discharge from hospital | |
| | ■ Discuss importance and review plans for post-discharge support | <input type="checkbox"/> |
| | ■ Inform patient of post-discharge follow-up calls/contacts | <input type="checkbox"/> |
| 4 | Provide guidance on staying smokefree/reducing smoking following discharge | |
| | ■ 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"/> |
| | ■ If relevant, remind the patient about the impact of smoking on the metabolism of their medication, and the need to inform their doctor if they start smoking again, so that medication can be adjusted | <input type="checkbox"/> |
| 5 | Provide a summary and address any questions or concerns | <input type="checkbox"/> |
| | ■ Prompt commitment from patient to staying smokefree or achieving harm reduction goals | |

Communication skills used

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

After the consultation

- | | |
|---|--------------------------|
| Document consultation in patient record | <input type="checkbox"/> |
| Provide a supply of NRT and/or e-liquid/pods/nicotine analogues to be used post-discharge (minimum recommended supply is two weeks). If the patient is taking cytisine, provide the remaining tablets in the pack to reach the end of the 25-day treatment. | <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

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

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

Communication skills used

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

After the consultation

Document consultation in patient record	<input type="checkbox"/>
Coordinate community referral (as needed)	<input type="checkbox"/>
Liaise with care team (mental health and GP) if the patient's smoking status has changed and the medication needs to be reviewed, according to local protocol	<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

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

Communication skills used

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