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
1 IDENTIFY tobacco use status (smoked in last 14 days)	☐
■ Conduct CO testing (Recommended best practice)	
2 ADVISE – Provide brief advice on:	☐
■ Hospital's smokefree policy and importance of smokefree admission	
■ Managing withdrawal symptoms and urges to smoke	
■ Nicotine not being source of harm from smoking	
■ Available treatment and support	
3 TREAT – Initiate combination nicotine replacement therapy (Recommended clinical practice: As soon as possible, ideally within 2 hours of admission)	☐
■ Select NRT treatment and arrange for supply (initiate rapid NRT protocol)	
■ Provide instructions for use of NRT products	
■ As appropriate, consider use of nicotine vape or nicotine analogue medication	
4 REFER – Inform patient they will be referred to the in-house Tobacco Dependence Team	☐
5 RECORD	☐
■ Record tobacco dependence in **admission diagnosis**	
■ Ensure tobacco dependence treatment details are included in the **management plan**	

Communication skills used

Build rapport	☐	Use reflective listening	☐
Boost motivation and self-efficacy	☐	Provide reassurance	☐

Following the consultation

Record tobacco dependence in the admission diagnosis list	☐
Record details of treatment in disease management plan	☐
Arrange provision of NRT or nicotine vapes (as soon as possible, ideally within 2 hours of admission)	☐
Ensure tobacco dependence team have been notified	☐
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 10**)	☐

Tips

- Communicating in a non-judgmental, empathetic manner is important in making patients feel more open and receptive to engage in support.
- The patient may be feeling anxious and reluctant to engage to a conversation about their smoking, so your approach is key to providing reassurance.
- The patient may feel incredibly anxious following the acute admission, especially within the first couple of hours. Early intervention to effectively manage the onset of withdrawal symptoms and minimising urges to smoke is crucial to helping alleviate this anxiety.
- On admission the patient may be experiencing discomfort, such as uncontrolled pain, which may be causing confusion, agitation and distress, and the temptation to delay intervention and treatment may arise. However, prompt treatment to manage nicotine withdrawal and urges to smoke will ensure the patient will be less likely to want to smoke during the admission.

Smoking status changes can have an effect on the metabolism of some medications. This is irrespective of the tobacco dependence medication or aid used. Most interactions are not clinically significant but there are a few exceptions, including antipsychotic medications in particular Clozapine and Olanzapine. At the time of admission, medication review is recommended. For patients identified as using Clozapine and Olanzapine, support dose adjustment as per the Trust protocol. See **Appendix 10** for more information.

1 Identify tobacco use status

The NHS Long Term Plan has committed to delivering tobacco dependence treatment to all people admitted overnight in an acute setting. To promptly identify those requiring treatment, it is important to identify the smoking status of all patients as part of the admission process.

Ask all patients:

"Do you currently smoke or use any other form of tobacco?"

If yes: ***"We will provide you with nicotine replacement to ensure any withdrawal symptoms you may get from not smoking are managed."***

If no, ask: ***"When, if at all, did you last use tobacco?"*** or
"Have you used any form of tobacco in the last two weeks?"

If they report being smokefree in the last 2 weeks, **Record in patient record.**

If they report smoking in the last 2 weeks, **Treat by completing the admission care bundle.**

Persons who report current vaping only are not reported as currently smoking. However, these patients may require support with supply of vapes and this should be assessed.

"Do you currently vape?"

Patients reporting they have stopped smoking for more than 7 days:
Treatment with combination NRT is recommended. The assessment below can be used to assess current treatment and assess the value of initiating the rapid NRT protocol.

- **Assess current use of treatment:**

  "Are you using a tobacco dependence aid such as NRT or a vape?"
  If yes: ***"Do you have the NRT or vape with you?"***

- **Assess withdrawal symptoms and risk of relapse:**

  'Are you currently experiencing any withdrawal symptoms or urges to smoke?"
  If yes: rapid NRT protocol is appropriate.

  "How confident, on a scale of 1–10, do you feel that you will be able to remain smokefree during this admission and long-term?"
  If their confidence is below 7: rapid NRT protocol is appropriate.

If a patient reports low confidence, withdrawal symptoms or urges to smoke, provide NRT.

All patients who report smoking in the last 14 days should receive an opt-out referral to the TDT. The referral of patients managing well can be triaged to the TDT as non-urgent.

2 Provide brief advice on importance of smokefree admission, role of NRT, and available treatment and support

- **Inform the patient about the smokefree policy and importance of a smokefree admission**

  "All NHS hospitals including this one are completely smoke free both in the buildings and on the grounds. This is to protect the health and wellbeing of patients and staff."

  Provide the patient with information that describes the links that are relevant to their admission and recovery in relation to their current health and outcomes and personalise the treatment plan.

- **Advise on managing withdrawal symptoms and urges to smoke**

  "Because your body is used to getting regular doses of nicotine from the cigarettes you smoke, it must now learn to adjust to being without it, or having much less of it if you are using NRT or vaping. Within the first few hours of stopping smoking your body will start getting used to not having the regular hits of nicotine that you were getting from your cigarettes. This adjustment can result in unpleasant withdrawal symptoms and urges to smoke."

  Common nicotine withdrawal symptoms:

  - Urges to smoke (usually reduce over time but can appear for a long time after stopping)
  - Increased appetite and weight gain (can persist for three months or longer)
  - Depression, restlessness, poor concentration, irritability/aggression (these usually last less than a month)

  Less common symptoms:

  - Light-headedness (usually lasts less than 48 hours)
  - Waking at night (usually lasts for less than a week)
  - Mouth ulcers (can last over a month)
  - Constipation (can last over a month)

- **Inform about nicotine not being the source of harm from smoking and role in treatment**
  - Nicotine drives the dependence on tobacco but it is NOT the cause of the harms of smoking
  - The harms of smoking come from thousands of toxic chemicals produced when tobacco is burnt to create smoke
  - Keeping these poisonous chemicals out of the body during this hospital admission will help acutely unwell patients recover more quickly
  - Nicotine withdrawal can be unpleasant and it is important to provide nicotine in safe, therapeutic forms to help alleviate this
  - Being smokefree does not have to mean being nicotine-free both during a hospital admission and beyond

"Nicotine is the addictive substance in tobacco products. However, nicotine does NOT cause the negative health effects associated with smoking. It is the tar, carbon monoxide and other chemicals and carcinogens found in tobacco smoke that are responsible for the negative health effects."

- **Reassure the patient and inform them about available support**

  "We will provide treatment for your tobacco dependence to help you remain smokefree during your admission."

  Explain to the patient that they can receive treatment during their admission to manage the discomfort they will experience due to tobacco withdrawal. If they appear reluctant to abstain from smoking completely, explain that they will have the opportunity to get treatment for tobacco dependence during their stay in hospital and will receive specialist support and advice to help them.

  If the patient sounds ambivalent or states that they are unable or unwilling to comply with treatment, try exploring their concerns about stopping abruptly.

  "By providing effective medication and support during your stay, you should find it much easier not to smoke."

  "Being in hospital can be a worrying time and we appreciate not smoking can sometimes be hard, but we will make sure that you receive the best treatment to ease any discomfort."

  "We have NRT and ways to help you manage any withdrawal symptoms and urge to smoke during your admission."

3 Initiate combination nicotine replacement therapy or vapes

To effectively treat withdrawal from nicotine, it is of critical importance that combination NRT (the patch plus a faster-acting NRT product or nicotine vapes) **be initiated as soon as possible following admission, ideally within 2 hours.**

NRT should be readily available 24 hours a day and can be administered by all admitting clinicians.

Importantly, patients will feel much less agitated and irritable if tobacco withdrawal is addressed and managed quickly.

- **Initiate NRT using rapid NRT prescribing protocol**

  All trusts will have a local NRT protocol in place. The BTS has published a new rapid NRT prescribing protocol for use as a simplified protocol for the initial 24–48 hour period of admission to hospital. The BTS Rapid Inpatient NRT protocol includes the 25mg, 16-hour NRT patch plus a faster acting NRT product (See Figure 6).

- **Provide instructions for use of NRT products**

  Regular and correct use of NRT products is very important for effective treatment and also helps avoid the side effects associated with incorrect use.

  Review with patients:

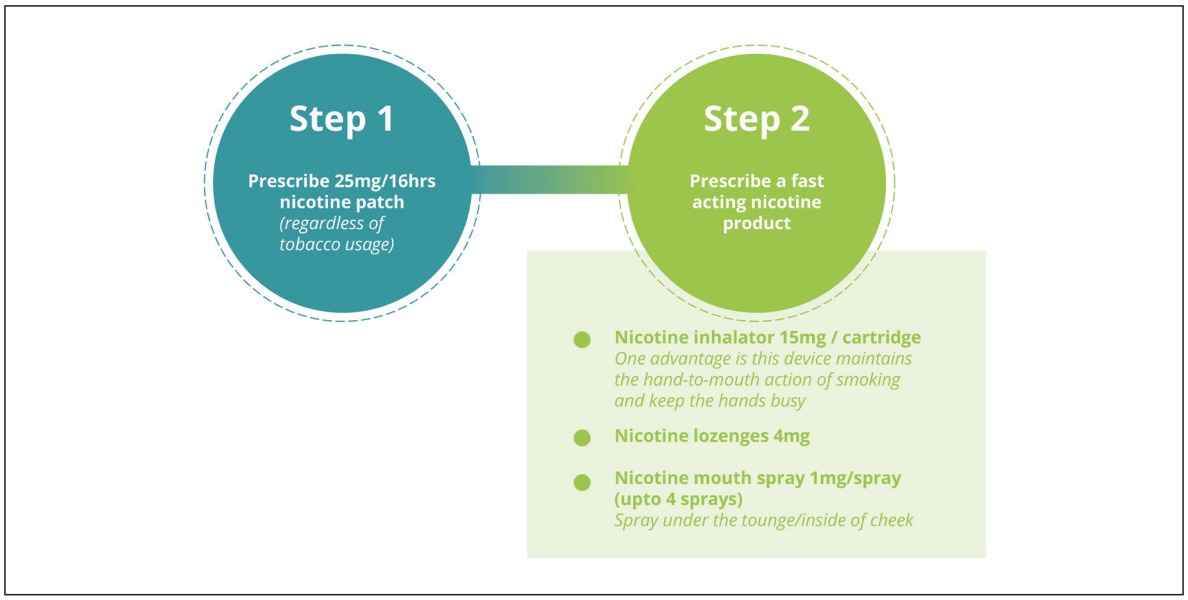
  - Importance of using NRT to manage withdrawal and cravings to smoke.
  - Reassure that products are safe and any side effects are usually mild.
  - Review and demonstrate correct use of products and emphasise importance of using on the hour, every hour (See **Appendix 5** for NRT quick reference sheet).

  Communicate to the patient that if their withdrawal symptoms and urges to smoke are not well managed within a few hours they should inform you as the dose may need to be increased.

Examples of how to discuss use of NRT with patients:

- ***"During your stay it is important to us to help you manage the withdrawal symptoms and urges to smoke that you may experience. We can give you nicotine replacement (or a vape) that will help with this and should make it much easier for you to not smoke."***
- ***"NRT is safe and useful for helping you remain comfortable and smokefree while in hospital. There are a few mild side effects that people sometimes experience, such as skin irritation with patches, mouth or throat irritation, but should these occur there are simple ways to address them."***
- ***"You can use the NRT patch which provides a steady level of nicotine but usually not enough on its own. We will also provide you with what we call faster-acting NRT, such as an inhalator, lozenge or spray. These faster-acting NRT products can deliver nicotine quickly and help with topping up your nicotine throughout the day."***
- ***"The faster-acting NRT product is used on the hour, every hour. In addition, you can use it as needed to manage urges to smoke."***

Figure 6: British Thoracic Society (BTS) Rapid Inpatient NRT Prescribing Protocol



In the event the patient's withdrawal symptoms or urges to smoke in the early period following admission are not well managed with the Rapid Inpatient NRT Prescribing Protocol:

Some patients will require their dose of NRT to be increased or a nicotine analogue added to their treatment plan in order to effectively manage withdrawal and urges to smoke. Should patients not be managing well, as indicated by smoking, strong withdrawal symptoms and urges to smoke, the dose of NRT can be increased, or a nicotine analogue or nicotine vape added to the treatment plan. Patient response and patient preference can be used to guide treatment.

For NRT: The initial dose can be adjusted **based on number of cigarettes per day,** so that **NRT dose (in mg) is equal to number of cigarettes, or slightly greater.**

For example: 50 cigarettes per day = 50 mg / day, or 2 x 25 mg patch + faster-acting product

Communicating with the Tobacco Dependence Team to prioritise the patient's referral is also recommended practice.

4 Inform patient they will be referred to the in-house tobacco dependence team

Support and treatment from a trained TDA will provide the patient with the best possible opportunity of a smokefree admission and increase the chances of long-term abstinence beyond discharge. Most hospitals will have an automatic referral pathway in place. Best practice is automated notification via the nursing contact assessment on admission.

Advise the patient that they will increase their chances of managing their tobacco dependence by receiving a combination of specialist behavioural support and medication.

The Tobacco Dependence Team will assess response to treatment and adjust as required.

"We have asked the Tobacco Dependence Team to come and see you – they will explain more about how you can be supported to stay smokefree during your admission."

"A member of our Tobacco Dependence Team will come and see you shortly to check how you're doing and provide additional support to you."

As part of the Tobacco Dependence Team referral there will be an initial consultation to conduct an assessment and establish the patient's treatment plan, with follow-up consultations to monitor and adjust the plan as needed.

The specialist Tobacco Dependence Team aims to see patients within 24 hours of admission.

5 Record tobacco dependence in the admission diagnosis list and disease management plan

Tobacco dependence is not part of a social history but a diagnosis that should be listed within the **admission diagnosis** list and its treatment described within the **management plan.**

The management plan should specifically record the actions that were taken.

For example:

Diagnosis list	Management Plan:
1. Pneumonia	1. IV anti-biotics
2. Acute kidney injury	2. IV fluids
3. **Tobacco dependence**	3. **Combination NRT and referral to Tobacco Dependence Team**

Measure CO levels and explain results (Recommended Best Clinical Practice)

Carbon monoxide (CO) testing is a valuable tool for providing evidence of the risks to health that smoking poses. The test can detect exposure to tobacco smoke within the previous 24–48 hours and therefore helps patients understand the immediate benefits of stopping. The personalised nature of the test can be a great tool for engaging patients in treatment and providing positive reinforcement.

It is a recommended best clinical practice to conduct CO testing as part of Admission Bundle and record in patient record (See **Appendix 8**). Even if members of the admission team do not review results with the patient, having CO measure at admission allows the Tobacco Dependence Team to have a baseline (admitting CO) to reference.

Explain to patients that CO is a toxic gas contained in tobacco smoke and that there is a simple test that can be carried out to determine CO levels:

"Carbon monoxide is a toxic gas inhaled when you smoke a cigarette. This machine measures the amount of carbon monoxide in your lungs."

Carry out CO test (See **Appendix 8** for instructions).

- **If reading was below 6 ppm**

  "This reading is that of someone that no longer smokes and shows you are already benefiting from not smoking."

- **If reading was 6 ppm or above**

  "The monitor is showing a reading of _____ parts per million which is what we expect to see for someone who is still smoking. The normal range for a someone who hasn't smoked is between one and five parts per million and so you can see that your reading is X times higher than what we would expect from from a person who no longer smokes. The good news is that if you do not smoke at all you can get this down to the levels of someone who has not smoked."