



Helping Smokers Quit

A Guide for Nurses



National Quitline

1-800-QUIT NOW



U.S. Department of Health and Human Services
Public Health Service

March 2005

TOBACCO
free
NURSES

**If the 2.2 million working nurses in the U.S.
each helped one person per year quit smoking,
nurses would triple the U.S. quit rate.**

Tobacco Free Nurses



open for medication chart

Advise

Advise tobacco users to quit.

Tell your patient

*“quitting smoking is the
most important thing you
can do to protect your
health.”*



Assess readiness to quit.

Ask every tobacco user if he/she is willing to quit at this time.

- ▶ If willing to quit, provide resources and assistance (see *Assist* section).
- ▶ If unwilling to quit, provide resources and help patient identify barriers to quitting.



Assist tobacco users with a quit plan.

Advise the smoker to:

- ▶ Set a quit date, ideally within 2 weeks.
- ▶ Get support from family, friends, and coworkers.
- ▶ Review past quit attempts—what helped, what led to relapse.
- ▶ Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- ▶ Identify reasons for quitting and benefits of quitting.

(more)



(Assist continued)

Give advice on successful quitting:

- ▶ Total abstinence is essential—not even a single puff.
- ▶ Drinking alcohol is strongly associated with relapse.
- ▶ Having other smokers in the household hinders successful quitting.

Encourage use of pharmacotherapy:

- ▶ Recommend use of over-the-counter nicotine patch, gum, or lozenge*; or get prescription for nasal spray, inhaler, or bupropion SR, unless contraindicated.

Provide resources:

- ▶ Call toll-free National Quitline at 1-800-QUIT NOW.
- ▶ Refer to Web sites for free materials:
 - Agency for Healthcare Research and Quality:
www.ahrq.gov/path/tobacco.htm
 - Tobacco Free Nurses:
www.tobaccofreenurses.org

Make cessation materials available that are appropriate by age, culture, language, education, and pregnancy status.

* Approved by the FDA October 2002.



Arrange followup visits.

Provide information for followup visits with his/her health care provider.

If a relapse occurs, encourage repeat quit attempt. Tell patient that relapse is part of the quitting process.

- ▶ Review circumstances that caused relapse. Use relapse as a learning experience.
- ▶ Reassess pharmacotherapy use and problems.
- ▶ Refer to National Quitline at 1-800-QUIT NOW.

For more information on prescribing, precautions, and side effects, see the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, www.ahrq.gov/path/tobacco.htm.



Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation^a

Pharmacotherapy	Precautions/Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch		Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours 15 mg/16 hours	4 weeks then 2 weeks then 2 weeks 8 weeks	Nicoderm CQ, (OTC ^b only), Generic patches (prescription and OTC) Nicotrol (OTC only)
Nicotine Gum		Mouth soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24 pcs/day)	Up to 12 weeks	Nicorette, Nicorette Mint, Nicorette Orange (OTC only)
Nicotine Nasal Spray		Nasal irritation	8-40 doses/day	3-6 months	Nicotrol NS (prescription only)
Nicotine Inhaler		Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Nicotrol Inhaler (prescription only)
Nicotine Lozenge^c		Mouth soreness Local irritation of throat Hiccups Heartburn/Indigestion	2 mg or 4 mg (up to 20 pcs/day)	12 weeks	Commit (OTC only)
Bupropion SR	History of seizure History of eating disorder	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Zyban (prescription only)

^aThe information contained within this table is not comprehensive.

^bOTC refers to over the counter.

^cThe nicotine lozenge was approved by the FDA October 2002.

Please see medication package insert for additional information.

