

## Limited Nurse Administration of Nicotine Replacement Therapy

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### Policy

The administration of Nicotine Replacement Therapy is appropriately carried out by Nursing staff who have successfully completed the online smoking cessation package.

[www.learnonline.health.nz](http://www.learnonline.health.nz)

### Purpose

To outline the procedures where limited Nurse administration of Nicotine Replacement Therapy is permitted within the Canterbury District Health Board.

### Scope/Audience

This policy applies to Nurse Practitioners, Registered Nurses and Enrolled Nurses (new scope 2010) and is limited to Nicotine Replacement Therapy.

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**The 1990 amendment to the Medicines Act (1981) and the Misuse of Drugs Act (1975) allow midwives, including those who are employed by the CDHB to prescribe prescriptions medicines within the midwifery scope of practice.**

## Definitions

### **Limited Nurse Administration of Nicotine Replacement Therapy**

The administration of Nicotine Replacement Therapy –which is a non-prescription medicine (that can be freely purchased across the counter of a pharmacy), without a doctor’s prescription, for specified patients following stated limitations (see below).

### **Prescription Medicine**

“A medicine which can only be sold or supplied pursuant to a prescription by a person authorised to prescribe drugs. (Registered Medical Practitioner, Dentist, Midwife)” Medicines Act 1981.

### **Qualified Persons for Limited Administration**

A Nurse Practitioner, Registered Nurse or Enrolled Nurse (new scope 2010).

## Precautions

Patients with a history of cardiac disease or treatment with medications whose clearance is known to be affected by smoking such as theophylline should have their need for Nicotine Replacement Therapy reviewed and prescribed for by the medical team

### **Mental Health Patients Consideration**

Smoking induces the metabolism of clozapine and olanzapine. When a patient on these medicines gives up smoking, their blood concentrations of either clozapine or olanzapine will increase over the next two to four weeks.

Notify the medical team that the patient is giving up smoking and be alert to the likelihood of dose related side effects over the next two to four weeks (e.g. increased sedation, hyper salivation, postural hypotension) that may necessitate a dose decrease of the clozapine or olanzapine.

If an inpatient requires NRT to manage nicotine dependence notify the medical team as soon as possible to ensure ongoing management.

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## Midwifery consideration

Midwives need to be mindful of maternity patients requiring secondary or tertiary care who may have existing co-morbidities that may well necessitate consultation with the obstetric team. It is the professional responsibility of all midwives to ensure that they have the knowledge regarding the effects, side effects, interactions and contra-indications of every drug prescribed.

## Associated Forms and documents

- Drug Treatment Sheet (QMR0004), (QMR004C)
- Clinical notes (QMR0003)
- ABC training for health professionals [www.learnonline.health.nz](http://www.learnonline.health.nz)
- Smokefree Quit Pack – available in all wards
- Used in conjunction with CDHB risk assessment form OR CDHB smoking cessation form C120001 (“Pink form”). Where possible this should be completed before the time of NRT administration
- CDHB [Blue Book](http://www.bluebook.org.nz/) (Management guidelines for common medical conditions 2009, reference 0070) <http://www.bluebook.org.nz/>
- CDHB [Pink Book](http://cdhb-pml.streamliners.co.nz/) (consensus document written in consultation with senior clinicians throughout CDHB to encourage good prescribing and the safe use of drugs in adults, 18th edition 2014) <http://cdhb-pml.streamliners.co.nz/>

## Procedure

Step	Action
1.	An assessment is to be made, including any history of allergies, reactions or identified precautions to the proposed medicine: e.g. allergy to sticking plaster
2.	An assessment of nicotine dependence is to be carried out

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Step	Action
3.	<pre> graph TD     A[Smokes after one hour of waking] --&gt; B[Smokes fewer than 10 a day]     A --&gt; C[Smokes 10 or more a day]     B --&gt; D[2 mg gum or 1 mg lozenge or 14 mg patch]     C --&gt; E[21 mg patch with either 2 mg gum or 1 mg lozenge]     F[Smokes within one hour of waking] --&gt; G[Smokes fewer than 10 a day]     F --&gt; H[Smokes 10 or more a day]     G --&gt; I[21 mg patch with either 2 mg gum or 1 mg lozenge]     H --&gt; J[21 mg patch with either 4 mg gum or 2 mg lozenge]         </pre>
4	A progress note is entered into the patient's clinical notes detailing the findings of assessment outlined in no's. 1-2 above. This progress note will be signed and dated by the Nurse making the assessment
5	<ul style="list-style-type: none"> <li>• If the patients' smoking status fits the criteria, a Nurse may administer appropriate Nicotine Replacement Therapy (The Nurse must have completed the online ABC training for health professionals). Only medicines listed and within the ranges shown are permitted to be administered</li> <li>• All administration of Nicotine Replacement Therapy is to be accurately entered on the medication chart (QMR0004), signed by the Nurse and with the abbreviation <b>NP, RN or EN</b> added and the surname printed in block capitals (Patches should be entered under the regular medications and lozenges, inhalers and gum entered under the PRN section)</li> <li>• All administration is recorded in clinical notes</li> <li>• The effects of medication and any adverse reaction are to be recorded appropriately</li> <li>• The medical officer is to be contacted if Nicotine Replacement Therapy is ineffective or an adverse reaction occurs</li> <li>• Provide the patient with the Smokefree Quit Pack</li> </ul>

Step	Action
1.	<p><b>The following limitations are to be observed:</b></p> <ul style="list-style-type: none"> <li>• NRT administered and documented on the QMR0004, (When possible initial consultation with medical staff regarding administration should be considered)</li> <li>• Only for administration to persons aged 18 years and above, unless prescribed by medical staff</li> </ul>

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## List of Nicotine Replacement Therapy for 'Limited Nurse Administration'

(Not all NRT products may be available in all areas)

### Smoking Management or Cessation

Product	Dosage	Use
Patches 7, 14, 21mg/24h	Apply 1 patch daily. Patches are left on for 16 or 24 hours depending on formulation of the patch  Time to peak concentrations: 6-12 hours. (initial onset ~ 1-2 hours)	Apply patch to clean, dry and hairless skin. Remove the old and apply new patch daily, alternating sites. Some redness under the patch may occur – this is normal. The patch can be removed overnight if sleep is disturbed  (NB: Subsidised in community)
Lozenges 1 or 2mg	Suck and park 1 lozenge every 1-2 hours.  Usual dose 8-12/day. Maximum of 25 (1mg) and 15 (2mg) lozenges/day.  Time to peak concentrations: ~ 30-40 minutes	Recommend regular use.  Suck to release the peppery taste, and then rest in the side of the mouth (between cheek and gum). Suck again when the taste starts to fade. (each lozenge should last about 30 minutes). (NB: Subsidised in community)
Gum 2 or 4mg	Chew and park 1 piece slowly for 30 minutes.  Usual dose 8-12/day. Maximum of 20 (2mg) or 10 (4mg) pieces/day.  Time to peak concentrations: ~20-30 minutes	Recommend regular use.  Bite to release the peppery taste and then rest in the side of the mouth (between cheek and gum). Chew again when the taste starts to fade. Chew for about 30 minutes then discard. Mild adverse effects include hiccups, upset stomach.  (NB: Subsidised in community)

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Product	Dosage	Use
<p>Inhalation cartridge 15mg</p>	<p>Cartridges can be used when the urge to smoke occurs or to prevent cravings;</p> <p>Usual dose : 3–6 of 15 mg–strength cartridges daily</p> <p>Time to peak concentrations: ~15 minutes.</p>	<p>Recommend regular use</p> <p>Insert the cartridge into the device and draw in air through the mouthpiece.</p> <p>Puff for 20 minutes each hour and replace the cartridge every 3 hours.</p> <p>People tend to under-dose (1 cigarette puff = 10 inhalator puffs)</p> <p>Adverse effects include mouth/throat irritation and cough which usually resolve with continued use.</p> <p><b>(NB: Not funded in community)</b></p>
<p>Oral Spray 1mg</p>	<p>Adult individuals can use 1–2 sprays in the mouth when the urge to smoke occurs or to prevent cravings;</p> <p>Dosage should not exceed 2 sprays per episode (up to 4 sprays every hour), and a maximum of 64 sprays daily; if using in combination with nicotine patches, 1–2 sprays can be used at a time (up to 2 sprays every hour), up to a maximum of 32 sprays per day</p> <p>Time to peak : 30 seconds</p>	<p>Recommend regular use, but it can also be used when craving occurs.</p> <p>Prime the spray and point nozzle into the mouth, spraying towards the side of the mouth. For best results, do not swallow for a few seconds after</p> <p><b>NB: Not funded in community)</b></p>

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## **Inhalator and Oral Spray available through the hospital pharmacy under special conditions:**

- For perioperative use in patients who have a “Nil by Mouth” instruction
- For use within Mental Health Inpatient units
- For acute use in agitated patients who are unable to leave the hospital facilities

## **Measurement/Evaluation**

Any issues with nurse prescribing will be discussed and addressed at the Canterbury Smokefree Advisory Board meetings

<b>Policy Owner</b>	Directors of Nursing and Midwifery
<b>Policy Authoriser</b>	Executive Director of Nursing and Chief Medical Officer
<b>Date of Authorisation</b>	9 May 2016

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