

Nicotine Replacement Therapy - Limited Nurse Administration

Purpose

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

Policy

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

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Applicability

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

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.

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.

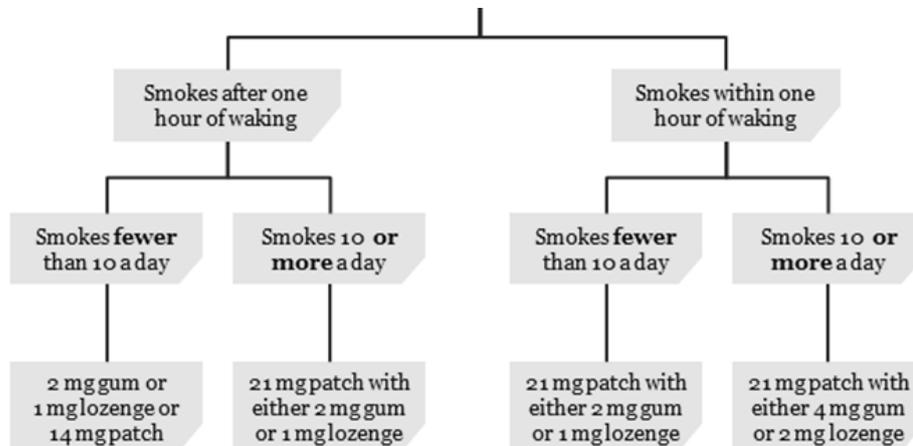
If an inpatient requires NRT to manage nicotine dependence notify the medical team as soon as possible to ensure ongoing management.

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.

Procedure, Roles and Responsibilities

1. An assessment is to be made, including any history of allergies, e.g. allergy to sticking plaster, reactions, or identified precautions to the proposed medicine (**see precautions above and follow appropriate instructions**).
2. An assessment of nicotine dependence is to be carried out



3. 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.
4. 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

All administration of Nicotine Replacement Therapy is to be accurately entered on Medchart (QMR0004 if Medchart is not available).

(Patches should be entered under the regular medications and lozenges, inhalers and gum entered under the PRN section)

All administration is recorded in clinical notes.

The effects of medication and any adverse reaction are to be recorded appropriately

The medical officer is to be contacted if Nicotine Replacement Therapy is ineffective or an adverse reaction occurs

Provide the patient with the Smokefree Quit Pack

The following limitations are to be observed:

- NRT administered and documented on Medchart (QMR0004 – if Medchart is not available) (When possible initial consultation with medical staff regarding administration should be considered)
- Only for administration to persons aged 18 years and above, unless prescribed by medical staff

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)
Inhalation cartridge 15mg	Cartridges can be used when the urge to smoke occurs or to prevent cravings; Usual dose : 3–6 of 15 mg–strength cartridges daily Time to peak concentrations: 15 minutes.	Recommend regular use Insert the cartridge into the device and draw in air through the mouthpiece. Puff for 20 minutes each hour and replace the cartridge every 3 hours. People tend to under-dose (1 cigarette puff = 10 inhalator puffs) Adverse effects include mouth/throat irritation and cough which usually resolve with continued use. (NB: Not funded in community)
Oral Spray 1mg	Adult individuals can use 1-2 sprays in the mouth when the urge to smoke occurs or to prevent cravings; 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 Time to peak : 30 seconds	Recommend regular use, but it can also be used when craving occurs. 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 (NB: Not funded in community)

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

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).definition.

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).

Policy measurement

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

Associated material

Controlled documents

- Medchart
- Drug Treatment Sheet (QMR0004), (QMR004C)
- Clinical notes (QMR0003)
- ABC training for health professionals www.learnonline.health.nz
- Smokefree Quit Pack - available in all wards
- Used in conjunction with CDHB risk assessment form OR CDHB smoking cessation form (“Pink form”). Where possible this should be completed before the time of NRT administration
- Smoking Cessation Advice: [Hospital Health Pathways](#)
- CDHB [Pink Book](#) (consensus document written in consultation with senior clinicians throughout CDHB to encourage good prescribing and the safe use of drugs in adults.
- List the documents specifically needed to carry out this policy.

References

- List the external documents that support the content of this policy (legislation, standards, acknowledgements)

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