

NENC ICS – Tobacco Dependency Treatment Service

Acute Inpatient Treatment Pathway

During patient admission ASK the patient if they smoke and record smoking status If the patient <u>does smoke</u> then... the patient that the best way to stop is with a combination of specialist support and medication, and both are available at the hospital ACT 1. Stop smoking medications offered to manage nicotine withdrawal and provided, ideally NRT provided within 2 hours of admission, as per trust protocol. 2. An opt-out electronic referral to the local hospital tobacco dependence service. Opt-out behavioural support Tobacco dependence adviser attends to patient within 24 hours to provide an in-depth (40mins) opt out stop smoking consultation that includes: • CO test and assessment of nicotine dependence (ideal scenario) • Assessment of patient's readiness and ability to quit • Informing the patient what support is available to quit • Informing the patient about withdrawal symptoms • Offer and recording of support to the patient • Where agreed, prompting commitment from the patient • Discussing preparations and providing a summary • Where appropriate, revisit the patient to provide ongoing support or to review temporary abstinence to see if a full quit attempt can be started **Fobacco dependence Service** Arrange ongoing support upon discharge Out of hospital support: 1. Offer referral to ongoing stop smoking support post discharge System wide Stop 2. Provide two week's (minimum) worth of stop smoking medication Smoking+ 3. communicate progress with the patient's GP 1 week post discharge follow up call Tobacco dependence adviser contacts 1 weeks post discharge via telephone to offer support and attempt to reengage with local Stop Smoking Service if has not engaged 28 day post discharge follow up If inpatient spell is >28 days, Tobacco dependence adviser conducts a 28 day follow up visit (day 25-42), If inpatient spell is <28 days, Tobacco dependence adviser conducts a 28 day follow up phone call (day

