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# CESSATION TABAGIQUE - Ordonnance médicale SMOKING CESSATION - Physician order

Numéro de dossier/Unit number /Nom du patient/Patient's name

| ALLERGIES :                               | : <i>Weight</i> (kg):   |  |                    |                         |  |            |  |  |
|---|---|--|--------------------|-------------------------|--|------------|--|--|
| Physician's<br>initials for<br>each order | PHYSICIAN'S ORDERS  |  |                    |                         | Nurse's initials<br>noted  |            |  |  |
|   |   | See o  | over for titration | guidelines              |  | 1          |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   | ☐ Nicotine Patch 14 mg daily x weeks  |  |                    |                         |  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   | _   |  |                    |                         |  |            |  |  |
|   | _   |  |                    | KS                      |  |            |  |  |
|   |   | -  | •                  |                         |  |            |  |  |
|   | AND (check one) 1 gum or lozenge q 1-2 hour PRN (maximum 15 pieces daily)   |  |                    |                         |  |            |  |  |
|   | 7 (11) CIII (   |  | • .                | •                       | 37   |            |  |  |
|   | OR -  |  |                    |                         |  |            |  |  |
|   | _   | _  |                    |                         |  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   | Nicotine Patch 28 mg daily x weeks AND (check one) 1 gum or lozenge q 1-2 hour PRN (maximum 15 pieces daily)            |  |                    |                         |  |            |  |  |
|   | AND (check one) 1 gum or lozenge q 1-2 hour PRN (maximum 15 pieces daily)   |  |                    |                         |  |            |  |  |
|   |   | Nicotine Lozenge   | 1 mg x wee         | ks                      |  |            |  |  |
|   | OR 🗌  | Nicotine <b>Gum</b>  | 2 mg x wee         | ks                      |  |            |  |  |
|   | OR _  |  |                    | ks                      |  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   | AND (chec   | · ·  | -                  |                         | l <b>y)</b>  |            |  |  |
|   |   |  |                    |                         |  |            |  |  |
|   | _   |  |                    |                         |  |            |  |  |
|   | UR _  |  |                    |                         |  |            |  |  |
|   | See over for titration guidelines  Smoking less than 10 cigarettes per day: (check one)    Nicotine Patch 14 mg daily x |  |                    |                         |  |            |  |  |
|   | OR 1 gum or lozenge q 1-2 hour PRN (maximum 15 pieces daily)    Nicotine Lozenge  |  |                    |                         |  |            |  |  |
|   | Can be com  | bined with nicotine repla  | acement therapy    | (NRT)                   | Nurse's initials noted  Nurse's initials noted  Res daily)  Rimum 15 pieces daily) |            |  |  |
|   | ☐ This patient is included in the IMPACT program  |  |                    |                         |  |            |  |  |
|   |   | Varenicline ( <b>Champix®</b> ) 0.5 mg po q AM x 3 days, 0.5 mg po BID x 4 days, |                    |                         |  |            |  |  |
|   | then 1 mg po  | BID x weeks  |                    |                         | es daily)  imum 15 pieces daily)  imum 15 pieces daily)  imum 15 pieces daily)  ONS  O BID x weeks  x 4 days,  est week only  D BID x weeks  N° Permis Time O0:00  Parapher / Initial  |            |  |  |
|   | May be com  | bined with nicotine repl   | acement therapy    | for the first week only |  |            |  |  |
|   | Patient is on   | varenicline at home: Vare  | enicline (Champix@ | ) 1 mg po BID x weeks   |  |            |  |  |
|   | 1.  | ettres moulées   | <u> </u>           | N° Permis               |  | Date       |  |  |
|   |   |  | Signature          |                         |  |            |  |  |
| Médecin                                   |   |  | +                  |                         | 00.00  |            |  |  |
| Physician                                 |   |  |                    |                         | <del> </del>   | 1          |  |  |
|   | Nom en lettres moulees et/ou numero de permis   |  |                    |                         |  |            |  |  |
|   | Naı   | ne in print and/or License   | Number             |                         |  | AAYY/MM/JD |  |  |
| Infirmier(ère)<br>Nurse                   |   |  |                    |                         |  |            |  |  |
| Pharmacien(enne)                          |   |  |                    |                         | +  |            |  |  |
| Pharmacist                                |   |  |                    |                         |  | 1          |  |  |

### **IMPORTANT**

If withdrawal or craving symptoms persist, increase patch dose by 7 mg every 24 to 48 h to a <u>maximum of 42 mg</u> and encourage increased use of fast acting nicotine replacement therapy (gum and lozenges) to a maximum of 15 pieces per day.

- <u>Withdrawal & craving symptoms</u>: desire to smoke, anger/irritability/frustration, anxiety/nervousness, sadness/loss of interest, difficulty concentrating, restlessness, increased appetite and insomnia.
- Ensure patient has fast acting NRT at bedside for easy access.
- Always review and assess proper use of nicotine replacement therapy (as outlined below).
  - Eating and drinking anything except water should be avoided for 15 minutes before and during use of fast acting NRT.
  - Nicotine gum should be chewed slowly until the taste becomes strong then placed between the cheek and the gums for one minute. Repeat and discard after 30 minutes.
- Patch may be removed at bedtime if patient complains of "insomnia and/or nightmares".
- It may be necessary for some patients to remain on NRT longer than the protocol below. Extension over 12 weeks may not be covered by their insurance.
- If patient continues to have the urge to smoke, please consult smoking cessation practitioner.

## **Guidelines for the Titration of Nicotine Replacement Therapy**

Patient should consult a family doctor or a pharmacist 2 - 4 weeks after discharge

| Smoking less than 10 cigarettes per day | Smoking 10 - 20<br>cigarettes per day | Smoking 20 - 30<br>cigarettes per day | Smoking more than 30 cigarettes per day |  |  |  |  |
|---|---------------------------------------|---------------------------------------|---|--|--|--|--|
| Long acting nicotine therapy (daily)    |                                       |                                       |   |  |  |  |  |
| Nicotine patch 14 mg  X 6 weeks         | Nicotine patch 21 mg  X 6 weeks       | Nicotine patch 28 mg  X 4 weeks       | Nicotine patch 35 mg  X 4 weeks         |  |  |  |  |
| Nicotine patch 7 mg  X 4-6 weeks        | Nicotine patch 14 mg  X 4 weeks       | Nicotine patch 21 mg  X 4 weeks       | Nicotine patch 28 mg  X 2 weeks         |  |  |  |  |
|   | Nicotine patch 7 mg X 2 weeks         | Nicotine patch 14 mg  X 2 weeks       | Nicotine patch 21 mg  X 2 weeks         |  |  |  |  |
|   |                                       | Nicotine patch 7 mg  X 2 weeks        | Nicotine patch 14 mg X 2 weeks          |  |  |  |  |
|   |                                       |                                       | Nicotine patch 7 mg X 2 weeks           |  |  |  |  |

Watch for symptoms of overdose: nausea, excessive salivation, sweating, headache and palpitations

### Fast acting nicotine therapy (week 1 to week 12)

Nicotine (Thrive®) Lozenge 1 or 2 mg and Nicotine (Nicorette®) Gum 2 mg

Use fast acting as needed to relieve withdrawal & craving symptoms every 1 - 2 h (maximum 15 pieces per day)

### Other first line medications

Bupropion (Zyban®) 150 mg daily (day 1-3) then BID (day 4 to week 12)

 It may be necessary to have the dose lowered temporarily or permanently if patient experiences nausea or other side effects.

<u>Contraindications</u>: history of seizures or eating disorder, concomitant use of another form of Bupropion, MAO inhibitor use in the past 14 days or a recent history of discontinuation of alcohol or sedatives.

Varenicline (Champix®) 0.5 mg daily (day 1-3), 0.5 mg BID (day 4-7) then 1 mg (week 2 to week 12)

- May be extended up to 24 weeks if not smoking at 12 weeks.
- It may be necessary to decrease the dose temporarily or permanently if patient experiences nausea or other side effects.

<u>Contraindications</u>: Severe renal failure and concomitant use of cimetidine. Observe for neuropsychiatric side effects particularly in context of past depression or suicide attempt.