Royal Cornwall Hospitals
NHS Trust

# Nicotine Replacement Therapy Clinical Guideline

# V1.1

# October 2024

## Summary

Ask all patients about smoking tobacco use on admission to hospital (Admitting medic and Nurse) record on Nervecentre.

Offer and prescribe Nicotine Replacement therapy to all inpatients who usually smoke tobacco to support temporary abstinence in hospital.

**Yes** **No**

Patient agrees?

No further action relevant to this guideline

- Admitting medic to asses suitability for NRT and prescribe accordingly.
- Consider patient preference for a specific formulation of NRT, especially for a short acting formulation.
- Prescribe 25mg 16 hour nicotine patch plus short acting NRT – Inhalator, Mouth spray or Lozenges.

Automatic referral to Quit for Life team via Nervecentre smoking status record.

Tobacco Dependency Advisor will perform full smoking assessment including

- Heaviness of smoking index (number of cigarettes and time to first cigarette in the morning).
- Attitude to smoking and future intentions.
- Counselling and Support temporary abstinence.
- Review nicotine replacement therapy and adjust as needed.
- For patients wishing to stop smoking – behavioural support, formulation of quit plan and offer of onward referral to community pharmacy stop smoking service or local authority service.

# 1. Aim/Purpose of this Guideline

1.1. This guideline applies to all patients requiring nicotine replacement therapy including as part of the Treating Tobacco Dependency (TTD) service to assist with temporary abstinence or a quit smoking attempt. It sets out which patients may be eligible for treatment. This guideline is appropriate for all staff who may be involved in the assessment of these patients for NRT eligibility and prescribing of NRT and covers what admitting clinicians need to do and what the TTD team do. Practitioners prescribing for patients are responsible for their own clinical practice including clinical competency.

1.2. This version supersedes any previous versions of this document.

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Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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# 2. The Guidance

2.1. This guideline describes the use of NRT in appropriate patients aged over 12 years, including those assessed under the TTD Service during their inpatient admission.

2.2. This guidance recognizes that NRT (two doses maximum) may be prescribed, supplied, and recorded as such by authorised staff under the Homely remedies section of The Medicines Policy Chapter 5: Preparation and Administration. http://doclibrary-rcht-intranet.cornwall.nhs.uk/GET/d10268800 Note that the homely remedies policy is only intended for adults and children over 14 years. The guidance covers inclusion and exclusion criteria, cautions, and the different types of NRT formulations.

2.2.1. The guidance applies to all patients who have expressed a wish to abstain temporarily from smoking during their inpatient admission or to quit smoking.

2.2.2. Patients assessed by the TTD service have the choice to consent to be followed up by a community pharmacy (see point 2.16) or local authority stop smoking service.

2.2.3. General exclusion criteria include people who are allergic to any of the ingredients

of the NRT products. Specific product exclusion criteria are for patches which should be avoided in people with chronic widespread skin disorders such as psoriasis, dermatitis or urticaria.

2.2.4. Cautions to prescribing of NRT include Haemodynamically unstable patients as NRT may cause palpitations (uncommon) and very rarely reversible AF; Unstable diabetes; Phaeochromocytoma or uncontrolled Hyperthyroidism; Hepatic/Renal impairment; Patients with recent history of myocardial infarction or cerebrovascular accident/TIA; Use a 16-hour patch in pregnancy, not 24-hour patch.

2.2.5. Stopping smoking can increase plasma levels of theophylline, clozapine and olanzapine and patients should be advised to monitor for signs of toxicity. This is due to components of cigarette smoke that stimulate cytochrome P450. Doses may need to be adjusted. Seek specialist advice. In particular seek specialist advice for patients taking clozapine. Levels of insulin and warfarin therapy might need to be adjusted but the clinical effect on these medications is likely to be extremely small. Blood levels will need to be checked more frequently and doses may need to be adjusted.

2.2.6. Refer to the BNF or Summary of Product Characteristics for further details of all products.

2.3. Not using enough NRT can lead to the patient having strong urges to smoke and relapse. Initial dose of NRT can be determined based on heaviness of smoking index (number of cigarettes and time to first cigarette in the morning).

2.4. TDAs assess the person's dependence on nicotine to help predict the severity of withdrawal symptoms they may experience. Dependence on smoking can be assessed by using a set of questions based on the Fagerstrom Test of Nicotine/Cigarette Dependence which contains six questions. For the purpose of this guideline we are using a shorter version, the Heaviness of Smoking Index (HSI) which consists of the questions below.

2.4.1. Ask about the two most important indicators of dependence and score the person's nicotine dependence depending on their answers:

2.4.2. How soon after waking they smoke their first cigarette — 3 points for within 5 minutes, 2 points for 6-30 minutes, 1 point for 31-60 minutes, 0 points for after 60 minutes.

2.4.3. How many cigarettes they smoke per day — 0 points for 10 or less, 1 point for 11-20, 2 points for 21-30, 3 points for 31 or more.

2.4.4. Asking these two questions gives a score from 0 to 6 for the HSI, with higher scores representing heavier smoking.

2.4.5. In heavily dependent smokers, higher doses of NRT (>42mg) have been shown to be more effective than standard doses (21mg) in reducing withdrawal symptoms and cravings.

2.5. There is a variety of NRT formulations available to prescribe in the Drug Tariff and therefore available for continuing supply after discharge. Royal Cornwall Hospitals

NHS Trust maintains an agreed range of products but not all of them. Table 2 below lists the available formulations and guidance on when / when not to use particular products.

2.6. Patient preference for a specific formulation of NRT, especially for a short acting formulation, should be assessed and discussed with the patient.

2.7. For low level addiction (≤ 5 cigarettes/day), prescribe a short acting NRT ("reach for" nicotine) such as nicotine lozenges 2mg as required. Options if patient would prefer an alternative short acting NRT are nicotine inhalator 15mg/cartridge or nicotine microtabs 2mg as required.

2.8. For moderate level addiction (10 - 19 cigarettes/day) and high-level addiction (≥ 20 cigarettes/day) prescribe a long-acting nicotine patch AND a short acting "reach for" nicotine replacement. Discuss the following options with the patient: nicotine patches 21mg/24hour (smokes within 30 minutes of waking); nicotine patches 25mg/16hour (does NOT smoke within 30 minutes of waking); short acting nicotine replacement (as per low level addiction pathway).

2.9. Dual therapy for those smoking 40+ cigarettes per day uses 2 high strength patches (double patching).

2.10. Advise patients to use short acting nicotine frequently and when cravings occur.

2.11. Prescribing TWO NRT formulations (dual therapy) e.g. a daily patch PLUS one other faster acting product (e.g. lozenge, inhalator, mouth spray) when required to counteract cravings and withdrawal symptoms doubles the chances of quitting smoking. In addition, combination therapy is also most effective in those who are likely to need the 'hand to mouth action' (as well as a patch).

2.12. NRT products are typically used for 8–12 weeks. It is important to use the full course of the medications to increase success with quitting long-term. The amount of NRT can be reduced over this time period or full dose can be maintained. Some clients will benefit from using NRT for extended periods of time, and this is safe practice.

2.13. At discharge patients undergoing a quit attempt should be prescribed at least two weeks of therapy.

2.14. Those patients who chose only to temporarily abstain from smoking during their admission should be provided with information on how to access NRT and stop smoking support if they subsequently change their mind.

2.15. Onward referral to a community pharmacy as part of the TTD occurs when the patient has consented to be referred to a pharmacy providing this service, and the details of NRT prescribed at discharge are transmitted electronically via PharmOutcomes to this pharmacy. For information, as this is part of the discharge medication, details of NRT will also be transmitted to the patient's regular community as part of the discharge medicines service.

**2.16. Table**

| **Patches.** | **Nicorette Quickmist® Mouth Spray** | **Nicorette® Cools Lozenge** | **Nicorette® Gum** | **Nicorette® Inhalator** | **Nicorette® Microtab** |
|---|---|---|---|---|---|
| (N.B. Pregnant women should not use 24hr patches)<br>7mg in 24hrs or 10mg/16hrs<br>(<5 cigarettes/day)<br>14mg in 24hrs or 15mg/16 hrs<br>(5 - 10 cigarettes/day)<br>21mg in 24hrs or 25mg/16 hrs<br>(>10 cigarettes/day) | 1mg/spray | 2mg or 4mg | 2mg or 4mg | 15mg/cartridge | 2mg sublingual tablet |
| **Dose/administration:** | | | | | |
| To be applied on waking, patch is placed on clean, dry, non-tattooed and hairless area of the skin on the hip, trunk, or upper arm to allow a steady state of nicotine | Spray into the side of the cheek or under the tongue. A dose of nicotine is absorbed via the oromucosa within a few minutes. Do not inhale. Avoid | Allow 1 lozenge to dissolve in the mouth. Move from side to side and rest against the inside of the cheek. Nicotine is absorbed via the lining of the mouth. | Approx. one piece per hour every hour. Special chewing technique: chew and park. (Chew slowly until they can taste the nicotine or feel a slight tingling in | Place cartridge in tube, piercing both ends. Inhale through the mouthpiece and a dose of nicotine is drawn up and absorbed through | Allow the tablet to dissolve slowly under the tongue (sublingually) over about 30 minutes.<br>Do not swallow or chew the tablet.<br>2mg (1 tab per hour when required) |

| Patches. | Nicorette Quickmist® Mouth Spray | Nicorette® Cools Lozenge | Nicorette® Gum | Nicorette® Inhalator | Nicorette® Microtab |
|---|---|---|---|---|---|
| to be delivered throughout the day.<br><br>Replace daily after removal. Place the next patch on a different area and avoid using the same site for several days.<br><br>In pregnancy, NRT patches should be used for no more than 16 hours in any 24-hour period. The best way to remember this is to remove the patch at bedtime.<br><br>Use the strength of patch to match the average daily cigarettes smoked for 6 - 8 weeks. Then titrate strength down over 2 - 4 weeks. Slower titration may be necessary. See BNF. | spraying the lips and the back of the throat.<br><br>Use whenever the urge to smoke occurs, or to prevent cravings in situations where these are likely to occur. Use 1 to 2 sprays when cigarettes normally would have been smoked. Up to 4 sprays/hour. Most smokers will require 1 - 2 sprays every 30 minutes to 1 hour.<br><br>Max. 64 sprays/day. | Do not chew or swallow.<br><br>Use whenever the urge to smoke occurs, or to prevent cravings in situations where these are likely to occur.<br><br>Max. 15 lozenges/day. | their mouth, then stop chewing. Place the gum between the cheek and gums. After one minute, repeat the process until cravings are resolved.)<br><br>Chew-park-chew for about 20–30 minutes. After 30 minutes gum is exhausted.<br><br>Use whenever the urge to smoke occurs, or to prevent cravings in situations where these are likely to occur.<br><br>Max. 15 pieces/day. | the lining of the mouth/throat.<br><br>To be used when the urge to smoke occurs or to prevent cravings. The amount of nicotine from one puff is less than that from a cigarette. 1 puff on a cigarette is about 10 puffs on an inhalator. A 15mg cartridge lasts for approximately 40 mins of intense use. Otherwise one cartridge lasts 1 - 4 hours.<br><br>Max. 6 cartridges/day. | For patients who have significant withdrawal symptoms consider increasing to 2 tablets (4mg) per hour sublingually.<br><br>Max 80 mg 40 tabs per day<br><br>Reduce dose gradually after 12 weeks.<br><br>Useful as part of dual therapy i.e. used with a nicotine skin patch or can be used as a sole product to support the management of nicotine withdrawal symptoms. |

| Patches. | Nicorette Quickmist® Mouth Spray | Nicorette® Cools Lozenge | Nicorette® Gum | Nicorette® Inhalator | Nicorette® Microtab |
|---|---|---|---|---|---|
| **Advantages:** | | | | | |
| Steady state of nicotine. Only needs one application per day, discreet. | Controls cravings, fact acting, fresh taste. | Easy to use. Discreet. Mint flavour. | Easy to use. Discreet. | Offers behavioural replacement for smoking. Occupies hands and controls cravings. | Easy to use. Discreet. |
| **Disadvantages:** | | | | | |
| Skin irritation, disturbed sleep (24hr use). | Dry mouth/throat, nausea, mouth tissue irritation and hiccups.<br>Contains a small amount of alcohol. | Hiccups and indigestion. | Avoid acidic drinks (like fruit juice) for 15 minutes before or during use.<br>Sticks to dentures; not appropriate for people with complicated dental work. | Throat irritation and coughing. | Stinging mouth, **localised irritation.**<br>**Relatively expensive** |

## 3. Monitoring compliance and effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|---|---|
| **Element to be monitored** | The TTD service itself has various parameters to be reported on centrally. Volume of prescribing of NRT will be monitored. Any datixes / complaints relevant to NRT therapy. |
| **Lead** | RCHT Stop Smoking service. |
| **Tool** | Various reports on the TTD service have to be made centrally. |
| **Frequency** | Annually or as exception reporting. |
| **Reporting arrangements** | Medication Practice Committee. |
| **Acting on recommendations and Lead(s)** | Medication Practice Committee and lead for the TTD Stop Smoking service. |
| **Change in practice and lessons to be shared** | Required changes to practice will be identified and actioned within three months or sooner if urgent. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |

## 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

# Appendix 1. Governance Information

| Information Category | Detailed Information |
|---|---|
| **Document Title:** | Nicotine Replacement Therapy Clinical Guideline V1.1 |
| **This document replaces (exact title of previous version):** | Nicotine Replacement Therapy Clinical Guideline V1.0 |
| **Date Issued/Approved:** | September 2024 |
| **Date Valid From:** | October 2024 |
| **Date Valid To:** | October 2027 |
| **Directorate / Department responsible (author/owner):** | Mike Wilcock, Head of Prescribing Support Unit<br>Jill Leyshon, Lead Specialist Nurse - Asthma COPD and Tobacco Dependency |
| **Contact details:** | 01872 253548 |
| **Brief summary of contents:** | Guidance on prescribing of NRT and description of inpatient treating tobacco dependency service |
| **Suggested Keywords:** | Nicotine replacement therapy, NRT, smoking |
| **Target Audience:** | RCHT: Yes<br>CFT: No<br>CIOS ICB: Yes |
| **Executive Director responsible for Policy:** | Chief Medical Officer |
| **Approval route for consultation and ratification:** | Medication Practice Committee<br>System-wide TTD group |
| **General Manager confirming approval processes:** | Richard Andrzejuk |
| **Name of Governance Lead confirming approval by specialty and care group management meetings:** | Kevin Wright |
| **Links to key external standards:** | As above within TTD group |
| **Related Documents:** | None required |
| **Training Need Identified?** | No |

| Information Category | Detailed Information |
|---|---|
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet and Intranet |
| **Document Library Folder/Sub Folder:** | Clinical / Pharmacy |

**Version Control Table**

| Date | Version Number | Summary of Changes | Changes Made by |
|---|---|---|---|
| March 2023 | V1.0 | Initial issue | Mike Wilcock, Head of Prescribing Support Unit |
| October 2024 | V1.1 | Minor changes to flow chart, sections 1.1. Changes at 2.8, 2.9, 2.10. Mention of double patching. | Mike Wilcock, Head of Prescribing Support Unit |

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**Controlled Document**

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# Appendix 2. Equality Impact Assessment

## Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

| Information Category | Detailed Information |
|---|---|
| **Name of the strategy / policy / proposal / service function to be assessed:** | Nicotine Replacement Therapy Clinical Guideline V1.1 |
| **Directorate and service area:** | Clinical Support and Respiratory |
| **Is this a new or existing Policy?** | Existing |
| **Name of individual completing EIA** (Should be completed by an individual with a good understanding of the Service/Policy): | Mike Wilcock, Head of Prescribing Support Unit |
| **Contact details:** | 01872 253548 |

| Information Category | Detailed Information |
|---|---|
| **1. Policy Aim - Who is the Policy aimed at?** (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | Staff involved in the TTD service and wider staff groups involved in prescribing of NRT. |
| **2. Policy Objectives** | Safe and appropriate use of NRT. |
| **3. Policy Intended Outcomes** | As above |
| **4. How will you measure each outcome?** | Any exceptional error reporting, monitoring of NRT usage. |
| **5. Who is intended to benefit from the policy?** | RCHT staff and patients |

| Information Category | Detailed Information |
|---|---|
| **6a. Who did you consult with?**<br>(Please select Yes or No for each category) | • Workforce: Yes<br>• Patients/ visitors: No<br>• Local groups/ system partners: Yes<br>• External organisations: No<br>• Other: No |
| **6b. Please list the individuals/groups who have been consulted about this policy.** | **Please record specific names of individuals/ groups:**<br>Medication Practice Committee. |
| **6c. What was the outcome of the consultation?** | Agreed. |
| **6d. Have you used any of the following to assist your assessment?** | **National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:**<br>No. |

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|---|---|---|
| **Age** | No | |
| **Sex** (male or female) | No | |
| **Gender reassignment** (Transgender, non-binary, gender fluid etc.) | No | |
| **Race** | No | |
| **Disability** (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No | |
| **Religion or belief** | No | |
| **Marriage and civil partnership** | No | |

| Protected Characteristic | (Yes or No) | Rationale |
|---|---|---|
| **Pregnancy and maternity** | No | |
| **Sexual orientation** (e.g. gay, straight, bisexual, lesbian etc.) | No | |

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mike Wilcock, Head of Prescribing Support Unit

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**
Section 2. Full Equality Analysis