Patient name: (or attach	Induction   Image: Normal state				
Address:	Management of Nicotine				
Date of Birth:	Addiction (Inpatient)				
CHI number:	Hospital: Hairmyres Monklands Wishaw Other: (specify)				
Date: Ward:					
Hos	pital Inpatient Management of Nicotine Addiction				
<ol> <li>If within an hour this wo around 15-20 per day)</li> <li>If after 1 hour would sug</li> </ol>	Assess Patient for Nicotine Dependency n waking until your first smoke?" buld suggest a high dependency to nicotine (usually will smoke a minimum of ggest less dependent (usually will smoke less than 10 per day) n cause agitation, aggression, confusion, sleep disturbance, anxiety, cravings.				
Does the pati	ent want to stop smoking NOW, while an inpatient?				
NO	YES				
<ul> <li>Do they need symptom</li> <li>Products recommended</li> <li>21mg Niquitin CQ 24 h</li> <li>15mg Nicorette 16 hou</li> </ul>	our clear patch (for 10+ cigarettes smoked per day) r clear patch (for less than 10 cigarettes smoked per day)				
e e e e e e e e e e e e e e e e e e e	or (suitable for all smokers to use) of any illness NRT should only be prescribed following discussion with cal team.				
If the patient is pre preferred product	egnant and unable to stop smoking without Nicotine Replacement the is a 15mg inhalator, however if this product is not suitable for client to ch can be prescribed.				
<ul> <li>Ask patient before on they would like to patient</li> </ul>					
<ul> <li>If yes, refer to Stop Service and dischar weeks NRT.</li> <li>If no, discontinue N discharge.</li> </ul>	Smoking rge with 2         Hairmyres:         01355 585502           Monklands:         01236 712779           Wishaw:         01698 366466				
uisendige.	<ul> <li>is dispensed daily as prescribed.</li> <li>Two weeks prescribed NRT must be given with the discharge prescription.</li> </ul>				
Administration of Nico	tine Replacement Therapy				
NRT prescribed?	/es 🗌 No Date: / / Signature:				
_	/es				
	-				

Patient name:	CHI number:	
Outcome		
<b>NRT used for entire inpatient stay?</b> If no, please give reasons:	☐ Yes ☐ No	
Discharge Checklist		Yes No

Diotinal go offootaliot	
Has the patient decided to stop smoking?	
If Yes: Has the patient been referred to the Stop Smoking Nurse Specialist?	
Patient supplied with 2 weeks of NRT as a once only on discharge (further supplies of NRT will be provided by community Stop Smoking Service)	
Ensure Patient has "Aspire Stop Smoking" booklet on discharge	
If No: Patient advised re health risk of continued smoking and benefits of stopping smoking	
NRT prescription discontinued on discharge	
Ensure Patient has "Aspire Stop Smoking" booklet on discharge	

Signature:	Designation:	Date: / /	
		Time: (24 hr clock)	

Evaluation of Care/Additional Comments	Signature	Date/Time
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