

Statewide Respiratory Clinical Network

Smoking Cessation Outpatient Clinic Guidelines
February 2021



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



Queensland
Government

Statewide Respiratory Clinical Network

Smoking Cessation Outpatient Clinic Guidelines

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An electronic version of this document is available at <https://qheps.health.qld.gov.au/car/networks/respiratory>

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Purpose

To outline the role and responsibilities of a trained Smoking Cessation Clinician led (example- Pharmacist, Nurse or Other Health Professional) outpatients Smoking Cessation Clinic in a Queensland Health facility.

Definitions

SOPD- Specialists Outpatient Department (may include specialized health services, pre-admission, mental health, AODS, rural/remote and other community health facilities)

BI- Brief intervention

NRT- Nicotine Replacement Therapy

TTS- Tobacco Treatment Specialist

SCCP- Smoking Cessation Clinical Pathway

GP- General Practitioner

QWAU-QLD Weighted Activity Unit

Work Instruction

Role

The Smoking Cessation Clinician provides a structured individual face-to-face smoking cessation intervention:

- to provide high quality behavioural support and brief interventions to smokers based on the most up-to-date evidence available;
- to provide expert knowledge on the comprehensive range of smoking cessation services and quality resources that optimise effectiveness of interventions;
- to research, share and disseminate information to improve the quality and sustainability of smoking management interventions in specialist outpatient departments;
- to continue professional development and be recognised as a Tobacco Treatment Specialist;
- to role model non-smoking behaviours that promote confidence with quitting;
- to promote inclusion to those living with diversity and disability, promote cultural capability and be aware of barriers that impact on quitting in populations with high smoking rates;
- to facilitate prescription of evidence-based pharmacotherapy for treatment of nicotine dependence.

Referral (Best Practice):

- Patients can be referred to this service from all agreed clinical areas based on local health service requirements
- A current and completed Smoking Cessation Clinical Pathway is required prior to the referral
- Patients are required to consent to referral to local smoking cessation clinic (see SCCP)
- The referral may be electronically delivered (such as via internal referral slip or email) as per local health service requirements

Stop smoking service session details (Best Practice):

- Initial assessment of nicotine dependence is completed on the smoking cessation assessment form, SCCP or locally approved template (see examples in appendix 1 & 3).
- Any ongoing documentation and treatment planning will be completed in the patient's progress notes or ieMR documentation.
- Use SCCP (p2) to guide NRT instructions/prescriptions/PBS requirements.
- Patient's GP, treating team or community pharmacy to be contacted for any medication changes/collateral/special considerations as required. Patient may invite/include support service/carers/Indigenous Health Workers to sessions if requested.
- Some specialist outpatient departments may offer group education sessions which cover the principles of quitting, preparation for quitting and educational NRT information as an adjunct, stand-alone health promotion intervention or prior to referral to individual sessions.
- Referral to other services e.g. Quitline, Aboriginal and Torres Strait Islander Support Services, etc. may also be made to provide continuity of care alongside clinic sessions.

Communication approach to be used throughout each session:

- ✓ Boost motivation and self-efficacy: Explore personal motivation/reasons for change/personal benefits and explore ability, strengths, available resources
- ✓ Build rapport
- ✓ Use reflective listening
- ✓ Provide reassurance
- ✓ Use Motivational Interviewing: Open questions, affirmations, reflections, summaries.
- ✓ Collaboratively develop smoking cessation action plan

Session-1 Clinical Checklist: Week-1

- ✓ Introduce and inform the patient about the treatment programme
- ✓ Assess current readiness and confidence
- ✓ Assess current smoking patterns, time to first cigarette, type of tobacco/nicotine etc
- ✓ Assess past quit attempts
- ✓ Explain how tobacco dependence develops and assess nicotine dependence
- ✓ Explain, conduct and record carbon monoxide (CO) monitoring* (see appendix 4 for example).
- ✓ Explain the importance of complete cessation and the 'not a single puff' rule
- ✓ Inform the patient about withdrawal symptoms and ways to manage stress
- ✓ Discuss stop smoking medications- advise on ways to access NRT and/or organise medication script as needed
- ✓ Assess for smoking, current medications, smoking-food interactions and substance use (eg cannabis, alcohol and caffeine); and provide advice accordingly (if changes accepted to add to ongoing sessions)
- ✓ Set the Quit date or NRT preloading date
- ✓ Prompt a commitment from the patient
- ✓ Identify cues/triggers that increase risk of lapse and develop strategies for relapse prevention
- ✓ Discuss preparations and provide a summary to the patient and a letter to their GP if appropriate.

Session-2 Clinical Checklist: Week-2

- ✓ Confirm readiness and ability to quit
- ✓ Enquire about medication use. Discuss expectations of medication

- ✓ Discuss access to ongoing supply if applicable.
- ✓ Suggest adjustment to treatment as needed according to Smoking Cessation Clinical Pathway NRT algorithm on page 2
- ✓ Discuss withdrawal symptoms and cravings / urges to smoke and how to deal with them
- ✓ Troubleshoot issues with medical compliance and correct use
- ✓ Advise on changing routine
- ✓ Discuss how to address the issue of the cues and triggers from patient's smoking contacts and how the patient can get support during their quit attempt
- ✓ Address trigger times by exploring function of smoking (eg stress relief, time out, boredom relief) and introduce alternative coping strategies
- ✓ Address any potential high-risk situations in the coming week
- ✓ Conduct carbon monoxide (CO) monitoring*
- ✓ Elicit commitment from the patient and re-assess confidence
- ✓ Assess for smoking interactions (with medicines or food) and advise accordingly.
- ✓ Discuss plans and provide a summary
- ✓ Discuss any identified risks with the treating doctor and case manager if any

Session-3,4,5 Clinical Checklist: Week-3,4,5 and so on until abstinence is confirmed

- ✓ Check on patient's progress
- ✓ Measure carbon monoxide (CO)*
- ✓ Enquire about medication use. Discuss access to ongoing supply of medication if applicable.
- ✓ Discuss any withdrawal symptoms and cravings / urges to smoke that the patient has experienced and how they dealt with them
- ✓ Discuss any difficult situations experienced and methods of coping
- ✓ Addressing any potential high-risk situations in the coming week
- ✓ Confirm the importance of the 'not a single puff' rule and prompt a commitment from the patient
- ✓ Assess for smoking interactions (with medicines or food) and advise accordingly.
- ✓ Provide a summary
- ✓ Discuss any identified risks with the treating doctor and case manager if any
- ✓ Discuss relapse prevention plans

Session- 6 onwards Clinical checklist, 8 and 12 weeks post Quit date (3 months abstinence)

- ✓ Check on patient's progress
- ✓ Measure carbon monoxide (CO)*
- ✓ Advise about continued medication use and discuss access to ongoing supply of medication if applicable.
- ✓ Discuss any withdrawal symptoms and cravings / urges to smoke that the patient has experienced and how they dealt with them
- ✓ Discuss any difficult situations experienced and methods of coping
- ✓ Address any potential high-risk situations in the future (i.e. stressful situations that they have not experienced over the past four weeks)
- ✓ Confirm the importance of the 'not a single puff' rule and prompt a commitment from the patient
- ✓ Advise about how to access additional support if needed
- ✓ Advise about what to do if the patient lapses (i.e. before relapsing)
- ✓ Assess for interactions with smoking (medications or food) and advise accordingly.
- ✓ Provide a summary
- ✓ Discuss any identified risks with the treating doctor and case manager
- ✓ Discuss relapse prevention plans

Last Session-

- ✓ Check on patient's progress
- ✓ Measure carbon monoxide (CO)*
- ✓ Discuss relapse prevention. Advise about what to do if the patient lapses (i.e. before relapsing)
- ✓ Confirm the importance of the 'not a puff' rule and prompt a commitment from the patient
- ✓ Advise about how to access additional support if needed
- ✓ Assess for smoking- medications and/or food interactions and advise accordingly
- ✓ Provide a summary

*Use of Smokerlyser- Consider local infection control measures as CO monitoring is considered an aerosol generating procedure. (Insert link to the CO monitoring Guidelines- SRCN)

Patient Satisfaction survey All patients should be invited to provide feedback on the stop smoking clinic. This could be a voluntary activity. Feedback from patients should be used for service evaluation purposes annually. (see example appendix 2)

At any of the sessions above if patient is not willing to continue, offer referral to Quitline or other support services and discharge or hold off treatment/manage referral as per local process.

Note: This guideline is a guide only and do not replace existing local processes and procedures.

Appendices

Appendix 1 - Smoking Cessation Clinical Pathway (SCCP V-5.0) (p1)

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Contact: Central Pathways_Program@health.qld.gov.au

 Queensland Government Smoking Cessation Clinical Pathway Facility: _____		(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
<p>This tool is for screening smoking behaviour and to guide support for those who temporarily cannot smoke or wish to reduce/quit smoking. Clinical pathways <i>never</i> replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.</p>			
Category	Date: / /		
Ask (all patients)	1. Have you smoked tobacco in the last 30 days? <input type="checkbox"/> Yes (continue with pathway) <input type="checkbox"/> No (congratulate, sign and file) <input type="checkbox"/> Electronic cigarettes (may require nicotine replacement therapy (NRT) in hospital) If you are unable to complete this pathway, document the reason in the comments section below: <input type="checkbox"/> See comment		
Assess	2. Do you want to quit smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No (still offer NRT for inpatients to manage withdrawals) 3. Nicotine dependence: a. How many cigarettes do you smoke in a typical day? _____ Is this more than 10 cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you smoke your first cigarette within 60 minutes of waking? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Do you have a history of withdrawal symptoms/cravings from quitting smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to one or more of the above, then the patient is considered nicotine dependent and should be offered NRT. 4. Is the patient nicotine dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Are you currently using any of the following? <input type="checkbox"/> No <input type="checkbox"/> NRT (continue regimen referring to algorithm on page 2) <input type="checkbox"/> Varenicline (Champix®)* <input type="checkbox"/> Bupropion (Zyban®) *Advise treating team to prescribe Champix®/Zyban® OR if not available offer NRT (for inpatients only).		
Advise	6. Advise all smokers to quit using clear but non-confrontational language: > "As a health professional the best advice that I can give you is to try to stop smoking" > "Giving up smoking is hard, but it will help with (e.g. surgery, healing, medication, finances, health and fitness)" > "Using NRT and behavioural support considerably increases your long term success in quitting" > "NRT is available from most retail stores, however patches and medications (Champix® and Zyban®) are cheaper on PBS"		
Assist (discuss treatment and other options)	7. Special considerations (medical approval may be required prior to initiating NRT depending on unit preference): <input type="checkbox"/> Any local precautions/protocols (e.g. microvascular surgery, skin grafts etc) <input type="checkbox"/> Children <12 years of age <input type="checkbox"/> Pregnant/lactating <input type="checkbox"/> Recent cardiovascular event <48 hours <input type="checkbox"/> Clozapine Note: Patients who stop smoking with or without NRT may require a medication dose change (e.g. opioids, antipsychotics, benzodiazepines, insulin and warfarin). Seek Medical Officer advice if any of the above are ticked.		
	PRESCRIBING	8. Offer NRT to relieve nicotine withdrawal and/or assist with quitting. If smoking/withdrawals persist, NRT should be titrated to achieve effect (see flow chart page 2) NRT can be initiated by a medical officer, nurse or pharmacist according to your local policy <input type="checkbox"/> Patient offered NRT and accepted treatment (ensure discharge script is written for ongoing treatment) <input type="checkbox"/> Patient offered NRT and declined treatment (ask again during stay as needed) <input type="checkbox"/> Patient unable to be offered NRT. Refer to Medical Officer (see Q7) or reason:	
	PBS	9. Prescribed pharmacotherapy (NRT patches/Champix®/Zyban®) <input type="checkbox"/> Yes <input type="checkbox"/> No if no, document reason:	
Arrange follow-up	10. Patient provided with a copy of "self-help" resource (e.g. 'Quit Because You Can' booklet) <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Did patient consent to referral to any of these services? (tick all that apply) a. Quitline Service (13QUIT@health.qld.gov.au Fax: 07 3259 8217 Patient phone: _____) <input type="checkbox"/> Yes <input type="checkbox"/> No b. Local smoking cessation support/tobacco treatment specialist services in the HHS <input type="checkbox"/> Yes <input type="checkbox"/> No c. GP follow up (remind patients of subsidised PBS products – see page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No Fax (with cover sheet) or post copy with discharge summary after completion to the service(s) above.		
Comments:			
Assessment completed by – Name:		Designation:	Signature:
Assessment review completed by (if required) – Name:		Designation:	Signature:
			<input type="checkbox"/> Tick if you would like Quitline to send a report on the patient's

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SMOKING CESSATION CLINICAL PATHWAY



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Smoking Cessation Clinical Pathway

(Affix identification label here)

URN:

Family name:

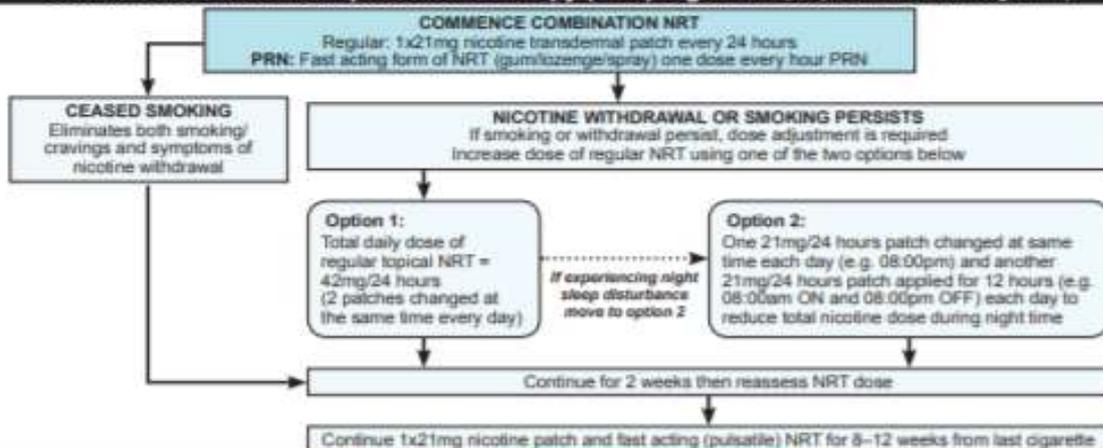
Given name(s):

Address:

Date of birth:

Sex: M F I

Combination Nicotine Replacement Therapy (NRT) Algorithm (adapted from Bittoun Algorithm)



FOR PRECAUTIONS: See product information or page 1
(Bittoun, R (2008) A Combination NRT Algorithm for Hard-To-Treat Smokers. JSC 1 (1) 3-6)

NICOTINE REPLACEMENT THERAPY

- NRT increases the success of quitting smoking by 50% to 70% (Cochrane Review 2012) <http://tobacco.cochrane.org/evidence>
- Combination of different forms of NRT are more effective than one form alone (RACGP Guidelines 2015): <http://www.racgp.org.au/our-organisation/clinical-guidelines/smoking-cessation/>
- NRT does not produce strong dependence (RACGP Guidelines 2015)

NICOTINE TRANSDERMAL PATCHES 21mg/24 hours

Product	Dosing schedule	Instructions for use
Patch	Once daily	<ul style="list-style-type: none"> Apply patch to clean, dry, non-hairy area on the upper body or hip. Apply in a different place each day. Secure with medicinal tape if required. Do not apply patch to freshly shaven, broken or inflamed skin. Wait at least 1 hour after applying patch before showering/bathing. Mild patch irritation can be treated by using a mild steroid cream (e.g. 0.02% betamethasone). Remove patch at night if sleep disturbance (e.g. insomnia and vivid dreams) occurs.
FAST ACTING NRT (pulsatile) – recommended for use: if pregnant, allergic to patches or as combination therapy (side effects of oral NRT: hiccups, irritation of mouth/throat, indigestion and nausea)		
Gum	Use every 1-2 hours or as required (PRN)	<ul style="list-style-type: none"> (CHEW-PARK-CHEW) Chew one piece of gum slowly until taste becomes strong and then park the gum between your cheek and gum. When taste has faded chew and park again - repeat for 30 minutes. Use a fresh piece of gum after 1 hour. Excessive chewing or swallowing saliva may increase side effects.
Lozenge	Use every 1-2 hours or as required (PRN)	<ul style="list-style-type: none"> Place lozenge in mouth and allow to dissolve (may take 30 minutes). Periodically move lozenge from one side of mouth to the other. Do not chew or swallow lozenge.
Spray	Use 1-2 sprays every 1-2 hours or as required (PRN)	<ul style="list-style-type: none"> Point nozzle and spray towards inside of your cheek or under tongue, avoiding your lips. Try not to swallow for a few seconds after using spray. This will help absorption. Do not inhale spray.
Inhaler	Suck on 1 cartridge/ mouth piece when required in place of smoking	<ul style="list-style-type: none"> One sealed cartridge is removed from the blister tray and inserted in the mouthpiece. After each session any remaining cartridges should be retained in the event of sudden cravings or for the next planned inhalation session. Inhaler may be useful for those who miss the hand-to-mouth movements associated with smoking. 1 cartridge replaces 7 cigarettes (7 sessions of 80 puffs), after which it should be replaced with a new cartridge. Maximum of 6 cartridges can be used per day. Self-titrate dose according to cigarette withdrawal symptoms. Nicotine is absorbed from the oral mucosa.

NRT PBS Prescribing

- PBS eligibility: Patient must be ready to cease smoking and have entered or entering a support and counselling program at the time the prescription is written. Document details of support program in medical record. Patients cannot have more than one PBS subsidised therapy for nicotine addiction at one time.
- Availability: 21mg, Qty 28; 2 repeats; General patients - One 12-week course of NRT patches per year; Aboriginal and Torres Strait Islander Peoples - TWO 12-week courses of NRT patches per year. For updated information: <http://dhs.gov.au/pbs/pbssearch/2016/prescribing>

Professional Development, Further Information and Resources

- Statewide Respiratory Clinical Network: http://www.health.qld.gov.au/communities/respiratory_association/
- Smoke-free Healthcare Information (including CALD and Aboriginal and Torres Strait Islander Peoples) networks, programs and HHS documentation: <http://tobacco.health.qld.gov.au/quitline-free-healthcare.htm>
- Clinical pathways information: <http://tobacco.health.qld.gov.au/quitline-free-healthcare.htm#default.htm>
- Quitline (13 QUIT, 07:00am to 10:00pm, 7 days) can provide support to clinicians on assessing nicotine dependence, pharmacotherapy and behaviour change techniques.
- QR code on right can be used to download 'My Quit Buddy' App on a smart device or visit: <http://www.quitnow.qld.gov.au/> for more patient resources



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Appendix 2 - Patient Satisfaction Survey Example- QEII Hospital/Metro South Health

QEII Specialist outpatients Stop Smoking Clinic Patient Satisfaction Survey

It is important that our service know if there is anything that they could do to improve the support that they provide to consumers. Your views about this are very important to us and will be treated in the strictest confidence. The results of this survey will be used for service improvement purposes. Please answer the following questions as honestly as you can, place the questionnaire in the reply paid envelope provided to your stop smoking clinic. Thank you.

Please circle the appropriate number for each question:

1. Overall, how satisfied were you with the support you received to stop smoking?

Very Satisfied	Satisfied	Unsure	Unsatisfied	Very Unsatisfied
5	4	3	2	1

2. Would you recommend this service to friends/family who wants to stop smoking?

Yes	Unsure	No
2	1	0

3. Have you smoked since your last appointment with the service?

No, not a single puff	Yes, just a few puffs	Yes, 1-5 cigarettes	More than 5 cigarettes
4	3	2	1

If there are any changes that you would like to see to the Stop Smoking Service, or if there was anything they did particularly well, then please write them here:

Now please place the questionnaire in the envelope provided and return it to your stop smoking clinic. Thank you.

Appendix 3 - Smoking Cessation Clinic Assessment Form example- Metro South Health

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Metro South Health
Smoking Cessation Assessment

(Affix identification label here or complete if E-Form)

URN: _____
 Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F

Date: _____ Referred by: _____

Smoking History

Motivation to quit 1 – 10: _____ Confidence to quit 1 – 10: _____ Age started smoking: _____
 Number per day _____ years _____ = pack history: _____
 Method and effect of previous attempts: _____

 Trigger for relapse: _____
 Longest quit attempt: _____ Do you live with a smoker? Yes No
 Family history of smoking: _____
 Tailor made: Yes No
 Roll own: Yes No Chop chop Yes No Marijuana: Yes No If yes, last used: _____
 Other addictions in past: Yes No If yes, details: _____
 Occupation: _____
 Caffeine intake per day: _____ Alcoholic drinks per day: _____

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Smoking Cessation Assessment

The Fagerstrom Test for Nicotine Dependence			
Question	Answer	Score Range	Assessment Score
How soon after you wake do you smoke your first cigarette?	Within 5 minutes	3	<input type="checkbox"/>
	5 – 30 minutes	2	
	31-6- minutes	1	
	Over 60 minutes	0	
Do you find it difficult to refrain from smoking in places where it is forbidden?	Yes	1	<input type="checkbox"/>
	No	0	
Which cigarette would you most hate to give up?	The first one in the morning	1	<input type="checkbox"/>
	Any other	0	
How many cigarettes per day do you smoke?	10 or less	0	<input type="checkbox"/>
	11 – 20	1	
	21 – 30	2	
	Over 30	3	
Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes	1	<input type="checkbox"/>
	No	0	
Do you smoke if you are so ill that you are in bed most of the day?	Yes	1	<input type="checkbox"/>
	No	0	
Score	Rating	Total Fagerstrom Score	<input type="checkbox"/>
0 to 2	Very low dependence		
3 to 4	Low dependence		
5	Medium dependence		
6 to 7	High dependence		
8 to 10	Very high dependence		
		Time to First Cigarette	_____

Baseline Observations:

Pulse: _____ O2 saturations: _____ BP: _____ Weight: _____ CO: _____ Carboxyhaemoglobin: _____%

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Appendix 4 - Smokerlyser fact sheet and patient hand out example- Metro South health

Metro South Addiction and Mental Health Services

Quitting smoking

For your best chance of quitting, there are two things you can do



Here are some services you can contact for support and advice:

- Quitline – 24 hour phone service | 13 78 48
- Addiction Services – call for an appointment
Inala 07 3275 5300 | Logan 07 3089 4084 | Bayside 07 3825 6060
- QuitCoach – develop your quitting plan | www.quitcoach.org.au
- My Quit Buddy – download the free smart phone app
- A doctor or pharmacist
- Additional options for Aboriginal and Torres Strait Islander people:
 - The Inala Quit Café takes place at Inala Indigenous Health at 10am each Wednesday and provides quit smoking support along with light refreshments | 07 3181 7653
 - The No Smokes website provides information for Aboriginal and Torres Strait Islander people including facts about smoking, health and quitting | www.nosmokes.com.au
 - You can ask to speak with an Aboriginal and Torres Strait Islander worker when contacting Quitline or Addiction Services (details listed above).

Second-hand smoke

Exposure to second-hand smoke increases the level of CO in the body, putting non-smokers at risk of serious health problems. Protect yourself and your family by:

- Keeping your home and car smoke-free. This includes making sure family, friends, and visitors never smoke inside your house or vehicle.
- Asking caregivers and relatives to provide your children with a smoke-free environment.
- Removing yourself and your children from situations where people are smoking.

Notes



Partnering with Consumers - This patient information brochure supports National Safety and Quality Health Service Standard 2 (2.4.1) Consumers and/or carers provided feedback on this patient information.

Secondary Document Information

References	<ul style="list-style-type: none"> • Andy McEwen. Standard Treatment Programme- A guide to behavioural support for smoking cessation. NCSCCT 2014 • Gillian Gould and Renee Bittoun. A Pragmatic Guide for Smoking Cessation Counselling and the Initiation of NRT for Pregnant and Torres Strait Islander Smokers (2014) • RACGP Supporting smoking cessation: A guide for health professionals (2020) • Renee Bittoun. Carbon Monoxide Meter: The Essential Clinical Tool- The Stethoscope-of Smoking Cessation (2006) • Smoke Free Health Care on QHEPS • QEII Jubilee Hospital Smoking Cessation Clinic Work Instruction
Online Clinical Support videos	<ul style="list-style-type: none"> • How to use a Smokerlyser device • Nicotine Gum • Nicotine Inhalator • Nicotine Lozenges • Nicotine Patches • Nicotine Replacement Therapy • Quickmist Nicotine Spray • Smokerlyser
Resources Required	<ul style="list-style-type: none"> • Smokerlyser and Smokerlyser fact sheets • SCCP • NRT demonstration kit of TGA approved products (eg 21mg nicotine patches, 4mg and 2mg nicotine gum and lozenges, nicotine mist spray and nicotine inhalators) • Current Quitline resources available from Quit HQ and Smoke Free Health Care on QHEPS • Local HHS approved questionnaire • Patient Satisfaction Survey • Access to available outpatient room
Evaluation	<ul style="list-style-type: none"> • Reduction in no. of cigs smoked per day per patient • CO verified and self- claimed Quit Rates (3 month point prevalence) • Failure to Attend (FTA) Rate (Below 10%) • Change of Motivation (scale 1 to 10) per patient • Change of Confidence (scale of 1 to 10) per patient • No. of patients accepted and prescribed pharmacotherapy by GP • QWAU generated as ABF
Author	Deepali Gupta, Senior Pharmacist, Metro South Health; Co-chair Statewide Smoking Cessation Workgroup
Stakeholders Consulted (Title)	Date Consulted

- Jenny Minchell, Dual Diagnosis Co-coordinator, Co-chair Smoking Cessation Workgroup, Darling Downs Health Service
- Ihsan Laksana- Pharmacist, Chronic Conditions, Ipswich
- Adrienne Kostellar, Pharmacist, RBWH
- Quitline, Preventive Health, QLD
- Henry Marshall, Thoracic Physician, TPCH
- Rosalinda Wittmaack, Clinical Nurse, Browns Plains Mental Health Services
- Jillian Bleazby, Quitline
- Hoi Yan Li, Quitline
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- Natalie McKinnon, Community Health
- Johanna-Lee Bou-Samra, CTG Pharmacist, Darling Downs Health Service

14/02/2020

Version Change History			
V#	Amendments	Approved	
		Date	Position
1	To outline the role and responsibilities of a trained Smoking Cessation Clinician led (example- Pharmacist, Nurse or Other Health Professional) outpatients Smoking Cessation Clinic Queensland Health facility	03/02/2021	Statewide Respiratory Clinical Network