

# Pharmacy Stop Smoking Service

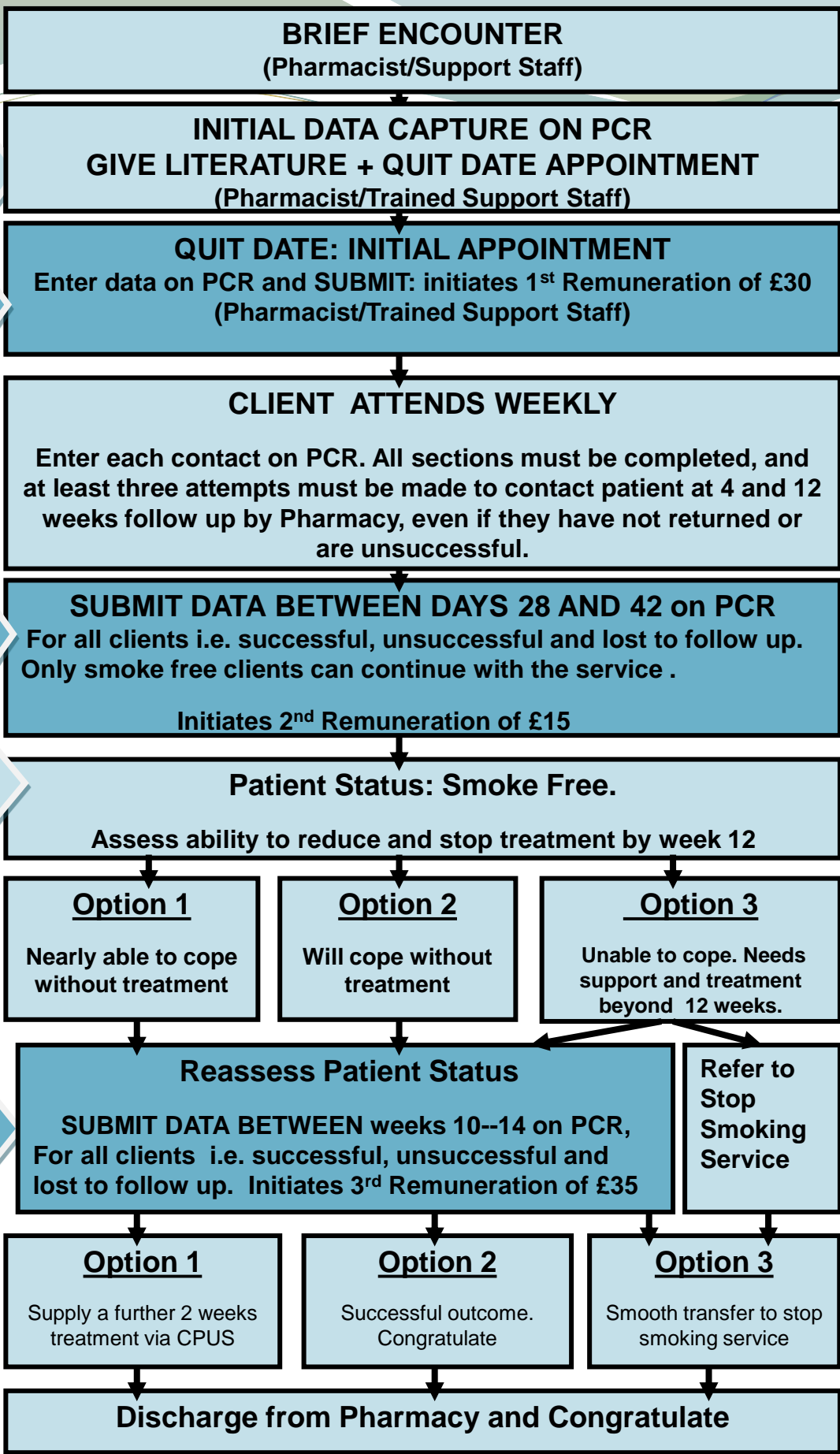
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# Smoking Cessation in Pharmacy

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**Week 0**

**Week 1**

**Week 4**

**Week 10**

**Week 12**

# Nicotine Replacement therapy (NRT) Product Guidelines I

LJF approved.

<b>PATCH</b>	<b>Continuous Release</b>	<b>MDD One patch</b>
<b>WHAT</b>	Nicotine Patch 24 hour / 3 strengths/ 12 wk step down	
<b>HOW</b>	Continuous slow release of Nicotine	
<b>WHO</b>	Patients with regular smoking patterns	
<b>SIDE-EFFECTS</b>	Sleep disturbance (24hour patch)/ Skin irritation	
<b>CAUTIONS/CI</b>	Care Eczema/Pregnancy/Breast feeding/Major health issues	
<b>LOZENGE/MINI LOZENGE</b>	<b>Slow Release</b>	<b>MDD 15 lozenges</b>
<b>WHAT</b>	Nicotine 2mg lozenge/ /mini 1.5mg/4mg	
<b>HOW</b>	Slow Nicotine adsorption placed between gum and cheek	
<b>WHO</b>	Suitable to quell craving may use in conjunction with patch	
<b>SIDE-EFFECTS</b>	Upset stomach/Wind	
<b>CAUTIONS/CI</b>	Peptic ulcer/Oral surgery	
<b>GUM</b>	<b>Slow Release</b>	<b>MDD 15 pieces</b>
<b>WHAT</b>	Nicotine Gum 2mg (light smoker) 4mg (heavy smoker)	
<b>HOW</b>	Chew for few seconds, place between gum/cheek	
<b>WHO</b>	Suitable to quell craving may use in conjunction with patch	
<b>SIDE-EFFECTS</b>	Jaw ache/Indigestion/Nausea/Wind	
<b>CAUTIONS/CI</b>	Peptic ulcer/Denture wearers	

**MDD = Maximum Daily Dose**

# Nicotine Replacement Therapy (NRT)

## Product Guidelines II

LJF Not approved, but may be prescribed using professional judgement.

<b>MICROTAB</b>	<b>Slow Release</b>	<b>MDD 40microtabs</b>
<b>WHAT</b>	Nicotine 2mg sublingual tablet	
<b>HOW</b>	Slow Nicotine absorption under the tongue	
<b>WHO</b>	Suitable to quell craving may use in conjunction with patch	
<b>SIDE-EFFECTS</b>	Upset stomach/Wind	
<b>CAUTIONS/CI</b>	Peptic ulcer/Oral surgery	
<b>INHALATOR</b>	<b>Slow/Fast Release</b>	<b>MDD 6 cartridges</b>
<b>WHAT</b>	Nicotine 15mg/cartridge, resembles a cigarette	
<b>HOW</b>	Inhalation of Nicotine and Menthol vapour	
<b>WHO</b>	Light smoker req.hand to mouth action, may use with patch	
<b>SIDE-EFFECTS</b>	Cough initially on inhalation	
<b>CAUTIONS/CI</b>	Asthmatics /Allergy to Menthol	
<b>ORAL SPRAY</b>	<b>Fast Release</b>	<b>MDD 64sprays</b>
<b>WHAT</b>	Nicotine mouth spray 1mg/ spray	
<b>HOW</b>	Prime and spray directly into mouth	
<b>WHO</b>	Suitable to quell craving may use in conjunction with patch	
<b>SIDE-EFFECTS</b>	Upset stomach/Hiccups	
<b>CAUTIONS/CI</b>	Oral lesions or tumours	
<b>NASAL SPRAY</b>	<b>Fast Release</b>	<b>MDD 64 sprays</b>
<b>WHAT</b>	Nicotine nasal spray 0.5mg/metered spray	
<b>HOW</b>	Spray into both nostrils for instant “hit” fast absorption	
<b>WHO</b>	Heavy smokers for cravings, may be used with patch	
<b>SIDE-EFFECTS</b>	Headache/Drowsiness/Nasal passage irritation/Sneezing	
<b>CAUTIONS/CI</b>	Driving	
<b>ORAL STRIP</b>	<b>Fast Release</b>	<b>MDD 15 STRIPS</b>
<b>WHAT</b>	Nicotine oral film strips 2.5mg	
<b>HOW</b>	Apply to roof of mouth for instant 50 second “hit”	
<b>WHO</b>	Suitable to quell craving may use in conjunction with patch Tolerated well in pregnancy as intermittent therapy	
<b>SIDE-EFFECTS</b>	Upset stomach/Hiccups	
<b>CAUTIONS/CI</b>	Oral lesions	

# Nicotine Replacement Therapy (NRT) Patch Guidelines.

(ref: BNF)

## Nicorette Invisi Patch (16 hour)

For patients **smoking 10 or more** cigarettes per day

25 mg  
8 weeks

15mg  
2 weeks

10 mg  
2 weeks

## Nicorette Invisi Patch (16 hour)

For patients **smoking less than 10** cigarettes per day

15 mg for 8 weeks

10 mg for 4 weeks

## NiQuitin Patch (24 Hour)

For patients **smoking 10 or more** cigarettes per day

21 mg for  
6 weeks

14 mg for  
2-4 weeks

7 mg for  
2 -4weeks

## NiQuitin patch (24 Hour)

For patients **smoking less than 10** cigarettes per day.

14 mg for 6-8weeks

7 mg for 4-6 weeks

## Nicotinell Patch (24 Hour) LJF Approved

For patients **smoking 10 or more** cigarettes per day

21 mg for  
4 weeks

14 mg for  
4 weeks

7 mg for  
4 weeks

## Nicotinell Patch (24 Hour) LJF Approved

For patients **smoking less than 10** cigarettes per day

14 mg for 4-6 weeks

7mg for 4-6 weeks

# **Varenicline (Champix) and Stop Smoking Support I.**

The Specification, which now includes the use of Varenicline, has been made available to the Pharmacist, giving them the option to prescribe via PGD, where clinically appropriate.

A patient may then be prescribed treatment with Varenicline, if they meet the criteria listed in the PGD Pro Forma and their GP is informed of treatment by letter.

A Prescribing Support Pack is available.

**These forms can be downloaded from the website below:**

[http://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/StopSmoking/PGD\\_259v1\\_Varenicline\\_CommunityPharmacists.pdf](http://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/StopSmoking/PGD_259v1_Varenicline_CommunityPharmacists.pdf)

**The Pharmacist must also, as well as completing the PGD, have satisfactorily completed the approved training by NES Pharmacy or NHS Lothian, to include appropriate training for working under PGDs for the supply and administration of medicines.**

**Online training MCQ 2 must be completed by the Pharmacist, which can be accessed at:**

<https://learn.nes.nhs.scot/1475/pharmacy/cpd-resources/varenicline-supply-under-pgd>

# Varenicline (Champix) and Stop Smoking Support II.

## Mode of Action

This is a first-in-class “Prescription Only” Oral therapy for smoking cessation, which targets the alpha4beta2 receptors with a dual mode of action. It blocks nicotine absorption, releasing low levels of Dopamine, to reduce the craving and withdrawal symptoms from smoking, and also reduce the pleasurable effects.

## Dosing

### Titration Dose: Quit Date is set in the first two weeks

**Day 1-3 = 500 micrograms once daily**

**Day 4-7 = 500 micrograms twice daily**

**Day 8-12(weeks) = 1mg twice daily**

### Maintenance dose post titration is 1mg twice daily for 12 weeks

Where a patient is struggling at week 10 to 12, to stop, we can supply beyond the 12 weeks (see Stop Smoking Flowchart); this is another option for the pharmacist to consider and discuss with the patient.

You will only be remunerated for the cost of the drug.

**Note:** A 14 day starter pack (11 x 500microgram tabs with 14 x 1mg tabs) can be supplied for the last two weeks of treatment. Ensure the patient has clear instructions to take the tablets in the starter pack in reverse order to facilitate tapered discontinuation.

Patients who cannot tolerate the adverse effects of Varenicline may have the dose lowered temporarily or permanently to 500 micrograms twice daily for the 12 week duration.



# Varenicline (Champix) and Stop Smoking Support III.

## Carbon Monoxide (CO) Monitor Testing

Patients **must have their CO tested** on a weekly basis to confirm they have stopped smoking.

If the patient is still smoking, at week 3-4, they should be informed that treatment with Varenicline would have to be stopped if they continued to smoke. Supply 1mg Varenicline tablets if required and make arrangements to see the patient the following week (week 4). If patient is still smoking, treatment with Varenicline should be stopped.

## Criteria for exclusion ( Please check PGD for full list )

Patient is under 18 years.

Patient is pregnant, breastfeeding or trying to conceive.

Patients suffering from renal impairment or have end stage renal disease.

Patient has a history of psychiatric illness.

Patient suffers from epilepsy.

Patient currently on another smoking cessation therapy.

Patient on any other interacting medication; please check PGD for interactions.

Patient is hypersensitive to Varenicline or any of its excipients.

## Cautions

### **Cardiovascular Disease (CVD)**

Patients with stable CVD taking Varenicline should be instructed to notify their doctor of new or worsening cardiovascular symptoms, and to seek immediate medical attention if they experience signs and symptoms of myocardial infarction or stroke.

**Always check the PMR and be familiar with the SPC.**

### Side-effects (not exhaustive list)

Nausea

Headache

Sleepiness/abnormal dreams

Behavioural changes/Feelings of depression and anxiety

Mood swings/Suicidal ideation

# SMOKING CESSATION HEALTH BENEFITS

TIME LINE	HEALTH BENEFITS
20 MINUTES	BLOOD PRESSURE/PULSE RATE/CIRCULATION RETURN TO NORMAL
08 HOURS	OXYGEN LEVELS NORMAL/NO NICOTINE IN BODY CRAVINGS MAY BEGIN
24 HOURS	CARBON MONOXIDE LEVELS ELIMINATED LUNGS START TO CLEAR MUCUS
48 HOURS	ABILITY TO TASTE AND SMELL IMPROVE CRAVINGS MAY START
72 HOURS	BREATHING EASIER AS BRONCHIAL TUBES RELAX ENERGY LEVELS INCREASE
28 DAYS	SKIN IMPROVES /WALKING BECOMES EASIER CIRCULATION/BLOOD FLOW IMPROVED
3/9 MONTHS	LUNG FUNCTION INCREASES BY 10% COUGH/WHEEZING/BREATHING IMPROVE
01 YEAR	RISK OF HEART ATTACK FALLS BY HALF THAT OF A SMOKER
10 YEARS	RISK OF LUNG CANCER FALLS BY HALF THAT OF A SMOKER
15 YEARS	RISK OF HEART ATTACK FALLS TO THE SAME LEVEL TO ONE WHO HAS NEVER SMOKED

# Tobacco Equivalents for Cigarettes

## PIPE smokers

One Bowl = 2.5 Cigarettes



## CIGAR smokers

One Cafe Crème Cigar = 1.5 Cigarettes

One Hamlet Cigar = 2.0 Cigarettes

One Havana Cigar = 4.0 Cigarettes



## Roll Your Own loose Tobacco

25gms(1oz)=50 Cigarettes ÷7days=7cigarettes/day

50gms(2oz)=100Cigarettes ÷7days=14cigarettes/day

75gms(3oz)=150Cigarettes ÷7days=21cigarettes/day

100gms(4oz)=200Cigarettes ÷7days=28cigarettes/day

125gms(5oz)=250Cigarettes ÷7days=35cigarettes/day

150gms(6oz)=300Cigarettes ÷7days=42cigarettes/



# Smoking Cessation and Pharmacy Care Record (PCR) Quick Guide lines Information.

## **Before starting a new assessment check the following:**

### **Does the patient consent to Follow Up?**

If not, do not proceed, as it is no longer permitted under the new guidelines. Consent is registered by the signature on the back of the CPUS or UCF form. The patient needs to be made aware of this at the time of signing. Once patient details are input into the PCR the CHI look up will ensure you have accurate details; it will check for any other quit attempts at other community pharmacies recorded in the last 12 weeks.

A new quit attempt cannot be started at another pharmacy until 12 weeks have elapsed since the original quit date was set. If the patient wishes to make a further quit attempt sooner they must return to the original pharmacy where a quit date can be set within the 12 weeks. Otherwise they should be asked to use the time to prepare for the quit attempt and come back when the 12 weeks are over.

### ***Selecting the patient***

It may be necessary to create a record for the patient. The mandatory patient information for stop smoking patients differs from other PCR requirements and the following additional information is required:

**CHI number:** Use the CHI look up function; this ensures that any stop smoking record made from an existing PCR at a later date will not be rejected. It is worth using this function for all PCR entries for all services. If a patient has no CHI or is not GP registered, refer to Stop Smoking Services.

**Address:** Insert full postal address.

**Full Postal Code:** Please ensure this is entered correctly and in full or the submission will be rejected.

**Home or mobile phone number or e-mail address**

### ***Submission of data sets***

After each submission, check that the Minimum Data Set (MDS) section Status is shown as '**Validated**' and the Release Status as '**Submitted**'. Prior to releasing the 4 week and 12 week submissions, update the MDS section with product use and how many weeks of treatment given.

# Reimbursement

A CPUS or UCF form should still be completed for product reimbursement purposes. The patient's CHI number must be included.

Quit attempt event	MDS submission	Remuneration basis
Submission of the MDS information with confirmed quit date (normally first return appointment)  <b>£30</b>	To be electronically submitted once the quit-date is confirmed with client. This will form the basis of the timelines for the 4-week and 12-week post-quit date follow-ups.	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for new quit attempts that meet the validation requirements.
Four week post-quit date  <b>£15</b>	To be electronically submitted immediately after the 4-week post-quit date and not later than 6 weeks from the confirmed quit-date.	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for the 4-week stage that meet the validation requirements.
Twelve week post-quit date  <b>£35</b>	To be electronically submitted between 12 and 14 weeks from the confirmed quit-date.,(If the patients quit attempt is known to have failed during the period the PCR may be submitted between 10 and 14 weeks.)	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for the 12-week stage that meet the validation requirements.

## Smoking Cessation Support Tool on PCR

It has come to our attention that if the PCR Support Tool for Smoking Cessation Assessment has been marked as **'Complete'** in error, no further information can be documented on the PCR for that patient's quit attempt.

If you find yourself in this situation, to continue to record the service provided to this patient you must :

Create a duplicate Smoking Cessation Support Assessment entry on the Patient Care record (PCR); no further action needs to be taken by the Pharmacy, you will be subsequently contacted by the stop smoking service as to which entry you wish to submit.

# Initial Data Capture

Pharmacy: 9801 - GGC1  
User: GGC1 - Gary Glasgow  
Last login: Wed, Jun 18, 2014 15:12

Search Protocols Reports **Change password** Manage profile Yellow card Help Hospital Logout

**SHORTBREAD, Sally** Born 06-Jun-1966 (48y) Gender Female CHI No. 666666666  
Patient Details Last Modified On 09-Jun-2014 By GGC1

Address Phone and email

## Smoking cessation: initial data capture

### Consent

Does the client consent to follow up?

**Client must consent**

By participating in the smoking cessation service the client has agreed to be contacted by NHS Scotland representatives in order to follow up their progress and smoking status and has agreed to provide a telephone number to facilitate follow up.

### Client information

Gender

If female, pregnant?

What's ethnic group?

above, please specify

What's employment status?

above, please specify

### Smoking and quit attempts

How many cigarettes does the client usually smoke per day?

At what time of day does the client usually smoke their cigarettes?

How long has the client tried to quit smoking in the past?

### Referral and assessment context

How was the client referred to this service?

(Select one)

- Self-referral
- Dentist
- GP
- Health visitor
- HealthPoint
- Hospital
- Midwife

- Pharmacist
- Practice nurse
- Prison
- Smokeline
- Stop smoking roadshow
- Incentive scheme
- Other (please specify)

If 'Other' chosen above, please specify

- Primary care
- Hospital - Inpatient
- Hospital - Outpatient
- Pharmacy
- Prison

- Workplace
- Education establishment
- Non-NHS venue
- Home
- Other (please specify)

- One to one sessions
- Group support (closed groups)
- Telephone support
- Group support (open/rolling groups)

- Couple/family support
- Other (please specify)
- Unknown

If 'Other' chosen above, please specify

Shared care between pharmacy and non-pharmacy services?  Yes  No

### Pharmaceutical usage

Pharmaceutical usage

Total number of weeks of known product use

**Shared care is not currently in place in NHS Lothian, so always click 'No'.**

Select type of therapy and record number of weeks used so far. This will be zero. **IMPORTANT NOTE: These fields must be updated before each of the subsequent submissions at weeks 4 and 12.**

Please ensure the correct referral is identified i.e. **Pharmacy**

Record date of first contact and select **One to One sessions**

Record the date on the referral or the date of initial patient contact and tick the box for the appropriate referral source.

Where Varenicline is selected additional questions will be presented

## Start Quit Attempt and Confirm Quit Date

Before recording the quit attempt information, any missing data will be highlighted. Use the **Edit initial data capture** or **Edit patient** links to update.

Please correct the following validation errors before attempting to proceed:

- Date of initial appointment is a required field.
- Intervention(s) is a required field.
- Post code is a required field.
- At least one line of address information is required to proceed.
- At least one telephone number is required to proceed.

[Edit initial data capture](#) [Edit patient](#)

The quit date is not editable and drives the dates for the 4 week and 12 week submissions. It is recommended that at the point of initial appointment a provisional date is discussed but only recorded at the first return appointment. You should therefore click the **Cancel** Button when the **Confirm Quit date and record contact** screen is displayed after entering the initial data.

When the client returns on the agreed date (around 7 days after initial visit) use the link in the **Next Action** section to record the quit date and first contact.

Confirm quit date and record contact

Quit date

Record contact

Contact date

Contact type

Has the patient smoked?  Yes  No

CO Reading  ppm

Product

<input type="checkbox"/> 16h patch	<input type="checkbox"/> 24h patch	<input type="checkbox"/> Lozenge
<input type="checkbox"/> Gum	<input type="checkbox"/> Nasal spray	<input type="checkbox"/> Inhalator
<input type="checkbox"/> Sub-lingual tablet	<input type="checkbox"/> Bupropion	<input type="checkbox"/> Varenicline
<input type="checkbox"/> Mouth spray	<input type="checkbox"/> Oral film strips	

Product and contact notes

[return to Smoking Cessation Review Page](#)

Record **Quit date**, this should be within the next few days

Record the **Contact date**; this can pre-date the Quit date to allow for supply of product in preparation of quitting

Where Varenicline is provided the pharmacist must be involved in follow-up consultations

The data will be electronically submitted when the **Confirm quit date** button is clicked

Please continue to follow local Formulary guidance when supplying products. Use professional judgement if prescribing outwith the LJF.  
**\*\*If appropriate, e.g. patient is sufficiently prepared, the quit date and contact can be recorded at the initial appointment.\*\***

# Recording a contact

Record a contact each week as current practice. If this is not possible record the date and type under the Contact Attempt section.

## Contact

The 'Contact' form includes the following fields and options:

- Contact date:
- Contact type:
- Has the patient smoked?:  Yes  No
- CO Reading:  ppm
- Product:  16h patch,  Gum,  Sub-lingual tablet,  Mouth spray,  24h patch,  Nasal spray,  Bupropion,  Oral film strips,  Lozenge,  Inhalator,  Varenicline

Annotations:

- A grey box on the right says: "Please follow current Formulary guidelines and select appropriate treatment option". Arrows point from this box to the 'Product' checkboxes.
- A grey box on the left says: "CO monitoring should if possible be recorded weekly and especially at weeks 4 and 12 post quit". An arrow points from this box to the 'CO Reading' dropdown.
- The 'Record contact' button is highlighted with a red box.

## Contact attempt

The 'Contact attempt' form includes the following fields and options:

- Contact attempted on:
- Contact type:

The 'Record contact attempt' button is highlighted with a red box.

If no response after two missed visits and three contact attempts, the patient is lost to follow-up, send 4 or 12 week submission at appropriate time parameters, then mark as assessment complete.

***Check the reports function button regularly, i.e. at least once a week to keep you updated on the status of all your patients. You can find this on the toolbar.***



## Submit 4 Week Data

The link to release the data will be made available in the **Next Action** section between 4 and 6 weeks. (28 Days to 42 Days)

**It is not possible to submit the data if this submission window is missed and payment will not be made.**

## Smoking Cessation Review Page

Quit date 24-Jun-2014

Next action Release 4 week MDS

[View submitted minimum data set](#)

Minimum dataset

MDS	Target date	Status	Release status	Submitted by	Submitted on
Start	-	Validated	Submitted	GGC1	24-Jun-2014
Four week	22-Jul-2014 - 05-Aug-2014	Open	Not submitted		
Twelve week	02-Sep-2014 - 30-Sep-2014	Open	Not submitted		

**IMPORTANT NOTE:** If you miss the 6 week deadline window, it will not be possible to make a submission and payment will not be made

### Submit four week minimum dataset

Was the client successfully contacted for 1-month follow up? Yes  No

Date follow-up carried out 14-05-2014

Client withdrawn from service at time of follow-up?  Yes  No

Has the client smoked at all (even a puff) in the last two weeks? No  Yes

CO reading confirms quit? Yes  No

Reason CO reading not taken? Please select

If initial data capture has changed please edit the values using the following link [Initial data capture](#)

If the patient was not successfully contacted at the 1 month follow up, or has smoked, it will not be possible to progress to the 12 week submission

Submit four week data Cancel

Before submission it is necessary to update the **Pharmaceutical usage** and **Pharmaceutical usage weeks** fields in the initial data capture. Use this link to access the fields to update

## Submit 12 Week Data

The link to release the data will be made available in the **Next Action** section between 10 and 14 weeks.

**IMPORTANT NOTE:** If you miss the 14 weeks deadline it will not be possible to make a submission and payment will not be made; always check review page.

**It is not possible to submit the data if this submission window is missed and payment will not be made.**

**IMPORTANT NOTE:** If you miss the 14 week deadline window, it will not be possible to make a submission and payment will not be made, always check review page

### Submit twelve week minimum dataset

Was the client successfully contacted for 3-month follow-up?	<input type="text" value="Yes"/>
Date follow-up carried out	<input type="text" value="15-05-2014"/>
Has the client smoked at all since the 1-month follow-up?	<input type="text" value="No"/>
CO reading confirms quit?	<input type="text" value="Yes"/>
Reason CO reading not taken?	<input type="text" value="Please select"/>

If initial data capture has changed please edit the values using the following link

[Initial data capture](#)

Before submission it is necessary to update the **Pharmaceutical usage** and **Pharmaceutical usage weeks** fields in the initial data capture  
Use this link to access the fields to update

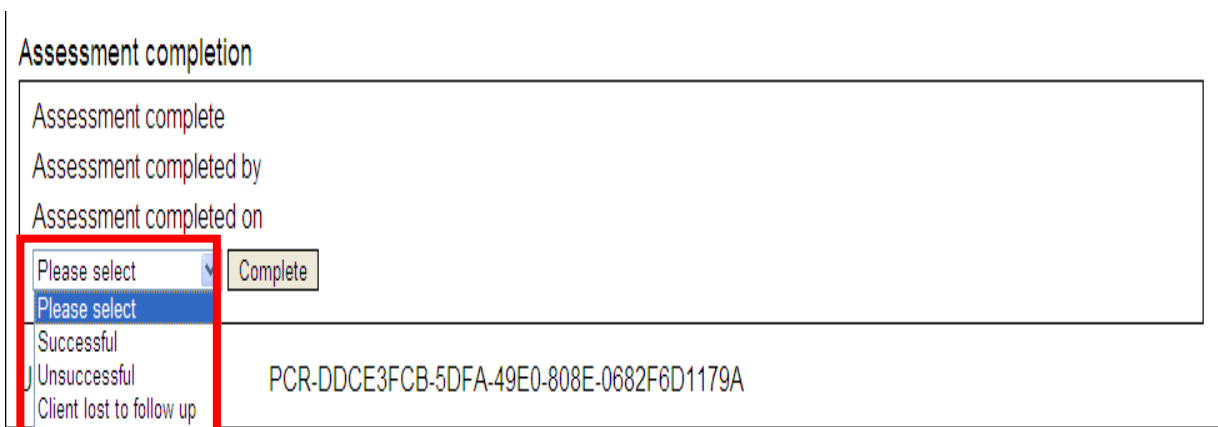
If the patient was not successfully contacted at the 4 week follow up, or has smoked it will not be possible to complete the 12 week submission

## Recording the Assessment Outcome

**Lost to follow up:** If at any point the patient is no longer attending the pharmacy and is not contactable, it should be recorded in the **Assessment completion** section as *Client lost to follow-up*.

**Unsuccessful:** If the patient is found to have smoked in the 2 weeks prior to the 4 week submission or smoked more than five cigarettes since the last submission at week 12 an *Unsuccessful* result should be recorded.

**Successful:** If the patient has quit at week 12 then the assessment should be recorded as *Successful*.



The screenshot shows a form titled "Assessment completion" with the following fields: "Assessment complete", "Assessment completed by", and "Assessment completed on". A dropdown menu is open, showing three options: "Successful", "Unsuccessful", and "Client lost to follow up". A "Complete" button is visible to the right of the dropdown. The form ID "PCR-DDCE3FCB-5DFA-49E0-808E-0682F6D1179A" is displayed at the bottom right.

At least 3 separate attempts must be made to contact the patient at week 4 and 12 before recording that they have been lost to follow-up. If no response after two missed visits and three attempts, still submit at week 4 and 12 in given timescales.

### Smoking Cessation Reports

Additional reports have been created to support the stop smoking service. It is recommended that you familiarise yourself with these and in particular:

- **Expiring within next 7 days** –If a submission is missed it is not possible to proceed and payment will not be made
- **No interactions in last 7 days.**

When viewing the reports, be aware that the **Week** counter is set Mon-Sun. This means that a patient could have their first contact on a Friday and show as **Week 1** and then on the following Monday show as **Week 2**.

# Stop Smoking Support Service Order Form

Item

Pack Size    Quantity

CO monitor Disposable Mouthpieces	250	x
CO Monitor D Piece Connection	12	x
Motivational Money Box	1	x

Variety of Resource Materials for “Quit Kits” Tick if required

Pharmacy Details:

Name:

Address:

Email.

Tel.No.

To order “Stop Smoking and Stay Stopped” booklets and other resources.  
email the Health Promotion Resource Centre on:

[www.nhslothianhpac.scot.nhs.uk](http://www.nhslothianhpac.scot.nhs.uk)

To order any of the listed items, please indicate quantity required,  
complete and email to:  
[giovanna.ditano2@nhs.scot](mailto:giovanna.ditano2@nhs.scot)

# Carbon Monoxide (CO Monitor) Information Sheet.

**Carbon Monoxide (CO)** is a poisonous gas. When a smoker inhales from a cigarette, CO is absorbed into the blood stream, through the lungs, binding to the Haemoglobin, depriving the body of vital oxygen.

**CO** breath testing, using a monitor, shows the amount of CO in the smoker's breath (ppm), which is a measure of blood Carboxyhaemoglobin (%COHb).

**CO** monitors record the amount of CO in the smoker's breath, which indicates the level of some 4000 toxic substances, 60 of which are known carcinogens, in cigarette smoke.

**CO** readings should show the level of a non-smoker after 24 hours.

**CO** testing should be conducted a minimum of 10 minutes after a cigarette.

**CO** testing is best done later in the day to give an accurate reading.

**CO** monitors are a powerful supportive tool when helping patients to stop smoking, by showing them the benefits of having low CO readings, within 24 hours of stopping smoking. It may also be used where you suspect a patient is smoking.

All Lothian Community Pharmacies have received new, self-calibrating monitors and consumables; please ensure they are stored safely as they are costly. If you require more consumables, or if a problem arises with your monitor, please contact me, [giovanna.ditano2@nhs.scot](mailto:giovanna.ditano2@nhs.scot)

**It is good practice to test your patients at every visit.**

**If possible you must at least check at Week 1, Week 4 and Week 12.**

To Download a CO Readings Wall Chart, CO Patient Record Card, or if you require a consumables order form, visit

[www.communitypharmacy.scot.nhs.uk/nhs\\_boards/NHS\\_Lothian/stop\\_smoking.html](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Lothian/stop_smoking.html)

# Flow Chart Protocol for the maintenance of your CO Meter

**After each patient use**  
Change the disposable mouth piece (straw)

**Each day / before use**  
Cleanse CO Meter and D Piece using either  
Non Alcoholic Instrument Cleansing Wipes Or a damp tissue  
NB: The sensor must not be wiped with any Alcoholic Solutions  
or be allowed to get wet.

**Every month**  
Replace plastic D-piece with a new one if used regularly  
If minimal use (e.g. 4 times a month) replace D-piece every 3 months.

## **Patient use**

If the patient has been drinking alcohol or smoking E cigarettes,  
do not use monitor, as this may damage the CO monitor

NB. To re-order any CO Monitor Sundries or any problems with Monitor,  
contact Giovanna at [giovanna.ditano2@nhs.scot](mailto:giovanna.ditano2@nhs.scot)

CO Wall Chart, Record Cards, sundries order form may be downloaded from:

[www.communitypharmacy.scot.nhs.uk/nhs\\_boards/NHS\\_Lothian/stop\\_smoking.html](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Lothian/stop_smoking.html)

# Frequently Asked Questions I

- **How many patients should we be seeing?**  
There is no defined minimum or maximum number of patients that each pharmacy should deliver, but we do all need to be offering the service.
- **Can we support a patient on an E Cigarette?**  
We are unable to support a quit attempt of this nature at the moment. Although there may be a place in cessation for E cigarettes in the future, we should not recommend first line as we are unsure of long term issues. You should refer these patients to the stop smoking service who can offer support.
- **Can patients use the service to cut down?**  
No, evidence for success is really poor though, and it is a condition of the pharmacy service that the patient is motivated to stop completely. If patients are looking to cut down before stopping they can always purchase their own NRT and once they are ready to commit to a quit attempt, then they can be prescribed a product.
- **Can we re-start a patient who has recently had a failed attempt?**  
Yes, although guidelines normally recommend waiting six months, this is not a part of our service specification. It would be up to the Pharmacist prescribing, if they assessed the patient as being ready for another quit attempt. Therefore, if in your professional opinion the patient is ready for another quit attempt, a shorter interval could be justified.
- **Can we prescribe more than one form of NRT?**  
Yes; Combination Therapy is now good practice and is recommended. We do however need to ensure that our prescribing is of good quality and represents value for money.
- **Do I need to have a consulting room?**  
No, this is not a requirement. As long as you can provide a reasonable level of privacy with which the patient is satisfied, the service may be offered.

# Frequently Asked Questions II

- **Can we prescribe in pregnancy/breast feeding?**

Yes, intermittent therapy is usually preferred to continuous therapy in these patients; ideally the patient should initially try quitting without NRT, (see LJF). However, specialist advice is available, if necessary, from the Stop Smoking Service QYW

- **Can we prescribe where there are complex health issues?  
e.g. Unstable Cardiovascular Disease, Kidney Failure**

Yes, intermittent therapy is usually preferred to continuous therapy in these patients; ideally the patient should initially try quitting without NRT, (see LJF). However, specialist advice is available, if necessary, by calling Stop Smoking Service QYW

- **Can we prescribe where there are Mental Health Issues?**

Yes, care however must be taken if a patient is taking certain drugs, such as Clozapine. These patients should have their blood levels closely monitored, and their GP should be informed. Cigarette smoke causes the body to break down Clozapine more quickly. This means that if you smoke you probably need a higher dose to get the same benefit as a non-smoker. You would be best to liaise with their mental health professional looking after them, so that they can check what changes need to be made. If the patient stops smoking without planning, they may start to experience adverse effects of Clozapine after 1-2 weeks. **It is the cigarette smoke which causes this effect and not nicotine, therefore using nicotine replacement (NRT) will not prevent it.** However specialist advice is available, if necessary by calling Stop Smoking Service QYW



# Frequently Asked Questions III

- **Can we prescribe where there are Issues of Cannabis Use?**

Yes, you would treat these patients as any other patient; you would firstly clarify if they are willing to stop using cannabis. It is recommended they stop their cannabis use before stopping smoking tobacco. However, specialist help and advice, if necessary, is available from QYW

- **Can we prescribe NRT for Young People?**

Yes, you can prescribe over the age of 12 years, as you would for an adult, but you firstly must have informed consent and take a CO reading to help assess nicotine dependency. Always check product guidelines before prescribing, (see LJF). However, specialist help and advice, if necessary, is available from QYW

- **Can we prescribe where patients are on certain drugs that may interact or have an effect with NRT?**

Yes, care however must be taken if the patient is taking certain drugs, such as Warfarin or Aminophylline. These patients should have their blood levels closely monitored, and their GP should be informed. However we can refer to specialist help if necessary to QYW Stop Smoking Service Specialists:

- **Can we prescribe where patients have certain disease states that may be affected by NRT?**

Yes, care however must be taken if patient has diabetes. These patients should monitor their blood glucose levels more closely, and they should seek help and advice from whoever normally monitors their condition. However, we can refer to specialist help if necessary to QYW Stop Smoking Service Specialists:

- **There is a Smoking Cessation Clinic nearby; can I still offer the service?**

Yes, we need to widen access to smoking cessation services and the pharmacy service is ideal for those who may need greater convenience and flexibility than clinics can offer or who simply prefer to come to their pharmacy.

# List of useful contacts.

## **Primary Care Stop Smoking services**

West Lothian;	0150 665 1829
Midlothian ;	0131 537 9914
East Lothian;	0131 537 9914
North Edinburgh ;	0131 286 5113
South Edinburgh;	0131 537 7154
Smoke line;	0800 84 84 84

# Useful Websites

## Smoking Cessation Information NHS Lothian Community Pharmacy Local Website

Information pack/ Downloads /Letters/Initial Data Capture and Tracker Sheet/Certificates

<http://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/Pages/StopSmoking.aspx>

## Smoking Cessation Service Revised Specification (PHS)

<http://www.communitypharmacyscotland.org.uk/media/1897/circular-pca-p-2017-7-smoking-cessation-specification.pdf>

## Patient Group Direction (PGD) Varenicline for NHS Lothian

[http://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/StopSmoking/PGD\\_259v1\\_Varenicline\\_CommunityPharmacists.pdf](http://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/StopSmoking/PGD_259v1_Varenicline_CommunityPharmacists.pdf)

## Information on Smoking Cessation Specification Community Pharmacy Scotland

<http://www.communitypharmacyscotland.org.uk/nhs-care-services/services/public-health-service/phs-smoking-cessation-service/>

## Flow Chart and Formulary specification Lothian Joint Formulary (LJF)

[http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/4.0/4.10/\(i\)/Pages/default.aspx](http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/4.0/4.10/(i)/Pages/default.aspx)

## Equality and Diversity/Translation, Interpretation and Communication Support

<http://www.nhslothian.scot.nhs.uk/YourRights/>

## Health Promotion Resource Centre

[www.nhslothianhpac.scot.nhs.uk](http://www.nhslothianhpac.scot.nhs.uk)

[www.canstopsmoking.com](http://www.canstopsmoking.com)

[www.nhslothian.scot.nhs.uk](http://www.nhslothian.scot.nhs.uk)

[www.ashscotland.org.uk](http://www.ashscotland.org.uk)

**NHS Lothian Community Pharmacy Smoking Cessation Service,**

**Lead Pharmacist ; Giovanna Di Tano**

**Pharmacy office: 01315376625**

**Email address: [giovanna.ditano2@nhs.scot](mailto:giovanna.ditano2@nhs.scot)**

# **Online training courses for all Pharmacy staff**

## **Online training courses for all Pharmacy staff (NES)**

### **Raising the Issue**

**[www.smoking1.nes.scot.nhs.uk](http://www.smoking1.nes.scot.nhs.uk)**

### **The Pharmacy Model**

**[www.smoking2.nes.scot.nhs.uk](http://www.smoking2.nes.scot.nhs.uk)**

## **MCQ1 and MCQ2 /Varenicline and PGD Training (NES)**

**<https://learn.nes.nhs.scot/1967/pharmacy/cpd-resources/mcq-assessment-smoking-cessation-mcq1>**

**<https://learn.nes.nhs.scot/1475/pharmacy/cpd-resources/varenicline-supply-under-pgd>**

**<https://learn.nes.nhs.scot/441/pharmacy/cpd-resources/smoking-cessation-training>**