

Appendix G**TWIN VALLEY BEHAVIORAL HEALTHCARE
CLINICAL GUIDELINES FOR MANAGEMENT OF SMOKING CESSATION**

PHASE OF MANAGEMENT	ACTIONS	PERSON(S) RESPONSIBLE	TIME FRAME
NOTIFICATION	All patients will be advised on admission that : 1. Twin Valley is a smoke-free facility and the use of all tobacco products is prohibited AND 2. The admitting physician will discuss treatment options that could help minimize any discomfort that they may experience from nicotine withdrawal.	Admissions Clerk, Nursing Supervisor, or Intake Social Worker	On Admission
ASSESSMENT	The patient will be assessed for Nicotine Dependence and need for nicotine replacement therapy and other pharmacological or behavioral interventions. A diagnosis of Nicotine Dependence will be entered into the patient's record, and if appropriate and desired, treatment interventions will be implemented. Options for assessment: 1. Number of cigarettes smoked/day AND /OR: 2. Standardized tool (Fagerstrom Scale) The impact of smoking cessation on medication metabolism should also be considered	Admitting Physician	On Admission
INITIAL EDUCATION AND SUPPORT	Patients will be provided information regarding the effects of smoking, what can be expected with smoking cessation/nicotine withdrawal, and what could be of help. Verbal support will be provided and questions answered.	Unit Nurse	At Time of Nursing Assessment
TREATMENT PLANNING	After initial assessment, patients will receive appropriate individualized treatment for their nicotine addiction and interventions will be entered in the treatment plan.	Unit Treatment Teams	At Treatment Team Meeting

**TWIN VALLEY BEHAVIORAL HEALTHCARE
COGNITIVE AND BEHAVIORAL INTERVENTIONS**

<p>BASIC CHARACTERISTICS</p>	<p>Staff will continue to provide verbal support, encouragement and other treatment throughout the hospitalization:</p> <ol style="list-style-type: none"> 1. All tobacco users will be offered at least a minimal intervention. Even brief interventions lasting 3 minutes or less increase abstinence rates. 2. Intensive interventions are more effective than less-intensive interventions and should be used if possible. 3. Four or more sessions of persons-to-person treatment, with a session length of at least 10 minutes and a total contact time of 31-90 minutes appears especially effective in increasing abstinence rates. 4. Treatment delivered by a variety of clinician types (e.g., physician, psychologist, nurse, dentist) increases abstinence rates so all clinicians should be prepared to provide smoking cessation interventions. 5. Interventions should be tailored to the patient's individual circumstance and level of motivation. 	<p>All Clinical Staff: RNS TPWS Social Worker Psychologist AT Psychiatrist Clinic Physician Dentist SAMI Staff</p>	<p>Throughout the hospitalization</p>
<p>TREATMENT FORMAT</p>	<p>The following interventions are effective and can be used for smoking cessation:</p> <ol style="list-style-type: none"> 1. Proactive counseling 2. Group counseling 3. Individual counseling <p>Interventions that are delivered in multiple formats increase abstinence rates.</p>		
<p>TREATMENT MODALITIES</p>	<p>ADVICE: Physicians and other clinicians should strongly advise every patient who smokes to quit. Physician advice to quit increases abstinence rates and advice from other clinicians is also likely to be effective.</p>		

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<p>TREATMENT MODALITIES (Continued)</p>	<p>PRACTICAL COUNSELING AND SUPPORT: including problem solving training, coping skills training and relapse prevention, such as:</p> <ol style="list-style-type: none"> 1. Encouraging the patient in the quit attempt 2. Communicating concern and caring 3. Encouraging the patient to talk about the quitting process 4. Providing basic information about smoking and quitting. 5. Identifying high-risk situations that increase the risk of smoking. 6. Developing and practicing coping skills. 7. Training and encouraging the patient to seek and utilize social supports. 	<p>All Clinical Staff: RNS TPWS Social Worker Psychologist AT Psychiatrist Clinic Physician SAMI Staff</p>	<p>Throughout the Hospitalization</p>
	<p>OTHER CLINICAL INTERVENTIONS: Referral to individual therapy and group therapy dependent on patient's individual issues and symptoms (e.g., Anger management, leisure recreation, SAMI Basics, etc)</p>		

POST-DISCHARGE GUIDELINES

PATIENT STATUS	SUGGESTED ACTIONS
Patients who have expressed a desire to remain tobacco abstinent	<ul style="list-style-type: none"> • Encourage them in their continued efforts to remain tobacco-free. • Suggest that they consider remaining on nicotine replacement (NRT) under the direction of their outpatient doctor after discharge. • If they wish to continue on NRT after leaving the hospital, provide a prescription for the nicotine replacement system they received while here. Although patches, gum and lozenges are over-the-counter, Medicaid will reimburse for them if the patient has a written prescription. • Offer phone numbers of support organizations (Tobacco Quit Line, American Lung Association, American Cancer Society, etc.). • Emphasize that they should use the product as directed only and that they should not smoke within <i>two hours</i> of wearing the patch, taking a lozenge, or chewing nicotine gum to minimize the risk of nicotine toxicity. If they are tempted to smoke, they should seek support to avoid doing so. • If they do smoke, they should not be discouraged, but try again to quit in the future.
Patients who are ambivalent about remaining tobacco abstinent	<ul style="list-style-type: none"> • Encourage them to <i>try</i> to remain tobacco-free after discharge. Point out the benefits they may see. • Suggest that if they do return to smoking after discharge, they should reconsider quitting in the future. • If after your discussion, they decide to try to remain abstinent after discharge, suggest that they consider remaining on nicotine replacement under the direction of their outpatient doctor. • If they wish to continue on NRT after leaving the hospital, provide a prescription for the nicotine replacement system they received while here. • Offer phone numbers of support organizations (Tobacco Quit Line, American Lung Association, American Cancer Society, etc.). • Emphasize that they should use the product as directed only and that they should not smoke within <i>two hours</i> of wearing the patch, taking a lozenge, or chewing nicotine gum to minimize the risk of nicotine toxicity. If they are tempted to smoke, they should seek support to avoid doing so. • If they do smoke, they should not be discouraged, but try again to quit in the future.
Patients who have firmly decided to return to smoking	<ul style="list-style-type: none"> • Encourage them to reconsider. Point out the benefits they may see. • Offer phone numbers of support organizations (Tobacco Quit Line, American Lung Association, American Cancer Society, etc.) to access if they change their mind. • If they continue to insist that they will smoke after discharge, stop all nicotine replacement on the day of discharge, at least <i>two hours</i> before leaving the hospital to minimize the risk of nicotine toxicity.

IMPLEMENTATION

Reviewed and adopted by the Medical Staff Executive Committee on: _____

Reviewed and adopted by the Administrative Executive Committee on: _____

These guidelines shall remain in effect until revised or rescinded by the Office of the Chief Executive and/or Chair of MSO.

Chief Executive Officer

Chair of MSO