

## Protocol for the Administration of Nicotine Replacement Therapy (NRT) by Nursing Staff until reviewed by a Prescriber up to Maximum of 24 Hours Treatment (QUIT Programme)

### Introduction

This protocol is written to enable a registered general nurse to supply and administer nicotine replacement therapy (NRT) until a prescription can be written by an admitting doctor up to a maximum of 24 hours treatment, in accordance with the trust Medicine Policy, Smoke Free Policy and Nicotine Replacement Therapy (NRT) for the Management of Tobacco Dependency (QUIT Programme).

<b>Clinical Condition</b>	
<b>Indication</b>	Smoking cessation Nicotine replacement therapy (NRT) may be supplied until reviewed by admitting doctor up to a maximum of 24 hours treatment. Admitting doctor will prescribe ongoing NRT on clerking. NRT will be made available in addition to behavioural and psychological support from registered nursing staff trained in smoking cessation. They will also be supported by Stop Smoking Services where available.
<b>Inclusion criteria</b>	Individuals who use and are addicted to tobacco and are 18 years and over Service users requiring pharmacological help, as identified within the Care Pathway, for a period of temporary abstinence, or who wish to stop smoking.
<b>Exclusion criteria</b>	Individuals who withheld consent to treatment Individuals who are under 18 years of age Individuals who had previous reaction(s) to NRT or any of the ingredients contained in listed products, e.g. adhesive in NRT patches Service users who are pregnant or breast-feeding
<b>Cautions</b>	Service users who have known medical condition(s) as below may be offered NRT product(s) for smoking cessation based on individual's assessment on the balance of risks and benefits of the provision of NRT product(s): <ul style="list-style-type: none"> <li>• Severe or unstable cardiovascular disease</li> <li>• Have had a cerebrovascular accident in the last four weeks</li> <li>• Uncontrolled hyperthyroidism or pheochromocytoma</li> <li>• Uncontrolled diabetes mellitus</li> <li>• Moderate or severe hepatic impairment</li> <li>• Severe renal impairment</li> <li>• Active peptic ulcer disease / Gastritis / Oesophagitis (with oral use)</li> <li>• Chronic generalised skin disease, such as psoriasis or chronic dermatitis (with transdermal use)</li> </ul>

<b>Special considerations</b>	<p>A number of other medicines may require dose adjustment or increased monitoring when smoking is stopped.</p> <p>Service users who are currently being prescribed one or more of the following medicines should have medicines review from the prescriber (aligned to smoking cessation) <sup>[1]</sup>:</p> <ul style="list-style-type: none"> <li>• Clozapine</li> <li>• Duloxetine</li> <li>• Flecainide</li> <li>• Insulin</li> <li>• Methadone</li> <li>• Olanzapine</li> <li>• Other psychotropic medications</li> <li>• Propranolol &amp; other <math>\beta</math>-blockers</li> <li>• Theophylline &amp; aminophylline</li> <li>• Warfarin</li> </ul> <p>Please be aware that this is not a complete list of potential drug interactions with tobacco smoking, contact ward pharmacist for further information and guidance for other medicines.</p>
<b>Advice to service users</b>	<p>Service users should be offered specific product advice and be issued product information leaflet.</p> <p>Individuals should also be counselled on the following general advice on withdrawal symptoms:</p> <ul style="list-style-type: none"> <li>• Possible weight gain</li> <li>• Side-effects</li> <li>• Withdrawal symptoms</li> <li>• Interactions with medication (if any)</li> <li>• Effect of smoking whilst on NRT</li> <li>• Additional support that is available from Stop Smoking Services, in particular at the time of discharge</li> </ul>
<b>Action if patient declines or is excluded</b>	<p>A record should be documented in the current patient episode if patients are being excluded or have refused treatment.</p> <ul style="list-style-type: none"> <li>• For those who are being excluded, advise on alternative options.</li> <li>• For those who refuse treatment, ensure they understand the health benefits of stopping smoking and how NRT can support them to successfully stop or abstain from smoking. Advise that the option to be given NRT can be offered at a later date if initially refused.</li> </ul> <p>Service user should be referred to supervising doctor involved in the individual's care for further advice.</p>

<b>Medicine details</b>	
<b>Name, form &amp; strength of medicine</b>	<p>There are various formulations of NRT available.</p> <p>Below formulations of NRT are included for administration under this protocol:</p> <ul style="list-style-type: none"> <li>• Nicotine (Nicotinell TTS 30<sup>®</sup>) 21mg/24hours patches</li> <li>• Nicotine (Nicotinell TTS 20<sup>®</sup>) 14mg/24hours patches</li> <li>• Nicotine (Nicotinell Mint<sup>®</sup>) 1mg lozenges</li> </ul>
<b>GSL/POM/P/CD</b>	<p>General sale list medicine</p>
<b>Storage condition</b>	<p>Store all medicine packs in a locked medicine cupboard</p> <p>Store at room temperature, &lt;25°C</p>
<b>Dosage &amp; frequency</b>	<p>Combination therapy of NRT is more effective than monotherapy.</p> <p>Combination therapy is usually given as a long-acting preparation and a short-acting preparation to 'top up', i.e. to be used on an as needed basis (up to the maximum daily dose allowed as stated on Summary of Product Characteristics of the product) when acute withdrawal symptoms and urges to use tobacco occur. Combination therapy is unlicensed, but is supported by National Institute for Health and Care Excellence (NICE) <sup>[2]</sup> and National Centre for Smoking Cessation and Training (NCSCT) <sup>[3]</sup>.</p>

	<p><b>For moderate/heavy smoker, i.e. whom smokes <math>\geq</math> 10 cigarettes/day</b>, issue and administer:</p> <ul style="list-style-type: none"> <li>Nicotine (Nicotinell TTS 30<sup>®</sup>) 21mg/24hours patch 1 OM +</li> <li>Nicotine (Nicotinell Mint<sup>®</sup>) 1mg lozenges 1 hourly PRN, maximum 15 lozenges/day</li> </ul> <p><b>For light smoker, i.e. whom smokes &lt; 10 cigarettes/day</b>, issue and administer:</p> <ul style="list-style-type: none"> <li>Nicotine (Nicotinell TTS 20<sup>®</sup>) 14mg/24hours patch 1 OM +</li> <li>Nicotine (Nicotine Mint<sup>®</sup>) 1mg lozenges 1 hourly PRN, maximum 15 lozenges/day</li> </ul>
<b>Route &amp; method of administration</b>	<p><b>Nicotine (Nicotinell TTS 30<sup>®</sup>) 21mg/24hours patches &amp; Nicotine (Nicotinell TTS 20<sup>®</sup>) 14mg/24hours patches</b></p> <p>NRT patches should be applied once daily, usually in the morning.</p> <ul style="list-style-type: none"> <li>Apply to dry, non-hairy skin on the hip, trunk or upper arm.</li> <li>Hold in position for 10-20 seconds to ensure adhesion.</li> <li>Remove the patch the following day and place a new patch on a different area.</li> <li>Avoid using the same site for at least seven days.</li> <li>If patient experiences disturbance in sleep, consider removing the patch at bedtime and apply on waking the next morning.</li> </ul> <p><b>Nicotine (Nicotinell Mint<sup>®</sup>) 1mg lozenges</b></p> <p>NRT lozenges should be used wherever there is an urge to smoke.</p> <ul style="list-style-type: none"> <li>Allow the lozenge to dissolve slowly in the mouth until the taste become strong.</li> <li>Lodge the lozenge between the gum and the cheek.</li> <li>Such the lozenge again when the taste fades.</li> <li>Move the lozenge from one side of the moth to the other from time to time.</li> <li>Repeat this routine until the lozenge dissolves completely.</li> <li>Try not to swallow excessively as the nicotine needs to be absorbed through the buccal mucosa.</li> </ul>
<b>Duration of treatment</b>	<p>The total treatment duration of NRT for smoking cessation is usually between 8-12 weeks. Under this protocol, NRT products may be administered up to maximum of 24 hours treatment, until review by a prescriber.</p>
<b>Quantity to supply or administer</b>	<p>1 x Nicotine (Nicotinell TTS 30<sup>®</sup>) 21mg/24hours patch, <b>OR</b>  1 x Nicotine (Nicotinell TTS 20<sup>®</sup>) 14mg/24hours patch,  <b>AND</b> 15 x Nicotine (Nicotinell Mint<sup>®</sup>) 1mg lozenges</p>
<b>Potential side-effects &amp; adverse reactions</b>	<p>Adverse reaction(s) is usually transient and may be due to either the NRT or the cessation of smoking.</p> <p>General side-effects of NRT may include the following:</p> <ul style="list-style-type: none"> <li>Dizziness, headache, hyperhidrosis, nausea, palpitations, skin reactions and vomiting are common or very common.</li> <li>Flushing, which is uncommon.</li> </ul> <p>Below side-effects are thought to be associated with the use of NRT patches:</p> <ul style="list-style-type: none"> <li>Arrhythmias, asthenia, chest discomfort, dyspnoea, hypertension, malaise, myalgia and paraesthesia have been reported, but are uncommon.</li> </ul> <p>Below side-effects have been listed as potential side-effects with the use of NRT lozenges:</p> <ul style="list-style-type: none"> <li>Anxiety, dyspepsia, gastrointestinal disorders, hiccups and sleep disorders are common or very common.</li> <li>Taste altered is uncommon.</li> <li>Coagulation disorder and platelet disorder happen rarely or very rarely.</li> </ul> <p>Please refer to Summary of Product Characteristics (SPC) for a complete list of potential side-effects of each NRT product:</p> <ul style="list-style-type: none"> <li>Nicotine (Nicotinell TTS 30) 21mg/24hours patch,  <a href="https://www.medicines.org.uk/emc/product/388/smpc#gref">https://www.medicines.org.uk/emc/product/388/smpc#gref</a></li> <li>Nicotine (Nicotinell TTS 20) 14mg/24hours patch,  <a href="https://www.medicines.org.uk/emc/product/389/smpc#gref">https://www.medicines.org.uk/emc/product/389/smpc#gref</a></li> <li>Nicotine (Nicotinell Mint) 1mg lozenge,  <a href="https://www.medicines.org.uk/emc/product/2254/smpc#gref">https://www.medicines.org.uk/emc/product/2254/smpc#gref</a></li> </ul>

<b>Management of adverse reactions</b>	<p>If an adverse reaction occurs:</p> <ul style="list-style-type: none"> <li>• Stop treatment.</li> <li>• Inform individual's supervising doctor / consultant</li> <li>• Document details</li> <li>• Discuss with consultant the need to report the reaction to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the yellow card system</li> </ul>
<b>Follow up action</b>	<p>Service user(s) should be referred to supervising doctor / consultant if further advice is required about adverse effects.</p> <p>Service users will be reviewed by admitting doctor if ongoing treatment is required beyond the duration of this protocol.</p> <p>Service users will be reviewed by Tobacco Treatment Advisors (TobTAs) during admission and will be referred to local Stop Smoking Service by TobTAs at the time of discharge for any further support.</p>

<b>Referral</b>	
<b>Referral arrangements</b>	An automatic notification will be made to the TobTAs for all current smokers, those using nicotine e-cigarettes, NRT or other tobacco-dependent pharmacotherapy before admission, when nursing assessment is completed on NerveCentre.

<b>Characteristics of staff</b>	
<b>Professional group</b>	Registered nurses employed by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH NHSFT) working in an inpatient area
<b>Training required</b>	Approved training is available to support this protocol and nurses should refer to their line management and/or statutory training notices on ESR for more information. Additional training is available from the National Centre for Smoking Cessation and Training (NCSCT) where certified training and assessment programme are available including a mental health module via <a href="http://www.ncsct.co.uk">www.ncsct.co.uk</a> .
<b>Continuing training &amp; education</b>	Registered nurse should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice.

#### References:

1. UK Medicines Information (UKMi) team for NHS healthcare professionals (2020). *What are the clinically significant drug interactions with tobacco smoking?* Available at: <https://www.sps.nhs.uk/articles/what-are-the-clinically-significant-drug-interactions-with-tobacco-smoking/> (Accessed: 30<sup>th</sup> September 2021).
2. National Institute for Health and Care Excellence (2021). *Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]*. London: National Institute for Health and Care Excellence.
3. Sophia Papadakis (2021). *Combination nicotine replacement therapy (NRT)*. London: National Centre for Smoking Cessation and Training (NCSCT).

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Appendix A: Summary of the supply and administration of NRT for the management of tobacco dependency by nursing staff (QUIT programme)

