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| Tobacco Dependence Treatment Program for Health Care Providers |
| Panhandle Public Health District |
| Revised July 2018 |



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**Tobacco Dependence Treatment Program**

POLICY:

PPHD will offer a systematic approach and support to partner clinics/hospitals offering a Tobacco Dependence Treatment Program in the Panhandle.

PURPOSE:

To provide a Tobacco Dependence Treatment Program, using evidence-based strategies, with success and fidelity across the Panhandle to reduce the number of tobacco users.

PROCESS:

This will be accomplished by following the regional systematic approach to offering a Tobacco Dependence Treatment Program.

**Tobacco Dependence Treatment Program**

For Adults ≥ 18 years old, who use any tobacco product

Tobacco User in ER

* Patient receives a patch at or prior to the four-hour mark

Tobacco User Admitted

* Patient receives a patch within the four-hour mark

Tobacco User Referred for Treatment

* Patient Review\*
1. Review their file – what are their options for pharmacological treatments.
	1. Nicotine Replacement Therapy – no interaction with medications
		1. Patch
		2. Gum
		3. Lozenge
	2. Bupropion
		1. Zyban/Wellbutrin
	3. Varenicline - no interaction with medications
		1. Chantix

\* If pregnant – No pharmacological treatment for 2 weeks. If she doesn’t stop within 2 weeks try low dose patch or lozenge.

1. Best Options in order
	1. Varenicline/Chantix \*
	2. Patch and Gum
	3. One standalone pharmacological treatment

\*if more is needed add Bupropian

1. Initial meeting with patient over the phone or in person
2. Compete Self-Report Tobacco Assessment
3. Determine which pharmacological treatment they want to use
	1. Give them their options - be very specific. Would you like to use A, B, or C for your treatment?
4. Write the prescription, determine they have they have the means to fill it.
5. Follow up meeting over the phone
6. Confirm they have filled the prescription
7. Refer to Quitline 1-800-Quit-Now
8. Maintenance calls biweekly over the phone
9. Confirm they have begun using/are still using treatment and quitline.
10. Use Motivational Interviewing.
11. Discuss what there are feeling – withdrawal. Smoking reduce caffeine intake – you don’t need as much caffeine.
12. Bidirectional Referral
13. Send enrollment letter to referring physician after first maintenance call that the patient has used treatment and quitline.

Treatment Best Practices

1. Maintain Treatment pharmaceutical and counseling for 6 months.
2. Smoking while taking pharmaceutical treatments is not a concern.
3. Use treatments to reduce usage if they are not ready to quit.

Quarterly Reporting / Tracking

1. # of referrals
2. # receiving pharmacological treatment
	1. Which treatment
3. # using quitline for counseling piece

**Produced by**

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