If the 2.2 million working nurses in the U.S. each helped one person per year quit smoking, nurses would triple the U.S. quit rate.
Ask about tobacco use at every visit.

Implement a system in your clinical setting that ensures that tobacco-use status is obtained and recorded at every patient contact.
Tell your patient

“quitting smoking is the most important thing you can do to protect your health.”
Assess

Assess readiness to quit.

Ask every tobacco user if he/she is willing to quit at this time.

- If willing to quit, provide resources and assistance (see Assist section).
- If unwilling to quit, provide resources and help patient identify barriers to quitting.
Assist tobacco users with a quit plan.

Advise the smoker to:
- Set a quit date, ideally within 2 weeks.
- Get support from family, friends, and coworkers.
- Review past quit attempts—what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.
Give advice on successful quitting:
- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Having other smokers in the household hinders successful quitting.

Encourage use of pharmacotherapy:
- Recommend use of over-the-counter nicotine patch, gum, or lozenge*; or get prescription for nasal spray, inhaler, or bupropion SR, unless contraindicated.

Provide resources:
- Call toll-free National Quitline at 1-800-QUIT NOW.
- Refer to Web sites for free materials:
  * Agency for Healthcare Research and Quality: www.ahrq.gov/path/tobacco.htm
  * Tobacco Free Nurses: www.tobaccofreenurses.org

Make cessation materials available that are appropriate by age, culture, language, education, and pregnancy status.

*Approved by the FDA October 2002.
Arrange followup visits.

Provide information for followup visits with his/her health care provider.

If a relapse occurs, encourage repeat quit attempt. Tell patient that relapse is part of the quitting process.

- Review circumstances that caused relapse. Use relapse as a learning experience.
- Reassess pharmacotherapy use and problems.
- Refer to National Quitline at 1-800-QUIT NOW.

For more information on prescribing, precautions, and side effects, see the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, www.ahrq.gov/path/tobacco.htm.
## Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation

<table>
<thead>
<tr>
<th>Pharmacotherapy</th>
<th>Precautions/Contraindications</th>
<th>Side Effects</th>
<th>Dosage</th>
<th>Duration</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nicotine Patch</strong></td>
<td></td>
<td>Local skin reaction</td>
<td>21 mg/24 hours</td>
<td>4 weeks then 2 weeks</td>
<td>Nicoderm CQ, (OTC&lt;sup&gt;b&lt;/sup&gt; only), Generic patches (prescription and OTC), Nicotrol (OTC only)</td>
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<tr>
<td></td>
<td></td>
<td>Insomnia</td>
<td>14 mg/24 hours</td>
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<td></td>
<td></td>
<td>7 mg/24 hours</td>
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<td></td>
<td>15 mg/16 hours</td>
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<tr>
<td><strong>Nicotine Gum</strong></td>
<td></td>
<td>Mouth soreness</td>
<td>1-24 cigs/day-2mg gum (up to 24 pcs/day)</td>
<td>Up to 12 weeks</td>
<td>Nicorette, Nicorette Mint, Nicorette Orange (OTC only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dyspepsia</td>
<td>25+ cigs/day-4 mg gum (up to 24 pcs/day)</td>
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<tr>
<td><strong>Nicotine Nasal Spray</strong></td>
<td></td>
<td>Nasal irritation</td>
<td>8-40 doses/day</td>
<td>3-6 months</td>
<td>Nicotrol NS (prescription only)</td>
</tr>
<tr>
<td><strong>Nicotine Inhaler</strong></td>
<td></td>
<td>Local irritation of mouth and throat</td>
<td>6-16 cartridges/day</td>
<td>Up to 6 months</td>
<td>Nicotrol Inhaler (prescription only)</td>
</tr>
<tr>
<td><strong>Nicotine Lozenge&lt;sup&gt;c&lt;/sup&gt;</strong></td>
<td></td>
<td>Mouth soreness</td>
<td>2 mg or 4 mg (up to 20 pcs/day)</td>
<td>12 weeks</td>
<td>Commit (OTC only)</td>
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<tr>
<td></td>
<td></td>
<td>Local irritation of throat</td>
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<td>Hiccups</td>
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<td>Heartburn/Indigestion</td>
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<tr>
<td><strong>Bupropion SR</strong></td>
<td>History of seizure</td>
<td>Insomnia</td>
<td>150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)</td>
<td>7-12 weeks maintenance up to 6 months</td>
<td>Zyban (prescription only)</td>
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<tr>
<td></td>
<td>History of eating disorder</td>
<td>Dry mouth</td>
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</tbody>
</table>

<sup>a</sup>The information contained within this table is not comprehensive. Please see medication package insert for additional information.

<sup>b</sup>OTC refers to over the counter.

<sup>c</sup>The nicotine lozenge was approved by the FDA October 2002.