



2500

PHYSICIAN'S
ORDER
RECORD



Providence | Health System

PPMC - Providence Portland Medical Center
PSVMC - Providence St. Vincent Medical Center
PMH - Providence Milwaukie Hospital
PHRMH - Providence Hood River Memorial Hospital
PNH - Providence Newberg Medical Center
PSH - Providence Seaside Hospital

PATIENT IMPRINT

START/
SCHEDULE
TIME

TOBACCO DEPENDENT PATIENT DOSING GUIDELINES

Note: Orders preceded by a box receive a (✓) to initiate and blanks indicate additional information is needed.

Indication: For relief of nicotine withdrawal symptoms and used as part of a comprehensive behavioral smoking-cessation program. See guidelines on back for selection of Standard Dose of High/Low Dose Nicotine Replacement Therapy.

CHOOSE BOTH BASAL AND PRN MEDICATION

Nicotine Replacement Therapy Dosing Guideline: (Preferred method in acute care settings)

Basal Nicotine (Nicotine Patch)

- Low Dose Patch:** 14 milligrams per day, replace patch every 24 hours, rotate sites
- Standard Dose Patch:** 21 milligrams per day, change patch every 24 hours, rotate sites
- Other: _____

PRN Nicotine (Nicotine Lozenge)

- Low Dose Lozenge:** Nicotine lozenge 2 milligram, allow the lozenge to dissolve slowly, do not chew or swallow, every 1 hour as needed for withdrawal symptoms (no more than 10 lozenges per day)
- Standard Dose Lozenge:** Nicotine lozenge 4 milligram, allow the lozenge to dissolve slowly, do not chew or swallow, every 1 hour as needed for withdrawal symptoms (no more than 10 lozenges per day)
- Other: _____

Non-Nicotine Tobacco Cessation Pharmacotherapy Dosing Guideling

Basal Bupropion

- Bupropion SR 150 milligram tablet, one orally every morning for 3 days, Then increase to one 150 milligram tablet orally BID for 12 weeks. Quit date is in second week of therapy.

Basal Varenicline

- Varenicline 0.5 milligram tablet, one orally every morning for 3 days, then increase to 0.5 milligram tablet orally BID for 3 days, then increase to 1 milligram tablet orally BID for 12 weeks. Quit date is in second week of therapy.

PRN Clonidine

- Clonidine 0.1 milligram tablet, one orally every 1-2 hours as needed for severe nicotine withdrawal symptoms, identified by irritability, restlessness, anxiety, sleep disturbances, or severe craving. Hold for SBP < 110, HR < 60, or evidence of orthostatic blood pressure change (drop in BP is greater than 20mm Hg with standing). Check orthostatic blood pressure every 8 hours, if orthostatic, stop medication and notify provider. No more than 6 doses per day.
- Other: _____

Physician Signature: _____ Date: _____ Time: _____

TOBACCO DEPENDENT PATIENT DOSING GUIDELINES (Continued)

Signs/Symptoms of Nicotine Withdrawl	NRT Containdications
Irritability, restlessness Drowsiness, fatigue Difficulty concentrating, impaired performance tasks Anxiety Hunger Body Weight Gain Sleep disturbances Cravings for nictoine Reduced heart rate	Acute Myocardial Infarction: Up to 4 weeks after event Life-threatening arrhythmias Severe or worsening angina pectoris
NRT Relative Contraindications	Signs / Symptoms of Nicotine Toxicity
Vasospastic disease Renal dysfunction Peptic ulcer disease Skin disorders (psoriasis, atopic or eczematous dermatitis) Lactating mothers Liver disfunction Accelerated hypertension Pheochromocytoma Hyperthyroidism Diabetic Pregnancy	Nausea Vomiting Exhaustion Weakness

Dose Selection Criteria for Nicotine Replacement

- For patients less than 100 lbs, smoking rate less than 10 cigarettes per day, or time to first cigarette (TTFC greater than 30 minutes after waking): use low dose 14 mg nicotine patch as basal nicotine and 2 mg gum / lozenge as PRN nicotine replacement.
- For patient smoking greater than 10 cigarettes per day or time to first cigarette (TTFC) less than 30 minutes: Use standard dose 21 mg nicotine patch as basal nicotine and 4 mg gum / lozenge as PRN nicotine replacement.
- It is important for patients to learn to chew gum slowly and to self-titrate the nicotine dose in order to minimize side effects. Chew each gum piece intermittently for approximately 30 minutes. The aim of this chewing procedure is to promote slow buccal absorption of the nicotine released from the gum. Chewing too quickly can rapidly release the nicotine, which leads to effects similar to over smoking: nausea, hiccups or irritation to the throat. Beverages (e.g. coffee, juices, wine, soft drinks) interfere with the buccal absorption before and during chewing of nicotine gum.
- It is important for patients to dissolve the lozenge slowly and to self-titrate the nicotine dose in order to minimize side effects. The aim of the slow dissolving of the lozenge is to promote slow buccal absorption of the nicotine released from the lozenge. Chewing the lozenge can rapidly release the nicotine, which leads to effects similar to over smoking: nausea, hiccups or irritation to the throat. Beverages (e.g. coffee, juices, wine, soft drinks) interfere with the buccal absorption before and during dissolving of nicotine lozenge.

For Highly Dependent Nicotine Replacement Therapy

- For highly dependent smokers (2 or more packs per day, or serum cotinine level greater than 300 ng/ml), High Dose Nicotine Replacement Therapy may be indicated.
- Determine baseline serum cotinine level (drawn in morning), if less than 300 ng/ml OK for standard dose NRT, if greater than 300 ng/ml consider prescribing 42 mg patch
- Repeat serum cotinine level after 72 hours, and adjust dose of NRT accordingly, initial goal cotinine is 100% of baseline serum cotinine. Taper NRT dose every two weeks by 7 mg decrement (42 mg x 2 weeks, 35 mg x 2 weeks, etc...), monitor for withdrawal and toxicity symptoms. High dose NRT should only be used in the setting of an intensive behavioral support program and close physician supervision.

Non-Nicotine Replacement Therapy Guidelines

Non-nicotine therapy may be useful for long-term patient and for patients all ready enrolled in an intensive cessation program after discharge. These medications can be an important adjunct to behavior change and should be linked to behavioral support programs. Because their onset of action is delayed (up to 1 week with bupropion), they are less useful for acute treatment of withdrawal in high dependent patients, and should only be used for long-term inpatient stays.

Bupropion SR:

Dosage: Bupropion SR 150 milligram orally daily times 3 days, then increase to 150 milligram orally twice daily for 7 to 12 weeks.

Contraindications: History of seizure disorders, MAO inhibitors, Current or prior history of bulimia or anorexia nervosa.

Precautions: Alcoholic patients, head trauma, CNS tumors, use with tricyclic antidepressants, antipsychotics and systemic steroids

Varenicline HCL:

Dosage: Varenicline HCL 0.5 milligram orally daily for 3 days, then increase to 0.5 milligram orally twice daily for 4 days, then increase to 1 milligram orally twice daily for 12 weeks. If abstinent at 12 weeks, consider additional 12 weeks of therapy.

Contraindications: no contraindications, primary side effect is nausea (30%)

Precautions: Dose reduction for impaired renal function: for creatinine clearance less than 30ml per minute, decrease dose to 0.5 milligram orally twice daily for patients on hemodialysis reduce the dose to 0.5 mg orally daily.

Second-line Therapy (Non-FDA approved):

Nortriptyline:

Recommended Dosage: 75 to 100 milligrams at bedtime, starting at low dose, titrating to full dose 30 days prior to quit date, continue for at least 12 weeks

Contraindications and Precautions: arrhythmias, QT prolongation, side effects: dry mouth, sedation, constipation, urinary obstruction.

Clondine:

Recommended Dosage: Oral 0.1 milligram 4 times daily as needed for severe withdrawal, Transdermal Patch: 0.1mg/24hrs to 0.3mg/24hrs (equivalent) every 7 days. After prolonged use (greater than 6 weeks) recommend tapering dose when stopping.

Contraindication and Precautions: hypotension, rebound hypertension, side effects: dry mouth, drowsiness, dizziness and sedation.