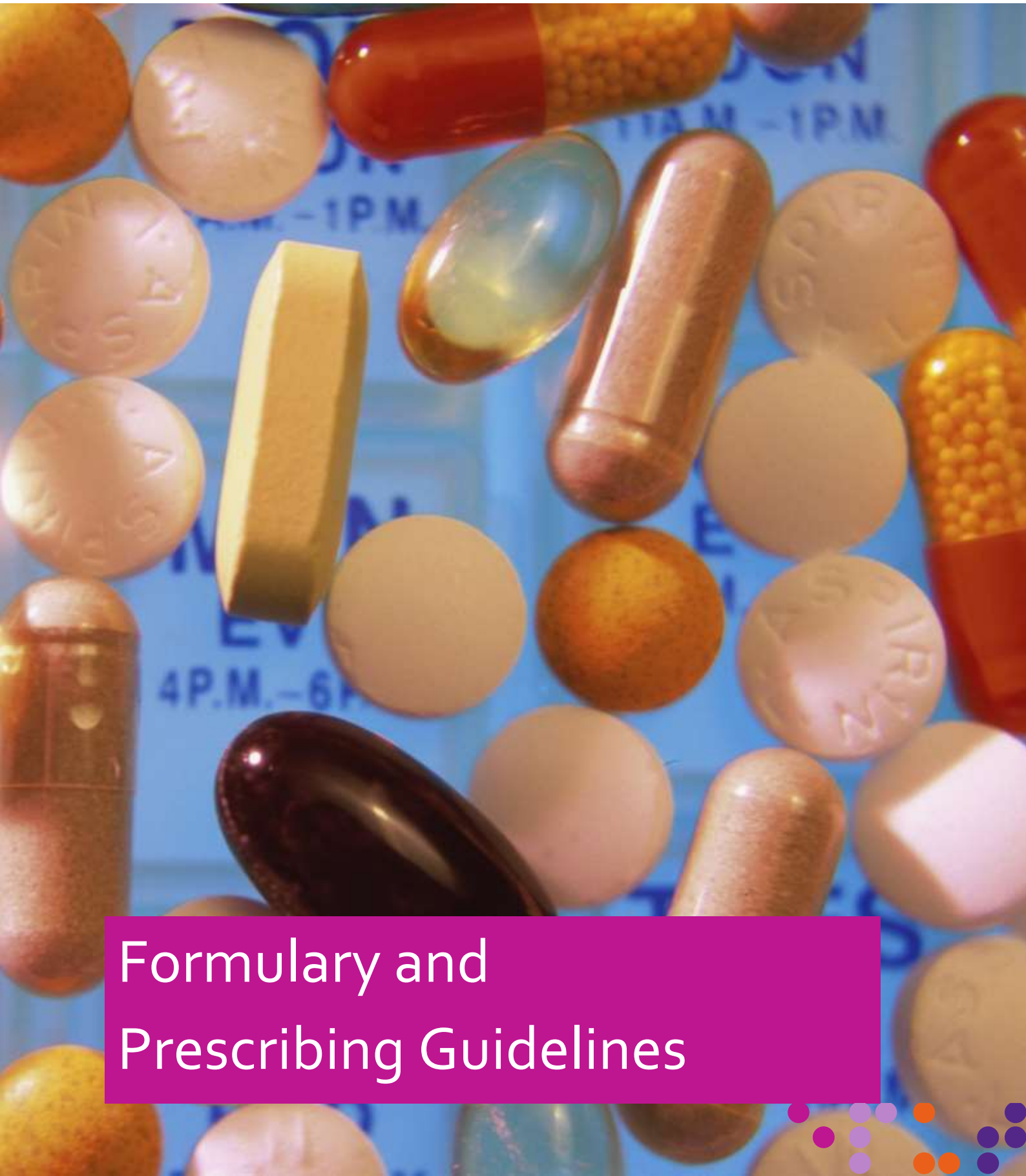
Essex Partnership University
NHS Foundation Trust

PROTOCOL FOR THE SUPPLY OF NICOTINE INHALATOR AND CARTRIDGES ON SMOKE-FREE INPATIENT UNITS PRIOR TO ASSESSMENT BY A PRESCRIBER



Formulary and Prescribing Guidelines

Introduction

As the Trust operates a “No Smoking” policy on all sites/wards, newly admitted client who are suddenly denied the opportunity to use nicotine products may become anxious or agitated and may suffer nicotine withdrawal symptoms including headache, nausea, anxiety, sleep disturbance and nicotine craving.

The use of NRT in people accustomed to using nicotine products introduces few new risks and is widely accepted as safer than smoking.

Normally NRT will be prescribed in accordance with the formulary and prescribing guidelines following a full assessment by a prescriber. However, when immediate access to NRT is needed and a prescriber is not available this protocol allows for the supply/administration of nicotine inhalator and cartridges by a registered nurse without a prescription from a prescriber in situations where a delay in administration would be distressing or detrimental to the client.

A registered nurse who has received appropriate training and has been assessed as competent by the Ward/Clinical Manager may supply/administer a nicotine inhalator and cartridges at their own discretion in accordance with this protocol.

Clinical Situation

Supply of Nicotine Inhalator and cartridges by a trained registered nurse is only for use on in-patient settings. All clients who fall within the stated inclusion criteria will be eligible to receive Nicotine Inhalator and cartridges at the discretion of the registered nurse under whose care the client falls. This is subject to the exclusion criteria and /or contraindications.

Medication can be administered to clients aged 12 years and over who require symptomatic relief for up to 48 hours during the working week or a maximum of 72 hours at weekends and bank holidays.

Supply/Administration procedures must be the same as for all other medicines in line with the Trust Policy on the Safe and Secure Handling of Medicines (CLPG13) and must be reported to the doctor at the first convenient opportunity as further investigation may be required.

Staff Competency

Only a Registered General Nurse or Registered Mental Nurse employed by the Trust is permissible under this protocol to supply Nicotine Inhalator and cartridges without a prescription.
In addition, the following requirements are also necessary:

- Agree to be accountable for the provision of this service.
- Demonstrates appropriate awareness of symptoms and appropriate judgement on when refer.
- Be trained and capable to manage anaphylaxis
- Have access to the current protocol for the administration of Nicotine Inhalator and cartridges and the Trust policy on the Safe and Secure Handling of Medicines (CLPG13).
- Knowledge and use of the current edition of the BNF.
- Provide evidence of on-going Continuing Professional Development.

Referral

Supply of Nicotine Inhalator and cartridges will be considered at the request of a client and/or as a response to an assessment carried out by a registered nurse.

On assessment, if a medicine is felt to be unsuitable for a client or the nurse suspects the client has a more serious underlying cause for their symptoms, then further advice should be sought from a prescriber for assessment as soon as possible.

Record keeping

Any medication administered must be clearly recorded on the “Once Only” section of the Client’s Medicine Prescription and Administration Chart.

A record must also be made on Mobius/Remedy and must include: reason for administration, form and dose given and the time dose administered. Consent must be obtained. The client must also be informed of the next dose where applicable.

All known allergies must be recorded in the clients’ notes and on the Medicine Prescription and Administration Chart.

The allergy status of the client must be checked before any medication can be administered.

Audit

Monitoring of the discretionary administration of NRT will be carried out by the ward based pharmacy team. Compliance with this protocol will be against the Safe and Secure Handling of Medicines Procedures.

Protocol

CLINICAL CONDITION	
Clinical Situation	To aid users of nicotine products wishing to quit or reduce prior to quitting. To assist users of nicotine products who are unable to smoke. To assist users of NRT products who have not yet been assessed by a prescriber.
Inclusion Criteria	In-clients (Adults and children 12 years and over) who use nicotine products (e.g. cigarettes, vapers or NRT)
Exclusion Criteria	• Inability to consent to treatment. • Client already prescribed NRT, or Bupropion (Zyban), or Varenicline (Champix). • Hypersensitivity to any of the ingredients of the preparation (SPC www.medicines.org.uk) • Pregnant or breastfeeding women. • Clients under 12 years old. • Clients who have experienced an acute cardiovascular event in the last 4 weeks (e.g. Myocardial infarction (MI, heart attack), cerebrovascular accident (CVA) or heart surgery). • Clients who have experienced transient ischaemic attacks in the last 4 weeks. • Clients with SEVERE cardiovascular disease including arrhythmias. • Clients who do not usually use nicotine products.
Actions if Excluded (Referral)	• Working Hours: Contact Medical Prescriber for advice • Out of Hours: Contact the On-Call team • Document exclusion or refusal in client's records.
Further advice	• Each cartridge can be used for approximately eight 5-minute sessions, with each cartridge lasting approximately 40 minutes of intense use. Advise client to retain mouthpiece and request a new cartridge when needed. Explain that the maximum is 6 cartridges per day.
DESCRIPTION OF TREATMENT	
Medicine to be Supplied	• Nicorette Inhalator. • One 15mg cartridge up to every four hours as needed by the client.
Dose Schedule	• **Nicorette Inhalator 15mg (Clients aged 12 years and over): Use one cartridge every four hours when the client feels the desire to smoke/vape or has nicotine cravings. Maximum 6 cartridges in 24 hours.**
Duration of Treatment	• 48 hours during the working week. • A maximum of 72 hours at weekends and bank holidays.
Side Effects	• Effects of smoking Cessation: Some symptoms may be related to nicotine withdrawal associated with stopping smoking. These can include; irritability/aggression, dysphoria/depressed mood, anxiety, restlessness, poor concentration, increased appetite/weight gain, urges to smoke (cravings), night-time awakenings/sleep disturbance and decreased heart rate. Increased frequency of aphthous ulcer may occur after abstinence from smoking. • Very common (≥1/10): Headache, cough, throat irritation, nausea, stomatitis, hiccups. • Common (≥1/100, <1/10): Hypersensitivity, Burning sensation, Dizziness, Dysgeusia, Paraesthesia, Nasal Congestion, Abdominal pain, Diarrhoea, Dry mouth, Dyspepsia, Flatulence, Salivary hypersecretion, Vomiting, Fatigue. • Uncommon (≥1/1 000, <1/100); Abnormal dreams, Palpitations, Tachycardia, Flushing, Hypertension, Bronchospasm, Dysphonia,

	Dyspnoea, Sneezing, Throat tightness, Eructation, Glossitis, Oral mucosal blistering and exfoliation, Paraesthesia oral, Pain in Jaw, Asthenia, Chest discomfort and pain, Malaise. • For rarer side effects consult SPC.
Interactions	• Stopping smoking may cause changes in the blood levels of some drugs, although this is not expected to be significant for the duration of supply according to this protocol. The following drugs may be affected:- • Clozapine • Theophylline/Aminophylline • Insulin • Adrenergic agonists/antagonists e.g. beta-blockers, salbutamol etc. • Fluvoxamine • Imipramine • Olanzapine • Flecainide
Follow Up	• Prior to supply/administration, staff must check that no NRT products are already prescribed on the client's drug chart. • Ensure the client is reviewed by a prescriber as soon as possible with a view to prescribing appropriate NRT on the Medicine Prescription and Administration Chart. • Report adverse effects of treatment to the medical team immediately for assessment and review of treatment. • Prescribers should be aware of the potential impact of stopping smoking on other drugs (see "Interactions" above), and adjust doses accordingly.
Client Advice	• Explain treatment and course of action. • Avoid other nicotine-containing products at the same time as this administration. • Do not exceed the stated dose. • Stop treatment if adverse effects occur. • Report all adverse effects of treatment immediately.
Record Keeping	• All supplied/administered doses must be recorded on the "once only" section of the Medicine Prescription and Administration Chart. • Records on Mobius / Remedy must be updated. • All adverse side effects must be reported in the client's notes and where appropriate, reported immediately to the lead consultant.

Reference to Other Trust Policies/Procedures

This protocol is to be used in conjunction with:

CLP13 "Policy for the Safe and Secure Handling of Medicines"

Appendix 13 of CLP13 "Administration of Drugs"

Formulary and Prescribing Guidelines Section 17 – Nicotine Replacement Therapy.

References

1. BNF online: https://www.bnf.org/products/bnf-online
2. SPC: www.medicines.org.uk
3. NICE QS43 Smoking: supporting people to stop https://www.nice.org.uk/guidance/qs43
4. Public health guideline [PH48] Smoking: acute, maternity and mental health services https://www.nice.org.uk/guidance/ph48