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Emergency Department (ED) Nicotine Replacement Therapy (NRT) – Medical Directive

Medical Advisory Committee Approved: 28APR2020

Authorizing Prescriber(s)

All Lakeridge Health Emergency Department Physicians and Psychiatrists.

Authorized to Whom

All Regulated Health Care Professionals (RHCP) and Physician Assistants (PA) within the Emergency Department (ED) who have the knowledge, skill and judgement of Nicotine Replacement Therapy (NRT).

Patient Description/Population

All adult patients in the Emergency Department (ED) who are admitted or receiving ED treatment and are 19 years of age or older that smoke cigarettes. .

Order and/or Procedure

These orders are not presented in sequential order; any one of the orders may be performed by the RHCP/PA, as determined by the patients' preference.

Discontinue use if irregular heartbeat, palpitations, complains of insomnia or vivid dreams, nausea or vomiting, diaphoresis, tremors, confusion or weakness after using NRT and notify Most Responsible Practitioner

1) Nicotine patch:

- A) Nicotine patch 14 mg topically daily x 3 days **(if patient smokes 10 cigarettes OR less per day OR if weight is 45 kg or less)**
- OR
- B) Nicotine patch 21 mg topically daily x 3 days **(if patient smokes more than 10 cigarettes per day and weight is greater than 45 kg).**

AND/OR

2) Nicotine Gum:

- A) Nicotine gum 2 mg chew q1h PRN x 3 days for nicotine withdrawal symptoms, to a maximum of 20 doses per day **(if patient smokes less than 25 cigarettes per day)**
- OR
- B) Nicotine gum 4 mg chew q1h PRN x 3 days for nicotine withdrawal symptoms, to maximum of 20 doses per day **(if patient smokes 25 cigarettes or more per day)**

Indications to the Implementation of the Directive

Any patient with any of the following:

- Experiencing nicotine withdrawal symptoms

- Request administration of NRT

Contraindications to the Implementation of the Directive

The directive must not be implemented in any of the following circumstances:

- Patients with hypersensitivity or allergy to nicotine or any component of the selected formulation
- Non-smokers or occasional smokers (do not smoke daily)
- Immediate post myocardial infarction period
- Patients with life threatening arrhythmias
- Patients with severe or worsening angina
- Patients who have had a recent cerebral vascular accident
- Patients who have a history of heart attack
- Pregnant women or nursing mothers
- Generalized skin disorders such eczema, rash, etc., in area for patch application

Use caution and more frequent monitoring may be required for patients with a history of:

- Angina,
- hypertension
- Insulin dependent diabetics
- Esophagitis and gastric/peptic ulcer disease
- Hepatic impairment
- Hyperthyroidism
- Pheochromocytoma
- Renal impairment

Note: If a person or substitute decision maker (SDM) refuses treatment, contact the Most Responsible Practitioner (MRP) immediately to determine plan of care.

Consent

The RHCP/PA implementing the medical directive must obtain consent, if the patient is capable of providing it.

Documentation Requirements

In addition to standard documentation practices, the RHCP/PA must document the following in the order section of the patient health record:

- The name of this medical directive
- The procedure and orders that were completed
- The name of the implementer
- The date and time
Legible signature of implementer including credential



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Review/Evaluation Process

This medical directive is to be reviewed every 2 years by the Emergency Department program.

References

Lexicomp (2019). Nicotine in Lexi-Drugs. Retrieved from:

https://online.lexi.com/lco/action/doc/retrieve/docid/lakerh_f/1149380?cesid=5fUS8qn8l4Q&searchUrl=%2Fico%2Faction%2Fsearch%3Fq%3Dnicotine%26t%3Dname%26va%3Dnicotine#parentdoc-tab-content

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