

Guidance for managing nicotine dependence & withdrawal in emergency care settings

Developed by a Working Group convened by the [Victorian Network of Smokefree Healthcare Services](#)

Background:

Tobacco use remains the leading cause of preventable illness in Australia, responsible for 9.3 per cent of the total disease burden. It therefore remains a public health priority and is identified among four leading priorities in the Victorian Public Health and Wellbeing Plan for the period 2019-23¹. It is also a priority action area in the Victorian Cancer Plan 2020-24² and the VicHealth Action Agenda for Health Promotion 2019-23³. Action by health services to embed smoking care is common to each of these plans.

Effectively and sustainably embedding smoking care requires a systematic whole of service approach based on:

- Comprehensive organisational smokefree policies that address smokefree environments, and the provision of support for patients and staff who smoke.
- Evidence-based clinical guidelines that include providing: brief advice to quit, treatments and supports to manage temporary abstinence (e.g. nicotine replacement therapy), and support towards long term cessation, including referral to behavioural intervention.

In turn, the implementation of these policies and clinical guidelines relies on leadership commitment, clinician engagement and education, system support, data/monitoring and evaluation.

There are common evidence-based principles and approaches for providing smoking care (including three-step models such as the AAH – Ask/Advise/Help)^{4 5 6} and these are applicable to the emergency care setting.

Rationale:

In the emergency care setting, nicotine withdrawal is a risk factor for several adverse outcomes for individual patients, staff and the health service. These include:

- Patient anxiety and discomfort
- Challenging behaviours, including aggression and violence

¹ Department of Health and Human Service Victoria 2019. Victorian Public Health and Wellbeing Plan for 2019-2023. <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

² Department of Health and Human Services Victoria 2020. Victorian cancer plan 2020-2024. Available from: <https://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan>

³ VicHealth 2019. VicHealth Action Agenda for Health Promotion 2019-23. <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-action-agenda>

⁴ Quit Victoria. Training and resources for health professionals. Available from: <https://www.quit.org.au/resources/health-professionals/training-and-resources-health-services/>

⁵ Royal Australian College of General Practitioners 2019. Supporting smoking cessation – a guide for health professionals. Available from <https://www.racgp.org.au/getattachment/00185c4e-441b-45a6-88d1-8f05c71843cd/Supporting-smoking-cessation-A-guide-for-health-professionals.aspx>

⁶ Zwar NA. Smoking cessation. Australian Journal of General Practice, August 2020 <https://www1.racgp.org.au/ajgp/2020/august/smoking-cessation-1>

- Absconding, including related health and safety risks for patients and others
- Poor clinical outcomes associated with inability to deliver the required care
- Potential exposure to second-hand smoke among other users of the health care service and staff.

There is evidence that managing nicotine dependence can effectively address risks such as challenging behaviours⁷, and recent guidelines produced by Safe Care Victoria include NRT as a management strategy in this regard.⁸

Smoking is more prevalent among patients accessing emergency care settings than the general population, often being associated with social disadvantage and poor mental health.⁹ These patients may also be hard to reach through other health settings, thus emergency care settings present an opportunity to engage with them about this important health risk.

While the acute nature of the emergency care setting can be perceived as a barrier to delivering smoking cessation care, evidence supports the value of providing such care in this setting.^{10 11 12}

In addition, there is an opportunity to align the management of nicotine withdrawal and provision of cessation support with the routine care of other dependencies in the emergency care setting.

Purpose

This guidance document aims to support the provision of effective, evidence-based smoking care in emergency care settings to improve outcomes for patients, emergency care setting staff and the broader health service. It provides setting-specific guidance to manage temporary abstinence (nicotine withdrawal) and to support long term cessation, in line with existing health service policies, procedures and guidelines.

Objectives

The guidance document outlines:

- Principles for supporting patients who smoke in emergency care settings and within the context of a whole of health service approach,
- Specific clinical guidance reflecting these principles that can be adopted and contextualised by individual health services,
- Implementation considerations for ensuring sustainable integration into emergency care setting clinical processes and continuity with inpatient and community service delivery,

⁷ Michael H Allen 1, Martin Debanné, Coralie Lazignac, Eric Adam, L Miriam Dickinson, Cristian Damsa. Effect of nicotine replacement therapy on agitation in smokers with schizophrenia: a double-blind, randomized, placebo-controlled study. *Am J Psychiatry*. 2011 Apr;168(4):395-9. doi: 10.1176/appi.ajp.2010.10040569. Epub 2011 Jan 18. Available from: <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2010.10040569>

⁸ Safer Care Victoria 2020. Caring for people displaying acute behavioural disturbance. Available from: https://www.bettersafecare.vic.gov.au/sites/default/files/2020-01/Supplement_Caring%20for%20people%20displaying%20acute%20behavioural%20disturbance.pdf

⁹ Welland t, Jelinek GA, Taylor SE, Taylor D. Tobacco smoking by adult emergency department patients in Australia: a point prevalence study. *Public health Res Pract* 2016;26(3) Available from: <https://www.phrp.com.au/issues/july-2016-volume-26-issue-3/tobacco-smoking-by-adult-emergency-department-patients-in-australia-a-point-prevalence-study/>

¹⁰ Christina Lemhoefer, Gwen Lisa Rabe, Jürgen Wellmann, Steven L. Bernstein, Ka Wai Cheung, William J. McCarthy, Susanne Vahr Lauridsen, Claudia Spies, Bruno Neuner, MScEmergency Department–Initiated Tobacco Control: Update of a Systematic Review and Meta-Analysis of Randomized Controlled Trials - October 5, 2017 Available from: https://www.cdc.gov/pcd/issues/2017/16_0434.htm

¹¹ Benton R. Hunter, MD reviewing Li WHC et al. A Very Brief Emergency Department Smoking Cessation Intervention. *JAMA Intern Med* 2019 Dec 2 Available from: <https://www.jwatch.org/na50446/2019/12/04/very-brief-emergency-department-smoking-cessation>

¹² Katz D et al. The emergency department action in smoking cessation (EDASC) trial: impact on delivery of smoking cessation counselling. *Acad Emerg Med* 2012 (Apr);19(4):400-420 Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3334343/>

- Links to resources to support communication and implementation, and
- Suggested indicators for monitoring and evaluations.

Target audience

The target audience is all health services offering emergency care services, including Urgent Care services.

Principles of managing nicotine dependence and withdrawal in emergency care settings

The following principles guide the management of nicotine dependence and withdrawal in the emergency care setting:

- Provision of support to manage nicotine withdrawal is the focus in emergency care settings to avoid the adverse outcomes described above.
- Smoking status, nicotine dependence and nicotine withdrawal risk should be identified as soon as possible (at triage) to enable timely management.
- An offer of a faster-acting nicotine replacement formulation should be made as soon as possible and as appropriate to the individual patient's clinical circumstances.
- Family members/carers should be engaged in these conversations so that they can support temporary abstinence.
- Assessment should be integrated with that for other substance use and mental health.
- Nicotine withdrawal should be routinely monitored throughout the presentation and treatment modified accordingly.
- Health service policies/procedures should support timely access to nicotine replacement therapy (e.g. through nurse-initiated medication procedures).
- Local protocols for managing patients who wish to leave the health service should be applicable to patients who insist on leaving the emergency care to smoke. These should include appropriate documentation and should be consistently applied throughout the organisation.
- Brief advice to encourage and support cessation should also be provided on discharge from the emergency care setting.
- Where a patient is admitted to the ward, the management of the patient with regards to nicotine withdrawal and treatment should form part of the clinical and information handover. Brief advice and support for quitting/abstaining from smoking should continue during the inpatient stay.

Clinical pathway

The following pathway aligns with the established three step approach (Ask, Advise, Help/Assist), while applying the above setting-specific principles.

The pathway assumes an organisation-wide policy and clinical procedure are in place for providing care to patients who smoke (refer Linked documents).

Specific clinical responsibilities should be allocated by the individual health service in line with the local policies and procedures.

1. TRIAGE: Establish whether the patient uses tobacco or nicotine and will need support to remain comfortable

- ASK: Establish tobacco and nicotine use (including all forms of tobacco and nicotine).
- ADVISE: Explain that their best care relies on them not leaving the emergency care setting to smoke (or for other reasons) and that support to abstain is available in the form of NRT.
- HELP/ASSIST: Offer faster-acting NRT, according to health service clinical guidelines, formulation availability, patient preference and clinical status, and local protocols for nurse-initiated medications.

2. ONGOING MANAGEMENT IN EMERGENCY CARE (from initial nurse assessment)

The following steps should be considered in ongoing management during the emergency care episode and are informed by local health service procedures.

- ASK: Assess level of nicotine dependence as per health service procedures to inform ongoing management (e.g. Heaviness of Smoking Index). Establish whether recently quit – within 30 days.
- ADVISE: Consider providing brief advice to quit, as and if appropriate to the clinical situation, including relevance to current medical episode and benefits of quitting.
- HELP/ASSIST:
 - Facilitate/ continue clinically appropriate NRT as per health service procedures and individual clinical situation (including underlying psychosocial issues / toxicology / withdrawal / other pathology) and including management of withdrawal symptoms as below.
 - Encourage patient to self-report nicotine withdrawal/urge to smoke if possible and monitor clinically for nicotine withdrawal symptoms as per health service procedures.
 - Continue to offer NRT if previously declined.
 - Manage agitation as required based on established protocols.
 - Manage requests to leave the emergency care setting based on established protocols.

3. ADMISSION OR DISCHARGE

If patient is admitted as an inpatient

- Report/document nicotine dependence/withdrawal management and outcomes in handover including when next dose due.
- Inpatient management as per organisational clinical process (brief advice, management of dependence and withdrawal, referrals on discharge).

If patient is discharged to the community

- ADVISE: Provide brief advice to quit including relevance to current medical episode and benefits of quitting.
- HELP/ASSIST:
 - Provide written information / web-based information.
 - Offer and complete (if accepted) referral to behavioural intervention (Quitline).
 - Provide script for stop smoking pharmacotherapy if appropriate.

- Consider drug interactions associated with smoking (e.g. impact on clozapine) as per health service procedures.
- Include smoking status, action taken and the plan for follow up in discharge communication.

Linked documents

Emergency care procedures for the management of nicotine dependence are subordinate to organisational smokefree policies and clinical guidelines and should be positioned accordingly:

- Organisational Smokefree Policy and Guideline (for template see <https://www.quit.org.au/resources/health-professionals/training-and-resources-health-services/>)
- Organisational Clinical Guideline – Nicotine dependence (for template see <https://www.quit.org.au/resources/health-professionals/training-and-resources-health-services/>)

Other organisational policies and procedures should also be linked to ensure consistency of management across the organisation, for example:

- Organisational procedure - Nurse initiated medication
- Organisational procedure – Managing acute behavioural disturbances
- Organisational procedure – Occupational violence

Implementation

Implementation considerations for health services include:

- Ensuring consistency and integration with the organisation’s overarching Smokefree Policy and inpatient procedures for managing nicotine dependence and withdrawal (as described above).
- Ensuring accessibility to appropriate NRT, noting that the mouth spray formulation is well suited to the emergency care setting due to quicker onset of action (it is the fastest acting formulations) and patient acceptability. It is a formulation that is clinically appropriate for most people who smoke.
- Ensuring clinical and non-clinical staff receive regular education appropriate to their role. For clinical staff this should include education about managing nicotine dependence and withdrawal, ideally integrated with other relevant clinical topics (e.g. management of acute mental health episodes and other dependencies), and ideally including practical guidance/coaching about having conversations about smoking, and knowledge about quit smoking supports. For all staff, education should cover protocols for managing patients leaving the facility, including documentation and incident reporting.
- Ensuring emergency care setting signage clearly explains the smokefree policy.
- Ensuring availability of information and support materials for patients, carers and families.
- Utilising pre-printed/pre-populated medication charts/fields to facilitate initiation of NRT at triage/initial assessment.
- Ensuring clinical information systems support continuity of care between emergency care settings and inpatient wards.

- Ensuring outcomes such as violence and aggression associated with nicotine withdrawal are reported as such in incident reporting systems.

Evaluation

Health services should consider pre- and post-intervention measures to ascertain benefits to their specific service and to inform continuous improvement. Consider the following measures:

- Smoking related incidents (Code Red, Code Grey, occupational violence incidents, absconding)
- Patient complaints
- Monitoring of emergency care staff participation in clinical training
- Clinical performance e.g. audit of screen for smoking status, provision of brief advice, discharge communication etc

Resources

Quit Victoria has a wide range of consumer resources to help health services communicate the benefits of quitting and support the quitting process. These are just a few that may be useful in the emergency care setting. For more resources go to <https://www.quit.org.au/resource-order-form/>

- [4Ds wallet card](#) – provides tips to manage nicotine withdrawal (Delay/Deep breathe/Do something else/Drink water) plus Quit contacts
- [Nicotine replacement therapy products](#) – brochure – provides brief information about the types of nicotine replacement therapy
- [What can I do to stop smoking](#) – wallet card – summarises tips for quitting
- [Your stop smoking plan](#) – a wallet sized card describing the key elements of a stop smoking plan

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