

Title: Smoking Cessation Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Note: This Care Set is not to be used in ICU

Patient Care

NOTE: Verify allergies and skin sensitivities

[R] Smoking Cessation Advice/Counseling	Provide teaching materials and document
---	---

NOTE: Select once choice from Section A and one from Section B if needed

Section A: Choose One

Nicotine Choose from orders below

NOTE: 10 cigarettes are equivalent to about 1/4 tin of snuff or 1 pouch of chew

<input type="checkbox"/> nicotine	21 mg, patch, TOP, QDay, Routine, T;N, Comments: apply new patch daily.
-----------------------------------	---

NOTE: For daily use of 10 or fewer cigarettes or weight less than 45 kg choose below:

<input type="checkbox"/> nicotine	14 mg, patch, TOP, QDay, Routine, T;N, Comments: apply new patch daily.
-----------------------------------	---

<input type="checkbox"/> nicotine	7 mg, patch, TOP, QDay, Routine, T;N, Comments: apply new patch daily.
-----------------------------------	--

NOTE: BuPROPion and Varenicline (may not reduce nicotine withdrawal symptoms as promptly as NRT)

BuPROPion: Choose BOTH orders below

<input type="checkbox"/> buPROPion (buPROPion extended release)	150 mg, ER Tablet, PO, QDay, Routine, (for 3 day)
---	---

<input type="checkbox"/> buPROPion (buPROPion extended release)	150 mg, ER Tablet, PO, bid, Routine,
---	--------------------------------------

Varenicline: Choose ALL THREE orders below

<input type="checkbox"/> varenicline	0.5 mg, Tab, PO, QDay, Routine, (for 3 Day)
--------------------------------------	---

<input type="checkbox"/> varenicline	0.5 mg, Tab, PO, bid, Routine, T+3;N, (for 4 Day)
--------------------------------------	---

<input type="checkbox"/> varenicline	1 mg, Tab, PO, bid, Routine, T+7;N
--------------------------------------	------------------------------------

NOTE: If CrCL is less than 30mL/min then place both orders below

<input type="checkbox"/> varenicline	0.5 mg, Tab, PO, QDay, Routine, T;N, (for 7 Day)
--------------------------------------	--

<input type="checkbox"/> varenicline	0.5 mg, Tab, PO, bid, Routine, T+7;N
--------------------------------------	--------------------------------------

NOTE: If on hemodialysis then place order below

<input type="checkbox"/> varenicline	0.5 mg, Tab, PO, QDay, Routine, T;N
--------------------------------------	-------------------------------------

Section B: Choose one medication for breakthrough craving

NOTE: 4 mg strength is recommended for patients who smoke, dip or chew as soon as they wake up, have severe withdrawal symptoms when they can't smoke, dip or chew, or have failed at previous quit attempts

<input type="checkbox"/> nicotine	4 mg, Gum, Chewed, q1h-awake, PRN Smoking Cessation, Routine, Comments: Max 20 pieces/day
-----------------------------------	---

<input type="checkbox"/> nicotine	2 mg, Gum, Chewed, q1h-awake, PRN Smoking Cessation, Routine, Comments: Max 20 pieces per day
-----------------------------------	---

If unable to chew gum then place order below

<input type="checkbox"/> nicotine	2 mg, Lozenge, PO, q1h-Awake, PRN Smoking Cessation, Routine, Comments: Max 20 lozenges per day
-----------------------------------	---

<input type="checkbox"/> nicotine	4 mg, Lozenge, PO, q1h-Awake, PRN Smoking Cessation, Routine, Comments: Max 20 lozenges per day
-----------------------------------	---

Date

Time

Physician's Signature

MD Number

