Tobacco Cessation Follow-Up Consultation Form

This tool is to be used in conjunction with the PSFC Canadian Pharmacist Smoking Cessation Pharmacotherapy Algorithm available at www.psfcnetwork.com

Date:_____ (DD/MM/YY) Store Identifier:_____ Pharmacist Initials:_____

CLIENT INFORMATION:

Last Name:_____ First Name:_____ Phone#: (____) _____-_____

Date of Birth:_____ (DD/MM/YY) Health Card Number:_____ Email:_____

Address:_____

QUIT/REDUCTION GOAL

☐ Reduce ☐ Reduce to Quit ☐ Quit **Quit Date:** _____ (DD/MM/YY)

CURRENT TOBACO USE STATUS:

☐ Quit ☐ Not Quit ☐ Reduced By:_____ (Amount Per Day) ☐ Not Reduced

CURRENT QUIT MEDICATION(S):

☐ **Nicotine Patch**	Dose:_____mg/Day	☐ 24hr ☐ 16hr	Start Date:_____
☐ **Nicotine Gum**	Dose: ☐ 2mg ☐ 4mg _____(#/Day)	☐ Scheduled ☐ PRN	Start Date:_____
☐ **Nicotine Lozenge**	Dose: ☐ 1 or 2mg ☐ 2 or 4mg _____(#/Day)	☐ Scheduled ☐ PRN	Start Date:_____
☐ **Nicotine Inhaler**	Dose:_____(# Cartridges/Day)	☐ Scheduled ☐ PRN	Start Date:_____
☐ **Nicotine Spray**	Dose:_____(Sprays/Day)	☐ Scheduled ☐ PRN	Start Date:_____
☐ **Bupropion/Zyban**	Dose:_____		Start Date:_____
☐ **Varenicline/Champix**	Dose:_____		Start Date:_____
☐ **Cytisine/Cravv**	Dose:_____		Start Date:_____
☐ **Other**	Dose:_____		Start Date:_____

MEDICATION ADHERENCE: (Ask about technique, dosage and timing, any missed doses and reasons why)

MEDICATION EFFICACY: (Consider tobacco status, presence of nicotine withdrawal including cravings)

MEDICATION TOLERABILITY: (Consider side effects or signs of too much nicotine, drug interactions)

TREATMENT PLAN: (What adjustments need to be made if any? Any new goals or points to follow up at next visit?, etc.)

NEXT FOLLOW-UP:

Date:_____ (DD/MM/YY) Time:_____ ☐ AM ☐ PM Method of Contact: ☐ In-person ☐ Phone ☐ Email ☐ Text

Okay To Leave Message? ☐ Yes ☐ No Other:_____

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Created: May 2021

Peripheral Brain Tips

NICOTINE WITHDRAWAL SYMPTOMS:				
☐ Irritability	☐ Headache	☐ Restlessness	☐ Insomnia	☐ Cough
☐ Fatigue	☐ Constipation	☐ Low Mood	☐ Poor Concentration	☐ Other_____

Strategies: - Healthy lifestyle strategies may help (hydration, rest, regular exercise, relaxation etc.)
- Dose of quit medication may need to be adjusted

CRAVINGS:	☐ Yes	☐ No	
Intensity: (Patient Perspective)	☐ Mild	☐ Moderate	☐ Severe
Frequency:	☐ Rare – Less Than Daily	☐ Occasionally – No More Than 1-2x/day	☐ Frequently
Identified Triggers:	☐ Morning Routine	☐ Stress	☐ Alcohol
	☐ Other Smokers	☐ Other: _____	

Strategies: - (4D's) **D**rink Water, **D**o Something Else/**D**istract, **D**eep Breathe, **D**elay
- Use short-acting NRT
- Dose of quit medication may need to be adjusted

COMMON QUIT MEDICATION ADVERSE EFFECTS:

1) Nicotine Replacement Therapy:

☐ Nausea ☐ Dizziness (Review proper use; may be chewing gum too fast etc.; NRT dose may be too high)

Note: Nausea or dizziness that occurs only when the patient smokes is a sign that the NRT dose is just right.

☐ Vivid Dreams (Often transient) ☐ Insomnia (Tolerance may develop; remove patch before bed if persists)

☐ Skin Irritation (Corticosteroid inhaler/spray applied topically pre-patch or corticosteroid cream applied post-patch. Rotate patch daily, avoid using the same site for at least 72 hours.)

2) Bupropion SR:

☐ Insomnia (Avoid giving second dose too late in evening; reduce dose.)

Note: Do not double up on doses or give doses too close together (dose-related seizure risk)

3) Varenicline:

☐ Insomnia (Avoid giving second dose too late in evening; reduce dose)
☐ Nausea (Take with a meal and a full glass of water; reduce dose)

Note: May cause excess drunkenness if combined with alcohol – caution!

Suggested Interview Approaches:

Asking About Tobacco Use:
"I'm updating your profile and since smoking can affect some medications, can you tell me if you use any tobacco products currently?"

Advising to Quit:
"Quitting smoking is the best thing you can do to improve your (health/asthma/COPD/ high blood pressure, chest infections, etc.) now and into the future. Quitting will help you get the most benefit from your medication (inhaler, blood pressure pill, etc.)."
"I'd really like you to consider quitting and I'd love to chat with you about your options, without pressuring you."

The "Anxious About Setting a Quit Date" Smoker:
"If you're unsure about setting a date to quit, there are other options that don't require you to quit right away. Would you like to chat about them?"

The Reluctant Quitter:
"Quitting smoking is hard, but it's also easier when you have help. I'm here to help you whenever you are ready."

NRT FORMAT CONSIDERATIONS: The Patient Wants Something....			
That is Fast-Acting:	☐ Spray		
That Has Flavour Options	☐ Spray	☐ Lozenge	☐ Gum
That is Discreet:	☐ Spray	☐ Lozenge	☐ Patch
That Has a Fidget-Factor or Hand-to-Mouth Action:	☐ Spray	☐ Inhaler	