Intensive Tobacco Intervention Guide – EMR Macro

<PATFIRSTNAME> <PATLASTNAME>; <PATBIRTHDATE>; <PATHEALTHNO>; <CURRENTDATE>, <CURRENTTIME>

Smoking Cessation Assessment:

Client assessed [in-person|by phone|virtually]

What is your goal?: [to Reduce|to Quit]
What are your reasons for quitting?: [Health|Cost|Family|Other:]
What have you been told about how smoking is affecting your health?:

Smoking History:
- Pattern of use: [Current|recently quit|on and off|social]
- How many cpd or nicotine (mg)?:
- Type: [cigarettes|cigars/cigarillos|e-cigarettes/vapes|pipe|waterpipe|smokeless tobacco (chew/spit)|other]
- Length of time smoking: Years months

Quit History:
- Have you ever tried to quit?: [yes|no]
- When was your last attempt:
- Duration of last attempt:
- Total number of quit attempts:
- Longest duration that you have quit:
- Past medications/treatments used to quit: [varenicline|bupropion|NRT gum/lozenge|NRT inhaler|NRT patch|e-cigarettes/"vapes"|cold turkey|tapering down|acupuncture|hypnosis|other|N/A]
- Which, if any, would you explore again?:
- Past behavioural supports used: [group counselling|individual counselling|self-help materials|online support|other
- What led to relapse: [withdrawal symptoms|stopped medications|stopped behavioural support|negative mood|habit|family/friends smoke|stress|use of alcohol/other drugs|other]
- Learnings (what worked/didn't work):

Complete Decision to Change Tobacco Use Tool (Decisional Balance) with client
- Explore barriers/concerns about reducing or stopping, and concerns about continuing to smoke.

SDOH Stressors: [Financial | Work | Unemployment | food security | access to healthcare | transportation for appointments and basic needs | coverage for tobacco cessation medications | coverage for other medications]

Biological/Physical and Mental Health:
- Chronic conditions:
- Acute conditions:
- Disorder eating (history or present):
- Head injuries:
- Mental health conditions:
- Any allergies or sensitivities to smoking cessation medications: [no|yes|N/K]

Strengths and Supports:
- Personal Strengths: [Quit before|has quit other addictions|can afford medications| other]
- What supports do you have in place that could help you avoid smoking? [Family|Friends|Coworkers|None]

Triggers to smoke:
- [Smokes in home|other people in home smoke|smokes in car|work breaks|stress|socializing with friends|first thing in the morning|after work|other]
- Other?:

Social Environment:

What locations and social situations are associated with smoking?:

Other substance used and amounts:
[caffeine|alcohol|cannabis|vapes|other drugs]

Readiness:
How important is quitting for you? [1|2|3|4|5|6|7|8|9|10]/10
How confident are you? [1|2|3|4|5|6|7|8|9|10]/10
How will your life change when you quit?

Stage of change: [Pre-contemplation|Contemplation|Preparation|Action|Maintenance]

Why Statement:
Patient stated: I want to quit smoking because_____. (What is the desired impact?)

Treatment Plan (plan should address stressors and triggers, and make use of strengths and supports):
Complete Change Plan handout with client
Complete nicotine dependence assessment tool with client (Fagerstrom or other; Fagerstrom is below)
Review/Complete NRT Information Guide with client; or refer for discussion of oral med options / review yourself if within scope of practice

Plan Summary:

Biological medications: [varenicline|bupropion|NRT gum/lozenge|NRT inhaler|NRT patch|none]
Quit Card: [Yes|No|not eligible]
Environment changes patient will try:
Behavior Change patient will try:
Timeframe: [Quit date|Start to quit date]:

Referrals: [Smokers Helpline | Talk Tobacco | Commit to Quit group| Quit Smoking with you MB Pharmacist |other]

Manitoba Quit Smoking Resource Guide provided (available in Eng and Fr): [Yes | No]

Follow-up appointment booked: [Yes | No]

Other referrals: [Nursing| Dietitian | Pharmacist |Physiotherapy |EIA |Mental health |Respiratory Educator |Pain Clinician| Tobacco support|other|none]

Fagerstrom Test for Nicotine Dependence:

How soon after you wake up do you smoke your first cigarette?: [5 mins = 3 Points| 6-30 mins = 2 | 31-60 mins = 1 |After 60 mins = 0]
How many cigarettes per day do you smoke?: [10 or less = 0 Points| 11-20 = 1 |21-30 = 2| 31 or more = 3]
Do you find it difficult to not smoke in places it is not allowed (e.g. stores, library, cinema)?: [Yes = 1 Point|No = 0]
Which cigarette would you hate most to give up?: [The first one in the morning = 1 Point |Any other = 0]
Do you smoke more during the first hours after waking than during the rest of the day?: [Yes = 1 Point | No = 0]
Do you smoke even when you are ill enough to be in bed most of the day?: [Yes = 1 Point |No = 0]

Total Score: [0–2 Very low| 3–4 Low| 5 Medium| 6–7 High|8–10 Very High] Addiction