PHYSICIAN'S ORDERS

DRUG ALLERGIES _____

_____

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS CHECKED ☐

Date & Time Ordered	**NICOTINE WITHDRAWAL PROTOCOL PHYSICIAN ORDERS**	PAGE 1 OF 1

Date/Time
_____

Admit

☐ On admit assess daily tobacco history.
_____ cigarettes/day.
_____ chew or snuff uses/day.

Medications:

☐ Nicotine gum-1 piece every hour PRN urge to smoke (preferred for smokeless nicotine withdrawal)

☐ Nicotine transdermal system

☐ 21 mg/day for >= 10 cigarettes/day or, 5 uses of chew/snuff/day.

☐ 14mg/day for any of the following:

-<10 cigarettes/day
-<5 uses of chew/snuff /day
-weight <100 pounds
-History of cardiovascular disease

☐ Bupropion HCL 150mg PO twice daily.

☐ Ativan 0.5-1 mg PO every 4 hrs PRN anxiety/restlessness

☐ Ambien 5-10 mg PO PRN sleep HS

☐ Melatonin 3-6 mg PO PRN sleep HS

☐ _____

☐ _____

☐ _____

Nursing Orders:

☐ On admit assess for S/S of nicotine withdrawal, including cravings, irritability, restlessness, anxiety, appetite changes, sleep disruption, and depression.

☐ Score and document each sign or symptom on the Withdrawal Assessment Scale.

☐ Complete Withdrawal Assessment Scale BID for a minimum of 72 hrs. Continue assessment until a total score of <2 is reached for 5 consecutive assessments. Thereafter assess PRN.

☐ Notify the MD for
-Withdrawal assessment score > or = to _____
-Continuing withdrawal symptoms when all interventions have been exhausted.

Referral:

☐ Consult Prevention Wellness for NRT

Physician Signature_____

Patient ID Sticker