**Mono Nicotine Replacement Therapy (NRT) Standing Order (SO)**

This standing order permits a Public Health Registered Nurse practicing in local health departments in North Carolina to dispense the following over-the-counter nicotine replacement therapy products to persons as directed below. The nicotine replacement therapies below do not require a prescription to be purchased; however, having a prescription for nicotine replacement therapy may facilitate insurance coverage. These products are listed under 21 NCAC 46 .2403 Drugs and Devices to be Dispensed.

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| **Mono Nicotine Replacement Therapy Dispensing Protocol** |
| **Condition or Situation in Which the SO Will Be Used** | NRT will be provided to patients of a NC local health department who:* voluntarily request nicotine replacement therapy,
* indicate a readiness to quit smoking, using chew or snuff,
* have been advised by a medical provider to stop smoking, using chew or snuff,
* are requesting Mono NRT Therapy.
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| **Assessment Criteria** |
| **Subjective**  | Patient presents with any of the following:1. Admits to smoking tobacco or using chew or snuff,
2. Medical provider has advised the patient to stop smoking,
3. Desire to stop smoking or using chew or snuff
4. Requests NRT Mono Therapy.
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| **Objective** | Documentation that all five of the following findings are met:1. Patient is 18 years or older,
2. Patient voluntarily requests nicotine replacement therapy and is willing to make a quit attempt within the next 30 days,
3. No contraindications to NRT,
4. No allergies to NRT,
5. Requests Mono NRT Therapy.
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| **Assessment Criteria** | Assess the patient for the following health problems. If the patient answers positively to any of the parameters in 1-8 below, do not dispense NRT and refer patient to the MD or APP for an individual order. 1. Myocardial Infarction within the last 2 weeks,
2. Stroke or TIA within the last 2 weeks,
3. Currently pregnant,
4. Under 18 years of age,
5. Diagnosed within last 6 months with very rapid or irregular heartbeat that required a change in activities or addition of medication,
6. Diagnosed within last 6 months with serious or worsening angina,
7. Previous adverse reaction to using a patch medication or adhesive tape causing them to discontinue the patch,
8. Allergies to any NRT components.
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| **Nursing Plan of Care** |
| **Contraindications for Use of this Order** | Patients who respond positively to any of the parameters listed in the “Assessment Criteria” above are not eligible for NRT based on this SO. |
| **Implementation** | 1. A registered nurse employed or contracted by the local health department shall dispense NRT under standing orders if any of the subjective findings are met and all five of the objective findings are met and documented in the medical record. NRT will be dispensed per the regimen below.
2. The RN will provide education and counseling on mono and combination therapies. If the patient chooses mono therapy, then gum or lozenges will be dispensed based on patient choice.
3. Provide specific counseling and education on therapy dispensed.
4. Document in the patient record which NRT mono therapy products the patient has chosen and were dispensed.
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| **Initiate Therapy Based on Maximum Use of Tobacco per Day at Therapy Initiation**  | **If the patient admits to High risk usage (11+ cigarettes per day or 2+ cans or pouches per week of snuff or chew), then dispense the following:** | **If the patient admits to Medium risk usage (5 -10 cigarettes per day or 1 to less than 2 cans or pouches per week of snuff or chew), then dispense the following:** | **If the patient admits to Low risk usage (0 - 4 cigarettes per day or less 1 can or pouch per week of snuff or chew), then dispense the following:** |
| **Medication: Patch NRT Mono****Therapy** | **Dispense:*** Nicotine Patch 21mg/24hrs for 8 weeks. Then,
* Nicotine Patch 14mg/24hrs for 2 weeks. Then,
* Nicotine Patch 7mg/24hrs for 2 weeks
 | **Dispense:*** Nicotine Patch 14mg/24hrs for 8 weeks. Then,
* Nicotine Patch 7mg/24hrs for 4 weeks
 | Nicotine Patch Not Indicated in Low Risk Usage |
| **Dispensing Instructions:****Patch NRT**  | 1. Apply patch to non-hairy, clean, dry skin on upper body between the neck and waist. Remove the previous day’s patch before applying new patch. Rotate applications site daily. If vivid dreams or insomnia occur, only wear patch 16 hours per day with removal at bedtime.
2. Dispense an

8-week supply of 21 mg, a 2-week supply of 14 mg and 2-week supply of 7 mg patch therapy with 0 refills. | 1. Apply patch to non-hairy, clean, dry skin on upper body between the neck and waist. Remove the previous day’s patch before applying new patch. Rotate applications site daily. If vivid dreams or insomnia occur, only wear patch 16 hours per day with removal at bedtime.
2. Dispense an 8-week supply each of 14 mg and 4-week supply of 7 mg patch therapy with 0 refills.
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| **Medication: Gum NRT Mono Therapy** | **Dispense gum based on patient choice:** * Nicotine Gum 4mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.
 | **Dispense gum based on patient choice:** * Nicotine Gum 2mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.
 | **Dispense gum based on patient choice:** * Nicotine Gum 2mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.
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| **Dispensing Instructions:****Gum NRT**  | 1. Chew gum slowly until it tingles, then park between gum and cheek until tingling stops. Chew again until tingle returns and re-park. Repeat until tingling is gone and discard gum.
2. Dispense a 12-week supply of gum with 0 refills.
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| **Medication: Lozenge NRT Mono****Therapy** | **Dispense lozenges based on patient choice:*** Nicotine lozenge 4mg every hour as needed for cravings. (Max 15/day) x 12 weeks.
 | **Dispense lozenges based on patient choice:*** Nicotine lozenge 2mg every hour as needed for cravings. (Max 15/day) x 12 weeks.
 | **Dispense lozenges based on patient choice:*** Nicotine lozenge 2mg every hour as needed for cravings. (Max 15/day) x 12 weeks.
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| **Dispensing Instructions:****Lozenge NRT**  | 1. Dissolve in mouth (do NOT bite). Rotate in mouth until taste/tingling stops.
2. Dispense a 12-week supply of lozenges with 0 refills.
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| **Nursing Actions** | 1. Educate patients on the patch is not indicated when tobacco use is less than 0 - 4 cigarettes per day or less than 1 can or pouch per week of snuff or chew.
2. Caution patient on the need to keep all medications out of the reach of children because of toxicity to nicotine in children.
3. Patients dispensed nicotine replacement therapy under this standing order shall be counseled on proper medication use and provided the QuitlineNC website ([www.quitlinenc.com](http://www.quitlinenc.com)) and/or phone number (1-800-QUIT-NOW (800-784-8669)) for quit coaching.
4. Provide an educational handout listing side effects and adverse reactions. Caution patient to call the office with any side effects and/or adverse reactions.
5. Caution patient to notify all providers that they are on NRT.
6. At the end of the 12-week therapy, the patient will be reassessed for NRT and provided another 12-week cycle of NRT under this SO based on the nursing assessment findings.
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| **Follow-up**  | 1. All patients will be instructed to notify the health department if there is a change in their health status.
2. Return to clinic for if they would like to change to a different product.
3. Return to the clinic prior to the expiration of their prescription if patient desires to continue therapy.
4. If patient experiences any side effects or adverse reactions, instruct patient to call the health department or their primary care provider.
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| **Criteria for Notifying the MD/APP** | 1. Consult with the medical provider if there is any question about whether to carry out any treatment or other provision of this standing order, including patients reporting a drug allergy for the medication provided in the standing order or a contraindication to NRT or who reports using multiple tobacco products in combinations not addressed in this SO.
2. If patient reports a drug allergy for the medication provided in the standing order, assess and document the type of reaction(s) the patient has experienced in the past before consulting with medical provider.
3. **Stop using and call provider –** Instruct the patient to call their provider if:
* they have a skin rash that does not go away after four days,
* irregular heart beat or palpitations,
* symptoms of nicotine overdose such as nausea, vomiting, dizziness, weakness and rapid heartbeat.
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Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_

Local Health Department Medical Director

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Authority:**

Nursing Practice Act, N.C. General Statutes 90-171.20(7)(f) & (8)(c)

NC Board of Pharmacy Rules

* 21 NCAC 46 .2401 Medication in Health Departments
* 21 NCAC 46 .2402 Training of Health Department Nurses
* 21 NCAC 46 .2403 Drugs and Devices to be Dispensed.