

During patient admission

ASK

the patient if they smoke and record smoking status
If the patient does smoke then...

ADVISE

the patient that the best way to stop is with a combination of specialist support and medication, and both are available at the hospital

ACT

an **opt-out electronic referral** to the local hospital tobacco dependence service and stop smoking medications prescribed / provided (ideally, **NRT** is provided within 2 hours of admission, as per trust protocol)



Opt-out in-depth behavioural support

Tobacco dependence adviser attends to patient within 24 hours to provide an **in-depth opt-out stop smoking consultation** that includes:

- CO test and assessment of nicotine dependence (ideal scenario)
 - Assessment of patient's readiness and ability to quit
 - Informing the patient what support is available to quit
 - Informing the patient about withdrawal symptoms
- Agree and review plan (including available medications, NRT, other pharmacotherapy or e-cigarettes)
 - Recording of support to the patient
- Where agreed, prompting commitment from the patient
 - Discussing preparations and providing a summary
- Where appropriate, revisit the patient to provide ongoing support or to review temporary abstinence to see if a full quit attempt can be started



Ensure ongoing support upon discharge

Offer **referral to ongoing stop smoking support** in the community and, ideally, to a local authority Stop Smoking Service or community pharmacy
+ provide one week's (minimum) worth of stop smoking medication as per the agreed plan
+ **communicate progress** with the patient's GP



Provide follow-up call at 1 to 2 weeks post-discharge



Book and provide face-to-face follow-up appointment

Tobacco dependence adviser books and delivers a **28 day follow-up**, ideally face to face, where smoking status is verified with a CO test or self-reported status is recorded over the phone