**IT requirements for the Implementation of the CURE project**

**EPR CURE Initial Assessment & Treatment Form (contained within the nursing assessment documentation):**

**CURE Initial Assessment:**

1. Do you smoke currently? **Yes / No** (if the answer if Yes then the next two questions appear)

2. How many cigarettes do you smoke in a day? **1 – 20+** (numerical field)

3. How long have you been awake before you have your first cigarette? **<30min >30min**

Lev*el of addiction will automatically appear – RAG rated*

**PROTOCOL TEXT**

*If the answer to question 1 above is ‘Yes’ then the following appear:*

**CURE initial interventions (sub section):**

**Please provide the following brief advice to smokers:**

***The very best chance of stopping smoking is with the help of medications and specialist support. Both* *are readily available for all smokers at this hospital.***

***Very Brief Advice Script will appear*** *– prompt for nurse to provide VBA:*

**Checklist of interventions:** **(tick all that apply)**

* Brief advice has been provided to patient – needed for CQUIN
* A smokefree slyer has been provided to patient
* NRT has been supplied under a PGD
* NRT not supplied but medical team contacted to prescriber
* NRT already prescribed by medical team
* NRT declined by the patient

Reminder Text – Please ensure the patient is prescribed nicotine replacement therapy according to the CURE protocol

* Note: PGD’s can only be used if you are appropriately trained and authorised

**Please ensure smokers are prescribed nicotine replacement therapy according to their level of addiction as described in the CURE Initial Treatment Protocol. If no NRT is prescribed please contact the on call or admitting team immediately.**

*A summary of information will appear at the top of the specialist document based on information captured within the nursing documentation*

**Document preview**

* Does the patient currently smoke? **Answer given in initial assessment**
* Number of cigarettes smoked a day? **Answer given in initial assessment**
* Length of time awake before cigarette? **Answer given in initial assessment**
* Initial interventions? **Answer given in initial assessment**
* Level of addiction **Answer given in initial assessment**

Active referrals to the CURE team – patient list – ‘CURE inpatient referrals’

**EPR CURE Specialist Assessment & Treatment**

*If the patient answers ‘yes’ to ‘do you smoke?’ in the initial assessment, a referral will automatically be generated for a specialist assessment to be completed by a specialist nurse on the ward while the patient is an inpatient.*

*A summary of information will appear at the top of the specialist document based on information captured within the nursing documentation, displaying the following :*

* Does the patient currently smoke? **Answer given in initial assessment**
* Number of cigarettes smoked a day? **Answer given in initial assessment**
* Length of time awake before cigarette? **Answer given in initial assessment**
* Initial interventions? **Answer given in initial assessment**
* Level of addiction **Answer given in initial assessment**

*The specialist assessment form will include the following questions:*

**Did the patient consent to a specialist consultation? Yes/No**

**Did the patient agree to commence Nicotine Replacement Therapy by the admitting team? Yes/No**

**Was the patient commenced Nicotine Replacement Therapy within 24 hours of admission? Yes/No**

**What initial NRT products was the patient prescribed (tick all that apply)**

* NA
* Nicotine lozenge
* 14mg/24hr nicotine patch
* 15mg/16hr nicotine patch
* 21mg/24hr nicotine patch
* 25mg/16hr nicotine patch
* Varenecline
* Patient declined pharmacotherapy

**Does this patient want to continue abstinence from smoking post discharge: Yes / No**

**How many times has this patient tried to stop smoking before: (number field)**

**Previous quit attempt methods: (tick all that apply)**

* No medication
* Single agent NRT – short acting
* Single agent NRT – patches
* Combination NRT
* Varenicline
* Bupropion
* E-cigarettes

**Specialist CURE Treatment Plan: (tick all that apply)**

* Short acting – lozenges
* Short acting – inhalator
* Short acting – chewing gum
* Short acting – nasal spray
* Short acting – micro tabs
* Long acting – patches
* Varenicline
* Bupropion
* E-cigarettes
* Patient declined pharmacotherapy

**Signposting & Support (tick all that apply)**

* Greater Manchester Telephone Helpline
* CURE team contact details
* Smartphone Apps
* Written information

**Follow-up required (tick all that apply)**

* 1-2 week (telephone)
* 4 week appointment (face to face)
* Ad hoc
* No follow-up

**Specific instructions & information for the ward team**

**Specific instructions & information for the GP**

***NRT advice & instructions for healthcare professionals***

Nicotine replacement therapy helps to alleviate the brain’s cravings for nicotine. It is difficult to match the highly effective and substantial delivery of nicotine to the brain achieved through smoking a cigarette. It is therefore important that NRT is used at a high enough dose and for long enough to have the maximal benefit. NRT should be used for 8-12 weeks. Short-acting nicotine can be used ‘on the hour every hour’ particularly in the early stages of abstinence. Nicotine is NOT a harmful drug in excess. It may cause light-headiness or nausea but is not dangerous in overdose. Encourage your patients to use the NRT at the prescribed dose and frequently.

***Varenicline advice & instructions for healthcare professionals***

**Dose:**

**0.5mg Once daily Day 1-3**

**0.5mg twice daily day 4-7**

**1mg twice daily day 8+**

**12 weeks total treatment**

Varenicline works by binding to nicotinic receptors in the brain and stimulating dopamine release and the relief of cravings. Varenicline also remains bound to the nicotinic receptors and prevents nicotine from cigarettes binding to these receptors. This prevents the release of dopamine as a result of smoking and a reduction in the positive reinforcement and feeling of calmness or pleasure during smoking. It is the most effective therapy for treating tobacco addiction.

Approximately one third of patients may feel nauseous with varenicline. It is often mild and present only at the start of treatment. It can often be avoided by taking the tablet with food and a glass of water. Varenicline can cause vivid & colourful dreams, not necessarily nightmares. Both of these side effects are minor in comparison to the enormous health benefits from smoking cessation.

There have been concerns raised in the past about an association with varenicline and mental health disease particularly suicidal ideation. This has been categorically disproven in large randomised controlled trials. All mental health illness, especially anxiety and depression, can worsen during abstinence from tobacco. This usually lasts approximately one month and then the mental health illness improves significantly to much better level than during smoking. The beneficial effect of stopping smoking on mental health is more than that of anti-depressant medication.

Varenicline is given for 12 weeks and patients should be encouraged to complete the full course. Varenicline takes time to build to therapeutic levels and patients require additional nicotine in the first 7-14 days. This can be given with NRT, e-cigarettes or cigarettes (in the outpatient setting) during this initial period.

**CURE Specialist Assessment - Clinical Outcome Form Document preview**

On completion of the form this will generate a clinical outcome form. This will need to be printed and posted to GP (prior to implementation of Immediate Discharge Summary which will automatically include some of the information) and will include:

* **Smoking status**
* Text input into **‘Specific instructions & information for the GP’** section
* The **additional NRT advice & instructions for healthcare professionals**
* **Follow up outcome**
* Precluded by the following text

*Dear Doctor*

*This patient is an inpatient at Wythenshawe Hospital and was an active smoker at the point of admission. They have been seen by the Specialist Tobacco Addiction Team (CURE team) and a summary of that consultation is attached. It provides information on their planned treatment plan on discharge. Further details will be provided in the electronic discharge summary. Please contact the CURE team if there are queries about this patients management of tobacco addiction following discharge on 0161 291 5030.*

***CURE Outpatient Appointments***

*Patient lists will be generated by selecting the following options listed on the specialist assessment form:*

* *1-2 week (telephone)*
* *4 week appointment (face to face)*

*Depending on which is selected will determine which clinic template they are booked into.*

*Each day the administrator will access the patient lists and book into appropriate clinic spaces.*

**EPR CURE Outpatient Patient lists:**

**Screen shot**

**EPR Outpatient Assessment Form**

*EPR form to be completed at a CURE outpatient appointment with Specialist Nurse: ‘CURE Specialist Out-Patient Appointment’ that contains the following:*

**Type of consultation (tick applicable):**

* Telephone (1-2 week post discharge)
* Face to face (4 week post discharge)
* Telephone (other)
* Face to face (other)
* Ad hoc

**Current smoking status at time of outpatient appointment (tick applicable):**

* Smoker (chemically validated)
* Smoker (self-reported)
* Non-smoker (chemically validated)
* Non-smoker (self-reported)

**Carbon monoxide level**: …ppb

**Current treatment at time of outpatient appointment (tick all that apply):**

* Short acting – lozenges
* Short acting – inhalator
* Short acting – chewing gum
* Short acting – nasal spray
* Short acting – micro tabs
* Long acting – patches
* Varenicline
* Bupropion
* E-cigarettes
* None

**Side effects (tick all that apply):**

* Skin reaction
* Headaches
* Vivid dreams
* Depression
* Seizures
* Agitation
* Nausea
* Sleep disturbance
* Anxiety
* Suicidal thoughts
* Cravings to smoke
* Sore mouth/throat
* None

**CURE outpatient assessment (tick applicable)**

* No changes to medication/treatment
* Patient declined recommendation changes

**New medication (tick all that apply):**

* Short acting – lozenges
* Short acting – inhalator
* Short acting – chewing gum
* Short acting – nasal spray
* Short acting – micro tabs
* Long acting – patches
* Varenicline
* Bupropion

**New harm reduction strategy**

* E-cigarettes

**Additional comments**

**(free text)**

**Follow-up required?** **Yes/no**

**Type of follow-up required** **(tick applicable)**:

* Telephone
* Face to face
* Ad hoc
* Patient declined
* Unable to contact

**CURE Outpatient Appointment - Outcome Form Document**

On completion of the form this will generate a clinical outcome letter. This will need to be printed and posted to GP and will include:

* **Smoking status**
* Text input into **‘Specific instructions & information for the GP’** section
* The **additional NRT advice & instructions for healthcare professionals**
* **Follow up outcome**
* Precluded by the following text

**EPR Performance dashboard for the CURE team**

Using the electronic data captured in these two forms we require a performance dashboard for real-time service analysis.

**The metrics would as follows:**

* **Total number of active smokers admitted to Wythenshawe Hospital**
* **Total number of smokers (and % of total smokers) given brief advice**
* **Total number of smokers (and % of total smokers) that accept NRT prescription**
* **Total number of smokers (and % of total smokers) that have an electronic initial assessment completed within 6hrs of admission to the ward**
* **Time from admission to NRT commencing**
* **Total number of smokers (and % of total smokers) that consent to CURE team specialist assessment**
* **Total number of smokers (and % of total smokers) that have a CURE team specialist assessment within 24 hours of referral**
* **Distribution of low, moderate and high level addiction in smokers**
* **Quit rate at 4 week clinic assessment – total number of successful quits and a proportion of all smokers (and proportion that are self-reported and chemically validated)**
* **Proportion of patients reporting each individual side effect at 1-2 week follow up and at 4 week follow-up – total number and as a proportion of all smokers**