

Utah Healthcare Tobacco Treatment Guideline

Ask

Identify and ensure documentation of tobacco use status (current, former, never) for every patient on his or her initial clinic visit.

Update the tobacco-use status of all adolescents at least annually.

Update the tobacco-use status of all adult tobacco-users at least annually.

Update the tobacco-use status of all adult, former tobacco-users who have used tobacco in the last 5 years at least annually.

Advise

In a clear, strong, and personalized manner advise every smoker to quit.

Assess

Ask each tobacco-using patient, "Are you ready to try to quit using tobacco?"

Provide a motivational intervention to all patients unwilling to quit: Discuss the Relevance of quitting to the patient, Risks of tobacco use, Rewards of quitting and solutions to Roadblocks. Repeat at each visit.

Review past quit attempts to assess cessation strategies which do and do not work for the patient.

Diagnose and treat underlying affective disorders, including anxiety and depressive disorders, that inhibit success of cessation treatments.

Assist

Help patients to set a quit date within 2 weeks.

Help the patient make plans to:

- Tell family and friends about their decision to quit and request support.
- Anticipate and plan for challenges to the quit attempt, including nicotine withdrawal symptoms, particularly in first few weeks.
- Remove tobacco from home, work & car.
- Avoid alcohol.

Recommend FDA-approved pharmacotherapies to patients that desire to quit as indicated.

Offer FDA-approved pharmacotherapies to hospitalized patients who use tobacco as indicated.

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Refer the patient to the Utah Tobacco Quit Line (1,800.QUIT.NOW), Utah QuitNet (<http://utahquitnet.com>) or to another group or individual cessation counseling service providing 90-300 minutes of counseling divided into at least 4 sessions.

Distribute tobacco cessation resources such as self-help manuals and Quit Line referral cards.

Arrange and Follow-Up

Schedule follow-up, either in person or on the phone.

Provide relapse prevention intervention for all former tobacco users, including congratulations for quitting, strong encouragement to remain abstinent and a brief discussion of the benefits derived from quitting and how to solve any problems encountered or anticipated threats to continued abstinence.

Provide prescriptive relapse prevention interventions to patients that indicate problems with maintaining abstinence.

For more information contact the Utah Tobacco Prevention and Control Program

Telephone: 1.877.220.3466 **Web:** <http://www.tobaccofreeutah.org>