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**MEDICAL DIRECTIVE**

**Title:** Administration of Nicotine Replacement Therapy by Health Professionals at Pinewood Centre of Lakeridge Health

**Approved by/Date: Medical Advisory Comm. – Mar 25, 2014**

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**Authorizing physician(s)/nurse practitioner**

Dr. Eli Sagi, Chief of Psychiatry, Medical Director, Mental Health and Pinewood Centre  
Dr. Ihab Sorial, Psychiatrist, Mental Health and Pinewood Centre  
Dr. John Hunchak, General Practitioner, Mental Health and Pinewood Centre  
Susan Grabias, Nurse Practitioner, Pinewood Centre

**Authorized to who**

Health Professionals (HPs) who are employed by Pinewood Centre of Lakeridge Health. These HPs must have completed the educational requirements outlined below in the section titled 'Educational Requirements'.

This medical directive will be monitored by the director or manager of Pinewood Centre of Lakeridge Health. The HP implementing this medical directive will seek clarification or consultation from the authorizing physician regarding individual client issues/care as needed.

A current or updated list of those HPs certified to implement this medical directive will be maintained by the Program Collaborator and/or authorized representative of Pinewood Centre of Lakeridge Health.

**Patient Description / Population**

This medical directive can only be implemented for clients of Pinewood Centre of Lakeridge Health who currently use nicotine products and express interest in stopping smoking. provide signed, informed consent to participate in the **STOP with Addictions** program, in accordance with program guidelines.

**Medical Directive Description/Physician's Order**

Prior to dispensing any nicotine replacement within this medical directive, HPs must assess client status including:

- Allergies
- Smoking status (i.e. number of cigarettes per day)
- Time to first cigarette after waking
- Length of use (cigarettes)
- Readiness to change

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Originating Committee: Mental Health & Addictions Program Council – May 14, 2013  
Medical Advisory Committee: March 25, 2014

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- Goals (reduction, abstinence)
- Prior experience with any NRT (side effects, reactions, etc.)

The following is a list of medications covered by this Medical Directive:

<b>MEDICATION/DOSAGE:</b> Nicotine Replacement Therapy	<b>INDICATIONS</b>	<b>CONTRAINDICATIONS &amp; CAUTIONS</b>
<p><b>Nicotine Patch</b> <i>Can be given alone or in combination with nicotine gum, lozenge or inhaler.</i></p>		
Nicotine Patch (21 mg) per 24 hours	Smoking 15 or more cigarettes per day (CPD)	Contact hypersensitivity to the patch (signs and symptoms may include erythema, pruritis, edema, hives or generalized rash or urticaria).  Concurrent varenicline (Champix) therapy.  Pregnancy, lactation, recent MI/stroke, severe angina, life-threatening arrhythmias.*
Nicotine Patch (14 mg) per 24 hours	Smoking 7-14 CPD	As above
Nicotine Patch (7 mg) per 24 hours	Smoking less than 7 CPD, or unable to tolerate higher doses of NRT	As above
<p><b>Nicotine Gum</b> <i>Can be used alone or in combination with nicotine patch.</i></p>		
Nicotine Gum (2 mg) Q1H PRN	Willing to learn the proper technique	Unable to chew gum; Wears dentures; Active



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Max dose 10 pieces of gum per 24 hours	since the nicotine has to be absorbed across the buccal mucosa.	TMJ dysfunction.  Concurrent varenicline (Champix) therapy.  Pregnancy, lactation, recent MI/stroke, severe angina, life-threatening arrhythmias.*
<b>Nicotine Inhaler</b> <i>Can be used alone or in combination with nicotine patch.</i>		
Nicotine Inhaler (10 mg) Q1H PRN  (delivers 4 mg nicotine per cartridge)  Max dose 16 cartridges per 24 hours.	Willing to learn the proper technique.  Unable to tolerate or use nicotine gum.	Concurrent varenicline (Champix) therapy.  Severe bronchospastic disease (asthma-like).  Pregnancy, lactation, recent MI/stroke, severe angina, life-threatening arrhythmias.*
<b>Nicotine Lozenge</b> <i>Can be used alone or in combination with nicotine patch.</i>		
Nicotine Lozenge (2 mg) Q1H PRN  Max dose 10 lozenges per 24 hours.	Willing to learn the proper technique since the nicotine has to be absorbed across the buccal mucosa.  Unable to use or tolerate nicotine gum or inhaler.	Concurrent varenicline (Champix) therapy.  Pregnancy, lactation, recent MI/stroke, severe angina, life-threatening arrhythmias.*

*Note: Client can select between gum, inhaler or lozenge – order must be specific as to which one.*

\*Recent studies have shown that using NRT is safer than smoking. If you have a client who is pregnant or lactating, or who has a history of MI, stroke,



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heart disease, or any angina/arrhythmias, consult with a physician before initiating NRT. The HP can then continue these clients on NRT and reduce dosages accordingly. Any *increase* in dosage should be done in consultation with the physician.

If a client experiences nausea or vomiting, diaphoresis, tremors, light-headedness, confusion, racing heart or weakness after using NRT, this could mean they are receiving too high a dose (signs of nicotine toxicity). In this case, discontinue its use, discourage the client from smoking, monitor the client and notify a physician. Once the client's condition stabilizes, the physician can try a lower dose and continue to monitor the client closely for the above signs.

**Specific conditions/circumstances that must be met before the Directive can be implemented**

Health Professionals (HPs) who are employed by Pinewood Centre of Lakeridge Health. These HPs must have completed the educational requirements outlined below in the section titled 'Educational Requirements'.

HPs must have received formal training in smoking cessation treatment (e.g., TEACH 3-day core course or equivalent). This training needs to include indications for the use of NRT, contraindications, signs and symptoms of nicotine withdrawal and overdose, and actions to be taken if the client presents with the above. The HP will also need to complete STOP Program Operations Training prior to administering NRT.

**Contraindications to the implementation of the Directive**

- Clients taking varenicline (Champix)
- Known history of (or newly presenting) adverse side effects, drug sensitivity or allergy
- Recent Myocardial Infarction (MI) or stroke (in the past two weeks), cardiac disease, severe or worsening angina or arrhythmias
- Pregnancy, lactating

These are not absolute contraindications; recent studies have shown that using NRT is safer than smoking. HPs will consult with the physician before initiating NRT for clients with these conditions. The HP can then continue these clients on NRT and adjust dosages accordingly. Any *increase* in dosage should be done in consultation with the physician.

In the event of a Serious Adverse Event (SAE), Pinewood Centre of Lakeridge Health shall report to STOP staff within 72 hours of knowledge of the event. A SAE is any untoward medical occurrence or effect that:



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- Results in death
- Is life-threatening
- Requires hospitalization or prolongation of existing inpatients' hospitalization
- Results in persistent or significant disability or incapacity
- Is a congenital abnormality or birth defect

**Identify relevant Delegated Control Act or Added Skill associated with this Directive**

Under the *Regulated Health Professions Act*: Controlled Act: #8: Prescribing, dispensing, selling or compounding a drug as defined in clause 113 (1) (d) of the Drug and Pharmacies Regulation Act, or supervising the part where such drugs are kept, requires a medical directive when such acts are delegated to other health care professionals.

1. Health Professionals (HPs) employed by **Pinewood Centre of Lakeridge Health** on the authority of this medical directive, may initiate orders to administer the nicotine patch, gum, lozenge and/or inhaler directly to clients of **Lakeridge Health** without prior consultation with a physician, under defined circumstances (as stipulated by **Pinewood Centre of Lakeridge Health**). The HP and their supervisor must believe that he/she has the knowledge, skill and judgment to implement this medical directive, and must have completed the educational requirements as outlined below.
2. In addition, the HP may continue and/or adjust a client's NRT orders if previously implemented.
3. The HP may initiate and continue NRT above the usual recommended dosage or in combination of different NRT formulations, as appropriate, consistent with current practice.
4. If a HP requires clarification of this medical directive, he/she should consult the authorizing physician, as noted in this directive.

**Documentation requirements**

Health Professionals (HPs) in Pinewood Centre of Lakeridge Health that are executing this medical directive will be required to document it on the STOP Program Initial Visit and/or Follow-Up Visit Forms. Items to be documented include:

- Date
- Drug (route of NRT administered)



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- Dosage
- Lot number
- Signature of HP

The HP must document what assessment he/she completed in determining the need to execute the directive, discussion with the client, as well as an evaluation of the client's response to the implemented treatment (as outlined in the STOP Program Initial Visit and Follow-Up Visit Forms).

**Educational Requirements**

In keeping with the provincial initiative led the Centre for Addiction and Mental Health, HPs must have received formal training in smoking cessation (e.g. TEACH 3-day core course or equivalent). This training needs to include indications for the use or NRT, contraindications, signs and symptoms of nicotine withdrawal and overdose, and actions to be taken in the clients presents with the above. The HP will also read and remain familiar with the STOP Program Operations Training.

**Review/Evaluation Process (how often/by who)**

This medical directive will be monitored by the Director, Mental Health and Pinewood Centre Program. The HP implementing this medical directive will seek clarification or consultation from the authorizing physician regarding individual client issues/care as needed.

A current or updated list of those HPs certified to implement this medical directive will be maintained by the Program Collaborator (Pinewood Senior Addiction Counsellor), and updated monthly for the Manager and Director.

**Related Documents**

Please refer to the Project Protocol (July 2012) and Operations Manual (2013) for additional information.