



NHS Tobacco Dependence Treatment Care Bundles for Mental Health Hospitals: **Clinical checklists**

Table 1 provides an overview of the NHS Inpatient Tobacco Dependence Treatment Care Bundlesfor Mental Health Hospitals. The three bundles are the:

Point of Admission Care Bundle

Responsible Team: Admission Team

Providing immediate brief advice, rapid management of tobacco withdrawal and opt-out automated referral (or notification) by ward staff to the in-house Tobacco Dependence Team at the point of admission.

Inpatient Care Bundle

Responsible Team: Tobacco Dependence Team

Providing personalised tobacco dependence support from a specialist TDA, including assessment and development of treatment plan.

Post-Discharge Care Bundle

Responsible Team: Tobacco Dependence Team or Community Stop Smoking Service (Transfer of Care)

The offer of a post-discharge treatment and support package by specialist TDA, including the provision of tobacco dependence aids and referral to specialist support in the community.

Clinical Checklists

This NHS Standard Treatment Plan (STP) for Inpatient Tobacco Dependence is a guide to support delivery of the three Inpatient Tobacco Dependence Treatment Care Bundle. The STP is designed to ensure patients receive consistent intervention based on evidence-based practice and provide patients with the best possible chance of having a smokefree hospital admission and long-term abstinence.

The Clinical Checklists correspond to the consultations outlined in the STP and provide a quick reference for what should be included at each contact. The checklists are designed to allow NHS staff to 'build' their portfolio of skills and can be used as a memory aid during consultations. These Clinical Checklists should be viewed as a guide and can be tailored in terms of order in which elements of support are discussed, patient needs, and time available.

The STP should be referenced for more detailed guidance. www.ncsct.co.uk/publications/STP-inpatient-mental-health

Table 1: Overvi	ew of the NHS Inpatie	nt Tobacco Dependence Treatment Care Bundles

Bundle	Responsible Team	Care Bundle Details	
Point of Admission Care Bundle	Admitting Team (Target for completion: Ideally within 30 minutes of admission but always within two hours)	 Brief advice and acute management of tobacco withdrawal IDENTIFY - Identify tobacco use and vaping status. Conduct carbon monoxide test. Any patient that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE - Provide brief advice and inform about available treatment and support. TREAT - Initiate treatment with a nicotine vape (for adults, if risk assessment permits) and/or combination NRT. REFER - Inform patient they will be referred to the in-house Tobacco Dependence Team and complete referral using local pathway. RECORD - Tobacco dependence diagnosis is recorded in patient medical record, ideally in the admission diagnosis list and management plan. 	
Inpatient Care Bundle	Trust inpatient Tobacco Dependence Team (Target for completion: Within 24 hours of admission)	 Initial assessment and treatment plan Complete assessment of severity of tobacco dependence Titrate/adjust nicotine vape and NRT (as needed) Advise on managing urges to smoke and coping strategies Test carbon monoxide (CO) level and discuss result Discuss patient's smokefree goal/plan Provide brief motivational intervention (as appropriate) 	
	Trust inpatient Tobacco Dependence Team (Typically weekly and more frequently if needed)	 Follow-up consultations (whilst in hospital) Assess treatment response Ensure correct use of vape/NRT Repeat CO test and provide feedback Review and revise treatment plan Consider use of nicotine analogue medications where appropriate Provide behavioural support 	
	Trust inpatient Tobacco Dependence Team	 Discharge planning and referral to community support Provide referral for ongoing support and to continue 12-week course of vape/NRT/nicotine analogue medication On discharge, provide supply of combination NRT/other aids (minimum recommended supply is two weeks) Ensure tobacco treatment plan is included in discharge summary and incorporates: behavioural support provided, treatment provided and details of referral to community stop smoking support 	
Post- Discharge Care Bundle	Trust inpatient Tobacco Dependence Team or Community Stop Smoking Service (Transfer of Care) (Target for completion: four weeks post- discharge)	 7-14 day post-discharge telephone contact Check smoking status, ongoing use of tobacco dependence treatment aids, check engagement with community-based tobacco dependence support, liaise with community support if appropriate. Four week follow-up contact and outcome assessment Document smoking status, ongoing use of tobacco dependence treatment aids, check engagement with community-based tobacco dependence treatment aids, check engagement with community-based tobacco dependence support, liaise with community support if appropriate. 	

The Point of Admission Care Bundle

Brief advice and acute management of nicotine withdrawal

Timeframe: Ideally within 30 minutes of admission but always within two hours of admission **Responsible Team:** Admitting Team **Duration:** 5–10 minutes

Brief	clinical checklist	Done
1	DENTIFY current tobacco and vape use (last 14 days)	
	 "Do you currently smoke or use any other tobacco?" > If yes, complete checklist; If no, record 	
	"Do you currently vape?" > If yes, support with continued use and record	
	Measure and record carbon monoxide (CO) level	
2 A	ADVISE – Provide brief advice on:	
•	Hospital's smokefree policy: <i>"All NHS hospitals including this one are completely smokefree, both in the buildings and on the grounds. This is to protect the health and wellbeing of patients and staff."</i>	
	• Available treatment and support: "Whilst you are in hospital it is important that we help you manage the withdrawal symptoms and urges to smoke yo may experience. We can give you a vape or nicotine replacement therapy th will make it much easier for you to not smoke."	
3 T	REAT – Initiate rapid treatment protocol with nicotine vape or combination NF	۲T
	Complete risk assessment to ascertain if patient can safely use a vape/NRT	
	Assess tobacco dependence: "On a typical day, how many cigarettes do you smoke See dosing guidelines (on next page).	?"
	Provide instructions for use of selected vape/NRT products	
	Nicotine vapes > "Use the vape regularly throughout the day and when urg to smoke occur. Take slow puffs on the vape to draw the vapour into your mouth and then inhale into your lungs."	es
	Combination NRT > "Use a new patch every day and use the fast-acting NRT on the hour, every hour and as needed to manage urges to smoke and withdrawal symptoms."	
4 R	REFER – Complete referral to the in-house Tobacco Dependence Team	
	Inform patient: "A member of our Tobacco Dependence Team will come and you to check how you're doing and provide additional support during your in hospital."	
	RECORD tobacco dependence in admission diagnosis and treatment details n the care plan	

The Point of Admission Care Bundle

Brief advice and acute management of nicotine withdrawal

Dosing guidelines

Tobacco dependence	Initial dosing guidance	
Low level dependence <10 cigarettes per day	 3–12mg/ml vape; or Fast-acting NRT product; or 10–15mg NRT patch 	
Moderate level dependence 10–19 cigarettes per day	 12–20mg/ml vape (1 daily); or 21 or 25mg patch + fast-acting NRT product 	
High level dependence 20–29 cigarettes per day	 18-20mg/ml vape (1-2 daily); or 18-20mg/ml vape (1 daily) + 21 or 25mg NRT patch; or 21 or 25mg NRT patch + fast-acting NRT product 	
Very high level dependence >30 cigarettes per day	 18-20mg/ml vape (2-3 daily); or 18-20mg/ml vape (1-2 daily) + 21mg or 25mg NRT patch; or 2 x 21 or 25mg NRT NRT patch + fast-acting NRT product 	

Prior to the consultation

Conduct medications review (See Appendix 12 for interactions with smoking)

Following the consultation

Record tobacco dependence in the admission diagnosis list	
Record details of treatment in care plan	
Arrange provision of nicotine vapes or NRT	
Complete referral to/notify in-house Tobacco Dependence Team using local protocol	
For patients taking clozapine or olanzapine, or other medication where smoking affects drug metabolism, consult with prescriber on dose adjustment as per local protocol (See Appendix 12)	
Record baseline carbon monoxide (CO) test result	

The Inpatient Care Bundle

Initial assessment and treatment plan

Timeframe: Within 24 hours of admission **Responsible Team:** Hospital Tobacco Dependence Team **Duration:** 15–45 minutes

Cli	nical checklist	Done
1	Establish rapport and learn about how the patient is managing their tobacco dependence	
2	Provide personalised advice and inform about available support	
3	Conduct assessment	
	 Assess patient's level of tobacco dependence 	
	 Assess withdrawal symptoms and urges to smoke 	
	Assess current treatment use (frequency, correct technique, dose)	
4	Agree to treatment plan and provide specialist support during hospital stay	
	 Advise on importance of tobacco dependence aids and instructions for use 	
	 Titrate/adjust nicotine vape or NRT (as needed) and/or consider use of nicotine analogue 	
	 Advise on managing urges to smoke and planning personal coping strategies 	
	 Explain and conduct carbon monoxide (CO) testing 	
	Discuss patient's smokefree goal/plan during and beyond hospital admission	
	Provide motivational intervention (as appropriate)	
5	Provide summary, agree to next follow-up, and prompt commitment	
	Provide summary and ask about any questions	
	Prompt commitment from patient to treatment plan and staying smokefree or harm reduction goal	

Communication skills used

Build rapport	Use reflective listening	
Boost motivation and self-efficacy	Provide reassurance	

Record assessment and treatment plan, update disease management plan	
Arrange continued supply of nicotine vape, combination NRT or nicotine analogue	
Communicate with patient's treating team	

The Inpatient Care Bundle

Follow-up consultations (whilst in hospital)

Timeframe: Based on length of stay and patient complexity **Responsible Team:** Hospital Tobacco Dependence Team **Duration:** 10–15 minutes

Cli	nical checklist	Done
1	Check on patient progress Provide positive reinforcement 	
2	Measure carbon monoxide (CO)	
3	 Assess treatment response Assess withdrawal symptoms and urges to smoke and how they have dealt with them Confirm correct use of treatment (frequency, technique); address any side effects Discuss any difficult situations experienced and method of coping 	
4	 Review and revise treatment plan Adjust treatment plan as needed; advise on continued use of aids Consider addition of second aid Discuss strategies for coping with urges to smoke Discuss personal smoking routines, triggers, high risk situations and coping strategies Reassess patient's tobacco treatment goals and confidence in remaining smokefree Provide information about community follow-up support (as appropriate) 	
	 For patients focusing on temporary abstinence: Provide brief motivational intervention (as appropriate) Assess interest in harm reduction ('Cut Down and Then Stop' with use of vape or NRT) Provide information about community follow-up support (as appropriate) 	
5	 Provide summary and prompt commitment for staying smokefree Address any questions or concerns Prompt commitment from patient for staying smokefree or achieving harm reduction goals 	
Co	mmunication skills used	

Build rapport Use reflective listening Boost motivation and self-efficacy Provide reassurance

Document consultation in patient record	
Coordinate NRT, vape or nicotine analogue	
Communicate with care team (as needed)	
Communicate with prescribers (as needed)	
Coordinate community referral (as needed)	

The Inpatient Care Bundle

Discharge planning

Timeframe: Prior to discharge based on length of stay Responsible Team: Hospital Tobacco Dependence Team **Duration:** 5–10 minutes

1	Assess progress and any challenges experienced, provide positive reinforcement and reassess readiness to stop or reduce smoking	
2	Discuss continued use of treatment and provide supply of tobacco dependence aids	
3	Discuss importance of support following discharge from hospital	
	 Discuss importance and review plans for post-discharge support 	
	Inform patient of post-discharge follow-up calls/contacts	
4	Provide guidance on staying smokefree/reducing smoking following discharge	
	Discuss plan/tips for staying smokefree following discharge	
	Discuss plan for dealing with urges to smoke	
	Reinforce the importance of abrupt cessation and dealing with any lapses	
	 Identify support persons and plan ahead for patients with other people who smoke in the home 	
	If relevant, remind the patient about the impact of smoking on the metabolism of their medication, and the need to inform their doctor if they start smoking again, so that medication can be adjusted	
5	Provide a summary and address any questions or concerns	
	Prompt commitment from patient to staying smokefree or achieving harm reduction goals	

Build rapport	Use reflective listening	
Boost motivation and self-efficacy	Provide reassurance	

After the consultation

Document consultation in patient record Provide a supply of NRT and/or e-liquid/pods/nicotine analogues to be used post-discharge (minimum recommended supply is two weeks). If the patient is taking cytisine, provide the remaining tablets in the pack to reach the end of the 25-day treatment. Communicate with patient's care team (as needed) Communicate with prescribers (as needed) Coordinate community referral (as needed)

The Post-Discharge Care Bundle

7-14-day post-discharge telephone contact

Timeframe: 7–14 days post-discharge **Responsible Team:** Hospital Tobacco Dependence Team or Community Stop Smoking Service (Transfer of Care) **Duration:** 5–10 minutes

Clinical checklist

Done

1	Establish rapport and explain the reason for the call	
2	Assess smoking status and reassess smokefree goals	
3	Assess medication/vape use and supply	
4	Confirm access to community-based support, briefly address barriers, review options and refer as appropriate	
5	Provide a summary and schedule 28-day follow-up	

Communication skills used

Build rapport	Use reflective listening	
Boost motivation and self-efficacy	Provide reassurance	

Document consultation in patient record	
Coordinate community referral (as needed)	
Liaise with care team (mental health and GP) if the patient's smoking status has changed and the medication needs to be reviewed, according to local protocol	

The Post-Discharge Care Bundle

Four-week follow-up contact and outcome assessment

Timeframe: 28 days post-discharge Responsible Team: Hospital Tobacco Dependence Team or Community Stop Smoking Service (Transfer of Care) Duration: 10 minutes Format: By telephone or in-person

Clinical checklist

1 Learn about progress and assess current smoking status, reassess smokefree goals

2 Assess medication / vape use and supply

- **3** Confirm access to community-based support, briefly address barriers, review options and refer as appropriate
- Provide a summary and positive reinforcement

Communication skills used

Build rapport	Use reflective listening	
Boost motivation and self-efficacy	Provide reassurance	

Document consultation in patient record	
Document 28 day smoking status in using locally established protocols for national dataset	
Coordinate community referral (as needed)	