

## Quit Smoking/Reduction Plan For:

### Goal Statements:

- 
- 
- 

### Strategies:

- 
- 
- 

### My Rewards:

- 
- 

### Next Scheduled Counseling Session:

Date:

Time:

Contact #:

### Smoking Cessation Counselors:

Telephone Number:

## Motivation Interviewing Session #1:

Date	TC Name	Action	Room #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This session took place from \_\_\_\_\_ to \_\_\_\_\_.

In person

Phone

Video

Research participant is the parent of a \_\_\_\_ year old child, named \_\_\_\_\_ admitted for \_\_\_\_\_ . Expected discharge date is \_\_\_\_\_ .

### Notes from Approach/Baseline Assessment:

Smoking habits

are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Smoking exposure to child is

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Research participant is interested in:

Quitting

- Research participant has set a quit date of \_\_\_\_\_ .

- Research Subject is ready for change. Action steps and strategies are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

---

- Reducing ( Child's SHS Exposure  Reduce their smoking)
- Research participant has decided to reduce exposure and/or reduce smoking by doing \_\_\_\_\_

---

---

---

- Not ready
- Research Subject is not ready to attempt change at this time because

---

---

---

- Unsure
- Research participant is unsure about change at this time because

---

---

---

Assessment Scale for quitting or reduction is \_\_\_\_\_. This number was chosen based on

---

---

---

Assessment Scale for confidence in quitting or reducing is \_\_\_\_\_. This number was chosen based on

---

---

---

Assessment Scale for readiness for change is \_\_\_\_\_. This number was chosen based on

---

---

Ambivalence statements (stated pros and cons) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Research participant challenges and barriers are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Discuss and note all Goals, Strategies, and Rewards on Quit or Reduce Plan**

Session notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following handouts were provided:

- Cost of Smoking and Quitting Information Sheet
- Nicotine Replacement Therapy Information Sheet
- Quitline Brochure
- Secondhand Smoke Exposure Information Sheet
- Tobacco Log (for smoking reduction)
- Discharge Summary Plan (3 copies)
- Smoking Cessation Starter Kit

Discharge Summary letter provided to parent?

- Yes
- No
- Not applicable

The following NRTs were provided

- Nicotine patch \_\_\_\_\_ mg
- Nicotine gum \_\_\_\_\_ mg
- Nicotine lozenge \_\_\_\_\_ mg

Next MI session scheduled for (date and time) \_\_\_\_\_

Documented in EPIC (date): \_\_\_\_\_.



Review current rewards, goals, or strategies, note any changes: \_\_\_\_\_

---

---

---

---

---

---

NRT status:

---

---

---

---

---

---

Confirmed the contact information collected from the Patient Information form is still correct:

- Yes
- No

Updated contact information: \_\_\_\_\_

---

**Next MI session scheduled for (date and time)** \_\_\_\_\_.

Documented in EPIC (date): \_\_\_\_\_

Date file closed: \_\_\_\_\_.

## PCP Letter (Written for research)

Dear Dr. \_\_\_\_\_;

Your patient, \_\_\_\_\_, was identified while they were hospitalized at the XXX as having a parent who smokes cigarettes. Our study team is investigating the best way to provide smoking cessation and smoke exposure reduction counseling to smoking parents of hospitalized children, and your patient's parent(s) agree to participate in our study. In this pilot study, which was approved by our Institutional Review Board, we are randomizing smoking parents to receive usual care (information about the Colorado Quitline), or an intervention with brief motivational interviewing, recommendations for nicotine replacement therapy when appropriate, and follow up counseling with a member of our tobacco counseling team. Your patient's parent(s) were randomized to the intervention group, and we are providing you with a summary of their visits with the tobacco counselors, and any follow-up plans that were made as a part of these sessions. We hope that you will use this information to follow up with the parents about their progress, and continue to reinforce the positive benefits that smoking cessation and/or exposure reduction will have on their child.

If you would like more information about smoking cessation counseling in the primary care setting, or about the benefits or reducing smoke exposure for your patients and their families, please do not hesitate to contact me at XXX, or XXX. In addition, there are many resources about children and secondhand tobacco smoke that can be found at [www.aap.org/richmondcenter](http://www.aap.org/richmondcenter).

Sincerely,  
Signature

## Discharge plan

Date of discharge:

Tobacco Counselor Name:

Contact number:

Name of parent in intervention:

Stage of change:

Current goals:

Summary of intervention:

Medications recommended:

Next steps:



## SHS and Children

### What is Secondhand Smoke (SHS)?

SHS comes from burning tobacco products and contain over 7,000 chemicals, 70 of which are known to cause cancer including formaldehyde, arsenic, acetone, ammonia, lead, and butane. SHS includes the smoke from the lit end of a tobacco product and the exhaled smoke of the smoker.

Twenty-five percent of children in the U.S. live with a smoker and more than 300,000 children suffer each year from infections caused by tobacco smoke.

Children whose parents smoke outside have lower levels of exposure, but they are still at levels that are associated with disease. SHS can linger on a smoker's clothes, hair, and skin resulting in exposure.

According to the 2006 surgeon general's report, there is **no** safe level of exposure to SHS. Breathing even a small amount of tobacco smoke is harmful to your health.

**Children's exposure to secondhand smoke is involuntary.**

Due to their developing organs, immune systems, and bodies, children are particularly susceptible to the harms of secondhand smoke.

Exposure to SHS can cause heart attacks and even death.

### Secondhand smoke exposure causes:

- More frequent and severe asthma attacks
- Ear infections
- Pneumonia
- Colds and upper respiratory infections
- Sinus infections
- Coughs or bronchitis
- Croup or laryngitis
- Weakened lung growth
- Respiratory distress
- Increased incidence of ear infections
- Shortness of breath
- Increased risk of Sudden Infant Death Syndrome (SIDS)

### Steps YOU Can Take to Quit:

- Set a quit date.
- Throw your cigarettes away.
- Tell your family and friends about your quit date. Ask for their support and encouragement.
- Stay away from other smokers.
- Learn new ways to relax and manage stress.
- **Text "Quit" to iQuit (Text 7848 to 47848)**

### Steps YOU Can Take to Reduce Exposure:

- Choose not to smoke in your home or car and don't allow others to do so.

- Choose to smoke outside and away from people especially children, who are particularly vulnerable to the harmful effects of SHS.
- Do not allow babysitters, caregivers or others to smoke in your home or near your children.
- Talk to your children's educators about keeping the places where your children spend time smoke-free and free of indoor allergens.
- Remember if you smoke your child is also more likely to begin smoking.

**Withdrawal Symptoms:**

- Irritability and anger
- Anxiety
- Depressed mood
- Restlessness
- Sleep disturbance
- Increased appetite

**Smoke Free Living:**

- Live healthier
- Breath easier
- Smell good
- Improved blood flow
- Healthier looking skin
- More energy
- Feel better

**References:** <http://www.lung.org/associations/states/colorado/tobacco/shs-and-children.html>  
<http://www.surgeongeneral.gov/library/reports/tobaccosmoke/>

<http://women.smokefree.gov/benefits-of-quitting.aspx>

## INSPIRE NRT REQUEST

Date: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent DOB: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_  
Patient room number: \_\_\_\_\_  
Support coach requesting NRT: \_\_\_\_\_ Support coach contact number to call when ready: \_\_\_\_\_  
Tube Station No. for NRT Return: \_\_\_\_\_

### **Parent Assessment:**

How many cigarettes do you smoke per day?

<u>Amount</u>	<u>Dose recommendation</u>
<input type="checkbox"/> 20+ cigarettes	-> 21 mg patch + 4 mg gum/lozenge
<input type="checkbox"/> 10-20 cigarettes	-> 21 mg patch + 2 mg gum/lozenge
<input type="checkbox"/> < 10 cigarettes	-> 14 mg patch + 2 mg gum/lozenge

### *NRT Order:*

Nicotine gum:  2 mg Fruit  2mg Mint  
 4 mg Fruit  4mg Mint  
Nicotine lozenge  2 mg  4mg  
Nicotine Patch:  21 mg/24hr  14 mg/24hr

### **Parent statement:**

I am not currently pregnant. I do not have a history of cardiac disease, and I am not allergic to the medications in nicotine replacement therapy as far as I know. I understand there are risks associated with nicotine replacement therapy, and that this is an over the counter medication. I will read and follow the instructions provided.

Signature: \_\_\_\_\_

\*Support coaches: please call the pharmacy and provide notice that an NRT request for the study is being sent.

\*White copy – Pharmacy

Yellow copy – INSPIRE Study Team

Pink copy - Participant

## Estimated Cost Per Day

Pharmacotherapy		Smoking
Patch	\$3.00	1 pack \$5.50
Bupropion	\$3.23 to \$7.00	1 ½ packs \$8.25
Varenicline	\$4.36	2 packs \$11.00
Gum/Lozenge	\$3 to \$6.50	2 ½ packs \$13.75
Spray	\$5.00	3 packs \$16.50
Inhaler	\$10.00	

The smoking costs presented in this table are based on the national average price per pack, as reported by Campaign for Tobacco Free Kids, August 2010. <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf>

## Reason for Quitting Card

### I AM A NON SMOKER AND HEALTHIER!

My Reasons for Quitting: \_\_\_\_\_  
\_\_\_\_\_

My Triggers to Avoid: \_\_\_\_\_  
\_\_\_\_\_

My NRT: \_\_\_\_\_  
\_\_\_\_\_

#### My Health Habits:

Exercise: <sup>1.</sup> Helps decrease appetite <sup>2.</sup> Reduces Stress <sup>3.</sup> Relieves moodiness

Relaxation: <sup>1.</sup> Reduces stress <sup>2.</sup> Improves Sleep <sup>3.</sup> Can help with feelings of depression <sup>4.</sup> Can help get rid of headaches/dizziness

Diet: <sup>1.</sup> Eat more fruits and vegetables <sup>2.</sup> Drink Plenty of water: To curve cravings/increased appetite and dry mouth/coughing

### I AM A NON SMOKER AND SAVING \$\$\$

Ways to Relax: <sup>1.</sup> Deep Breathing <sup>2.</sup> Visualization <sup>3.</sup> Listen to Music  
<sup>4.</sup> Gentle Stretches/Exercise

Cravings? <sup>1.</sup> Call for Support <sup>2.</sup> Toothpicks/ Sugar Free Gum or Hard Candy <sup>3.</sup> Vegetable Snacks <sup>4.</sup> Relax <sup>5.</sup> Exercise <sup>6.</sup> Stay Busy

My Inspiration: \_\_\_\_\_  
\_\_\_\_\_

My Rewards Are: \_\_\_\_\_  
\_\_\_\_\_

My Quit Date is: \_\_\_\_\_  
\_\_\_\_\_

### I AM A NON SMOKER & I AM IN CONTROL!