

Youth Tobacco Cessation: Inpatient Case Study:

15 year old with asthma exacerbation

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ACT (ASK-COUNSEL-TREAT) MODEL

- Pediatric tobacco use and nicotine dependence are **significant** health concerns.
- Despite declines in cigarette use, youth still use tobacco products—including **e-cigarettes**—at high rates.
- Adolescents and young adults are uniquely vulnerable to nicotine dependence, and **the majority of adults who smoke initiate use during adolescence.**
- The **ACT (Ask-Counsel-Treat) Model** was designed to provide an approach for discussing tobacco cessation that is both meaningful and brief (2-3 minutes).
- AAP developed this case study to demonstrate use of the ACT model in an inpatient setting.



ACT SUMMARY

- Pediatric health clinicians have a collective responsibility to identify youth who use tobacco and connect them with the resources they need to quit successfully.
- The ACT model is used to facilitate conversations with youth about tobacco cessation.
- The ACT model is designed to minimize time and burden on the pediatric health clinician and maximize the patient's chances of a successful quit.
- The ACT model can be used universally with all pediatric patients ages 12+.
- This resource **does not** serve as official policy of the AAP, or as a clinical guideline. Rather, this resource is designed to provide practical advice and considerations for addressing tobacco cessation in youth.
- More information on youth tobacco cessation can be found at aap.org/cessation



Inpatient Case Study: Background

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Patient Information

15 y/o East Indian female admitted to PICU for status asthmaticus

HPI:

- symptoms started 3 days ago
- initially albuterol every 3 – 4 hours at home was helping, but symptoms became significantly worse on the day of admission
- second PICU admission for asthma in the past year

Initial Vitals: RR = 36; SpO₂ = 85% on RA

Meds:

- albuterol
- daily asthma controller medication (cannot remember which one); uses “most days”

ROS (pertinent positives):

- unable to practice with volleyball team without becoming short of breath
- has used albuterol at least 3 times per week for several months
- parents unaware of any tobacco product use

Other Info:

- heterosexual; pronouns: she/her



Inpatient Case Study:

Ask (Screen)

Counsel

Treat

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Ask – Counsel – Treat

SCREEN FOR TOBACCO USE WITH EVERY YOUTH AGE 11+ AT EVERY CLINICAL ENCOUNTER.

Structure the environment to support confidentiality and encourage accurate disclosure.

Ask about all tobacco products, including e-cigarette or vaping products, hookah and smokeless products

Use specific product names examples common to your community.*
ex: JUUL, Puff Bar, Suorin, Vuse

Assess secondhand exposure risk by asking about tobacco products used by friends, family, or in the home.

* Product use often varies between communities. Visit the ACT module to view illustrations of common products.

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CREATE A SPACE FOR CONFIDENTIALITY & TRUST

Clinical Environment

- Use inclusive language (ex. use patient's pronouns, non-gendered language) when having conversations
- Build trust and rapport
- Use private, 1-on-1 time to discuss sensitive topics

Caregiver/Parent

- Ask caregiver to step out of the room during confidential conversations
- Include caregiver in the non-confidential aspects of adolescent and young adult care

Policy

- Develop a unit confidentiality policy for adolescent patients. Share it with families and post in a public location
- Understand your state's laws around confidentiality and age of consent

Ask – Counsel – Treat

Case Study Sample Dialogue: Part 1 of 3

Clinician: Do you use any tobacco or vaping products like cigarettes, e-cigarettes, or dip? Some of my patients use Vuse, JUUL, or Puff Bar.*

Patient: Yes, sometimes with my friends at school and on the way home.

Clinician: Thank you for sharing that with me. Do you ever vape when you're by yourself?

Patient: Yes. A senior at school recently sold me a Suorin Vagon Black.

Clinician: Is that an e-cigarette?

Patient: Yes, it's a vape pen.



*Popular brand names and product use may vary by community.

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Inpatient Case Study:

Ask (Screen)

Counsel

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Ask – **Counsel** – Treat

COUNSEL ALL PATIENTS WHO USE TOBACCO ABOUT QUITTING, REGARDLESS OF AMOUNT OR FREQUENCY OF USE.

Use motivational interviewing to determine reason for use and guide the conversation around quitting.

Choose respectful, non-judgmental words, and use a strengths-based perspective.

Assess youth's history of tobacco use, past quit attempts, and signs of dependence.

Be clear, personalized and explain the benefits of cessation.



Ask – Counsel – Treat

Case Study Dialogue: Part 2 of 3

Clinician: Thank you for sharing that with me. It takes courage to share something personal. Can you tell me a little bit about why you vape?

Patient: Well, all of my friends vape at school.

Clinician: As your doctor, I care about you and I want to help you stay as healthy as possible. I know you're playing volleyball this year. Vaping can make it hard to play at your best. It can increase your cough, make your chest feel tight, and weaken your lungs. I'm also concerned about how it's impacting your asthma, because it can lead to more hospitalizations. How does that make you feel?

Patient: Well, I really like volleyball and want to play varsity next year. I was in the hospital 2 months ago and had to miss a week of practice. If you think quitting will help me play better and not get sick, I can consider it.

Clinician: Quitting vaping can help you feel better and give more effort to volleyball. And I wonder if some of your friends might also want to quit – I bet some of them are in a similar situation to you with volleyball. Are you interested in quitting today?

Patient: I guess so, I'm willing to try.



Inpatient Case Study:

Ask

Counsel

**Treat (Behavioral and
Medication Support)**

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LINK YOUTH TO APPROPRIATE BEHAVIORAL SUPPORTS

Use an assessment tool to measure youth's level of nicotine dependence and their willingness to quit.

Give the patient options for a quit date to foster an independent decision.

Link patient to behavioral cessation support(s) and any additional support resources.

Arrange follow-up with the youth within 2 weeks of their quit date to assess progress and provide additional encouragement.

Sample Dialogue: Part 3 of 3

Clinician: I'm glad you're interested in quitting. Let's start by choosing a quit date. I want you to pick a day that feels right to you. You can choose today, or anytime in the next 2 weeks.

Patient: Can I start tomorrow?

Clinician: Absolutely! Now, quitting can be a challenge, so I want to connect you to a support system that can help you through it. Would you prefer to get support by text, website, or phone call. Which would you prefer using?

Patient: Text would be best.

Clinician: If you take out your phone, I can show you a text support program. Text DITCHVAPE to 88709. You will receive daily texts that will help you make a quit plan and deal with cravings and triggers that make you want to vape. Let's arrange a follow-up appointment with your primary care provider to check in with you in two weeks.

Patient: Okay thank you.



Note: Any additional treatments for underlying conditions are not addressed within this case study.

*Additional behavioral support options can be found at www.aap.org/help2quit

CESSATION SUPPORT & ADDITIONAL FOLLOW-UP

2 Week Follow-up

- Connect with patient's primary care provider or other care team members to inform them about the quit attempt.
- Encourage follow-up within 2 weeks.

Medication Support

- Consider Nicotine Replacement Therapy (NRT) for moderate to severe dependency.*
- Consult AAP recommendations for use of NRT in patients under age 18.**

Parent Knowledge & Engagement

- Encourage youth to include parents in their quit attempt if patient is willing to disclose use.
- Ensure that tobacco use is not disclosed via the patient portal or end-of-visit summary if patient is unwilling to disclose use.

* Case Study 2 explores the use of NRT in tobacco users < 18 years old."

**AAP Recommendations for NRT Prescription can be found at aap.org/NRT

FINAL TAKEAWAYS

- The American Academy of Pediatrics (AAP) has comprehensive information to help pediatric health clinicians address tobacco use in clinical settings.
- Visit www.aap.org/tobacco for more information on youth tobacco prevention and cessation.
- Additional case studies were developed to show the variations in clinical settings, common products, screening techniques, motivational interviewing, patient response, and clinician considerations. **Please return to the home page to see additional case studies.**
- Feedback and information request can be sent to Leticia Brown MPH - AAP Program Manager Tobacco Control and Prevention (lbrown@aap.org)

