


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
 Peter John D. Camacho, MPH Hospital Administrator/CEO	Medical Staff, Nursing, Education Department	April 12, 2018	A-PC1100	1 of 5
TITLE: SMOKING CESSATION COUNSELING PROTOCOL				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: NM 10/2017, MEC 01/2018, EMC 03/2018				

PURPOSE:

The purpose of this policy is to promote and encourage a healthier lifestyle for our patients who have been assessed to have smoked within the past twelve (12) months prior to admission and to establish a protocol that outlines the responsibility of each involved department involved in the Guam Memorial Hospital Authority's Smoking Cessation Counseling Protocol.

POLICY:

All patients 13 years old and above who have been assessed to be a current smoker twelve months prior to admission, will have smoking cessation counseling at any time before discharged from the Hospital.

DEFINITIONS:

Current Everyday Smoker or Current Someday Smoker: has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes every day or periodically, yet consistently

Former Smoker: has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke

Never Smoker: has not smoked 100 or more cigarettes during his/her lifetime.

Smoker, current status unknown: was known to have smoked at least 100 cigarettes in the past, but whether they currently smoke is unknown.

Unknown if ever smoked: is self-explanatory

Heavy Smoker: is greater than 10 cigarettes per day or an equivalent (but less concretely defined) quantity of cigar or pipe smoke

Light Smoker: is fewer than 10 cigarettes per day, or an equivalent (but less concretely defined) quantity of cigar or pipe smoke

Motivational Counseling: Additional counseling provided to the patient who has been identified as a current smoker, who has expressed his/her, intentions of not quitting; however has requested for additional information on smoking cessation. Motivational counseling focuses on the 5 R's, which include relevance, risks, rewards, roadblocks, and repetition.

RESPONSIBILITIES:

Nursing: Licensed staff shall ask the smoking status of the patient, advise the patient on the benefits to smoking cessation, and assess the patient's willingness to quit smoking. The licensed personnel have the authority to initiate the smoking cessation counseling protocol. If in case a smoking cessation motivational counseling has not been completed by the Health Educator, AND the patient is discharged on the weekend or a holiday, it will be the responsibility of the discharge nurse to provide motivational counseling.

Medical Staff: The admitting physician shall acknowledge the smoking cessation counseling order. If the patient determines that he/she is willing to quit, the physician shall counsel the patient on the pharmacotherapies for smoking cessation.

Education: The Health Educator shall provide additional motivational counseling to the patient who has expressed his/her unwillingness to quit smoking, and is willing to receive additional counseling.

PROCEDURE:

- A. On admission, the admitting nurse shall include in the patient's general admission assessment the patient's smoking history. The nurse shall determine whether the patient is a current smoker, a former smoker, or has never smoked.
- B. For all patients who have been assessed to being a current smoker twelve months prior to admission, the nurse shall immediately advise the patient on the benefits of smoking cessation. Educational material(s) shall be provided to the patient. All patients 13 years old and above that have been identified to being successful with smoking cessation (or a former smoker) yet has smoked within twelve months prior to admission shall be given continued support and encouragement
- C. The nurse shall alert the physician that smoking cessation counseling has been initiated through a SMOKING CESSATION COUNSELING PROTOCOL. The physician shall acknowledge the order within twenty-four hours. The physician shall also include the patient's smoking status in the patient's history and physical examination.
- D. Assess the patient's willingness to quit and any previous attempts of cessation, further counseling shall be individualized based on these assessments.
- E. The type of smoking cessation counseling depends on the patient's willingness to quit:
 1. For patients who have expressed their willingness to quit, the following shall be provided to the patient:
 - a. An educational packet on how to quit smoking.
 - b. A listing of community based resources or self-help groups for smoking cessation. This shall include the 1-800-QUIT-NOW Hotline.
 - c. The different types of pharmacotherapies for smoking cessation. This shall be provided by the physician.

2. For patients who have expressed his/her unwillingness to quit, the following shall be performed:
 - a. The nurse shall assess if the patient would like further counseling.
 - i. If the patient expresses more counseling, a motivational counseling shall be conducted by the Health Educator. If the patient is discharged on a weekend or a holiday, and motivational counseling has not been provided, then it will be the discharge nurse's responsibility to provide the counseling.
 - b. A listing of community-based resources or self-help groups. This shall include the 1-800-QUIT-NOW. The Health Educator or nurse shall inform the patient that when he/she is willingness to quit these resources will assist them in his/her plan to quit smoking.
- F. All interventions (to include educational materials provided) and evaluations on smoking cessation counseling shall be documented in the electronic health record and be updated accordingly.
- G. Before these patients get discharged from the Hospital, re-enforcement and encouragement shall be expressed to these patients. This shall be documented accordingly.

REFERENCE:

Definitions from the 2014 Edition EHR Certification Criterion 170.314(a)(11) Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health record Technology, 2014 Edition

RESCISSION:

Policy No. 6100-43, Smoking Cessation Counseling Protocol of the Administrative Manual made effective October 24, 2012

ATTACHMENTS:

- I. [Smoking Cessation Materials and Resources](#)
- II. [Smoking Cessation Flowsheet](#)

ATTACHMENT I

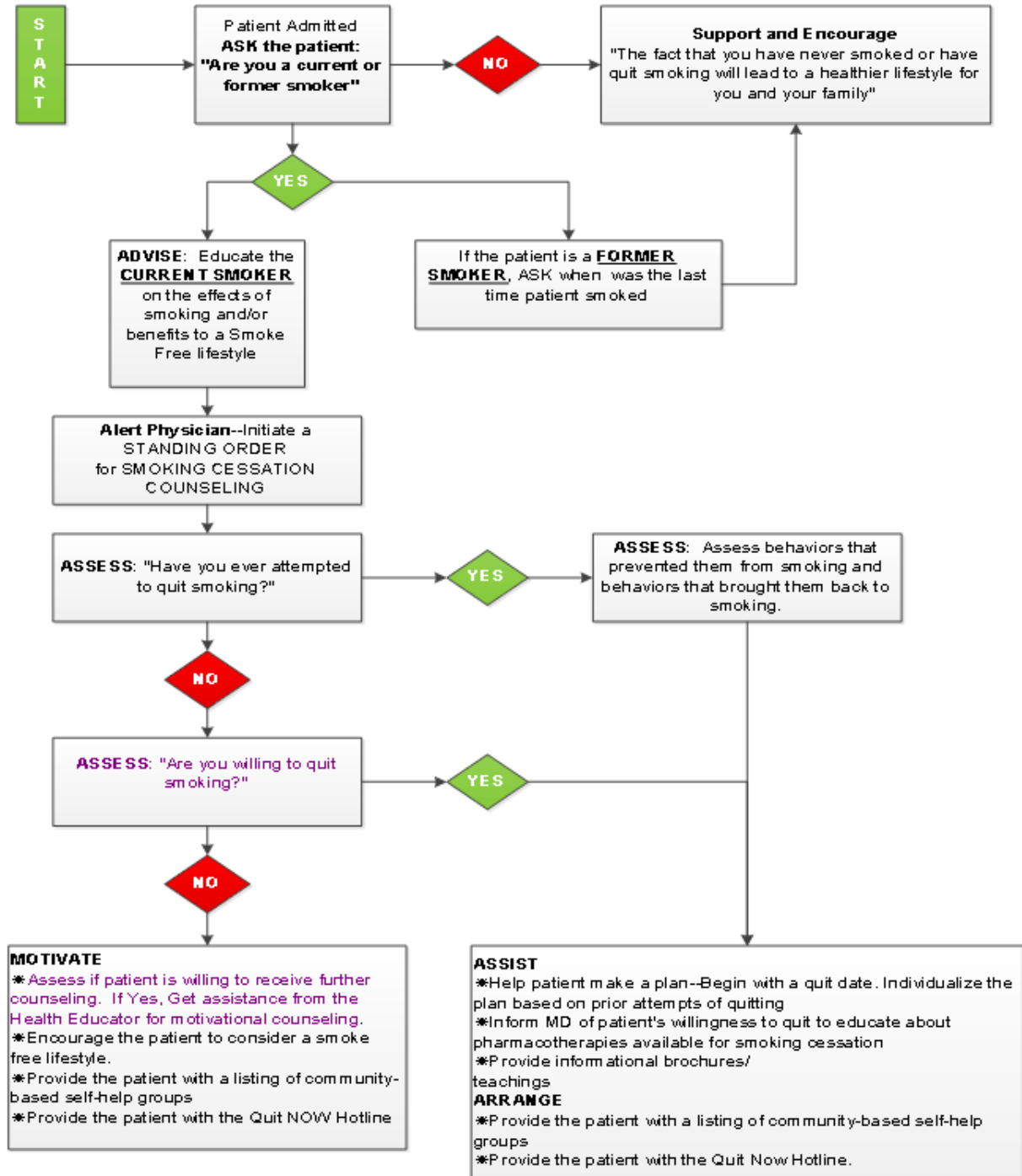
SMOKING CESSATION MATERIALS AND RESOURCES

The following is a list of smoking cessation materials which can be utilized:

- Smoking: Getting Ready to Quit (Video)
- Krames on Demand
 - How Smoking Affects Pregnancy
 - Quitting Smoking During Pregnancy
 - Benefits of Living Smoke Free
 - Why Do You Smoke
 - Staying Smoke Free
 - Smoking and Peripheral Arterial Disease
 - Getting Support for Quitting
 - Health Effects of Smoking
 - Know the Risk of Smoking: For Teens
 - Planning to Quit Smoking
 - Tips for Quitting Smoking (Cardiovascular)
 - What You Should Know About Smoking For Teen
- Community Resources
 - Department of Mental Health – Pete Cruz (477-9079)
 - Guam Memorial Hospital Authority – Renee Veksler (647-2350/1)
 - Department of Public Health and Social Services (735-7334/7303)
 - Catholic Social Services – Mr. John Payne (635-1407)
 - University of Guam – Gloria Balajadia (735-2225)
 - Naval Hospital (344-9124)
 - Health Partners – Dr. Joel Rubio (646-5227)
- Quit Lines
 - 1-800-ACS-2345
 - 1-847-44U-QUIT
 - 1-800-292-2336
 - 1-800-QUIT-NOW
- On-line Resources
 - www.cancer.org
 - www.lungsusa.org/ffs/
 - www.quinet.com
 - www.smokefree.gov
 - www.healthchoicesguam.org
 - www.quitnow.net/guam

ATTACHMENT II

SMOKING CESSATION FLOWSHEET



CURRENT SMOKER: has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes everyday or periodically, yet consistently

FORMER SMOKER: has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke