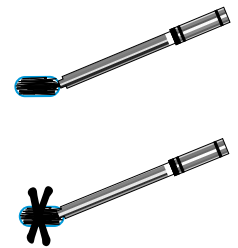


## Completing the form

- Complete the form as soon as possible after serving each customer who:
  - makes a direct product request for nicotine replacement therapy (NRT) **or**
  - wishes to quit smoking **or**
  - you identify as a smoker.
- Complete sections A, E and F for **all** customers.
- Complete section B, C and D if required.
- **Either the pharmacist or pharmacy assistant may complete the form.** The pharmacist conducting the self-audit should oversee the completion of all forms.
- Completely fill in the bubbles with black biro (as shown). Do not use pencil.
- If you make a mistake use white correction fluid or cross through the bubble clearly (as shown).



SECTION A: Screening the request (to be completed by pharmacist and/or pharmacy assistant)				
SECTION A	Did the customer request help with smoking cessation?	<input type="radio"/> Yes	<input type="radio"/> No	
	Was the customer identified as a smoker?	<input type="radio"/> Yes	<input type="radio"/> No	
	Did the customer make a direct product request for NRT?	<input type="radio"/> Yes	<input type="radio"/> No	
	If yes: Had the patient used it before?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not asked
	If yes: Had the patient been on the same dose of NRT for more than 4 weeks?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
	Was the patient pregnant/breastfeeding, or did they have any medical conditions, e.g. heart, kidney or lung problems?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
	Was the patient taking any other medications?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
	If <b>no coloured responses</b> were marked above, <b>go to section E</b> .			
If <b>any coloured responses</b> were marked above, <b>go to section B</b> . If these were marked by the pharmacy assistant, the customer should have been referred to the pharmacist.				

SECTION B: Gathering more information (to be completed by pharmacist only)		
SECTION B	<b>What stage of change was the patient at?</b> <input type="radio"/> Pre-contemplation } <b>Go to section E</b> <input type="radio"/> Contemplation } <input type="radio"/> Preparation } <b>Go to section D</b> <input type="radio"/> Action } <input type="radio"/> Maintenance } <b>Go to section C</b> <input type="radio"/> Not assessed }	<b>Tailor intervention to the patient's stage of change</b> For further information, see: <ul style="list-style-type: none"> <li>• Table 1, page 2, in <i>What you need to know to complete the smoking self-audit</i></li> <li>• NPS Prescribing Practice Review (PPR) 20, page 2.</li> </ul>

SECTION C: Action and maintenance (to be completed by pharmacist only)		
SECTION C	<b>How long had the patient been using NRT?</b> <input type="radio"/> Not using NRT but may benefit } <b>Go to section D</b> <input type="radio"/> Not using NRT } <input type="radio"/> Same dose for 4 weeks or less } <input type="radio"/> Same dose for 4–8 weeks } <b>Go to section E</b> <input type="radio"/> Same dose for more than 8 weeks } <input type="radio"/> Customer not asked }	<ul style="list-style-type: none"> <li>• Enquire how the patient is going.</li> <li>• Reinforce success and explore smoking relapses.</li> <li>• Consider dosage reduction if using NRT:                         <ul style="list-style-type: none"> <li>• higher dose: reduce dose after 4–8 weeks, then stop or taper use over a further 4 weeks</li> <li>• moderate or lower dose: stop or taper within 12 weeks (6–8 weeks for most people).</li> </ul> </li> </ul>

SECTION D: Preparation (to be completed by pharmacist only)		
SECTION D	<b>Had any other treatment been tried in this or previous attempts to quit?</b> <input type="radio"/> Yes (please specify below) <input type="radio"/> No <input type="radio"/> Customer not asked	<ul style="list-style-type: none"> <li>• Does the patient understand why previous attempts failed?</li> <li>• How will they avoid or deal with difficult situations?</li> <li>• Check drug used (if any), response#, dose and frequency of therapy.</li> </ul> <p># Confirm whether previous use resulted in smoking cessation and then relapse, reduction of number of cigarettes but not "quitting", or nil response.</p>
	<input type="radio"/> Nicotine gum	
	<input type="radio"/> Nicotine patch	
	<input type="radio"/> Nicotine inhaler	
	<input type="radio"/> Nicotine lozenge	
	<input type="radio"/> Bupropion	
	<input type="radio"/> Other, e.g. herbal preparations, acupuncture	

**SECTION D continued: Preparation (to be completed by pharmacist only)****What was the level of nicotine dependence?**

- Low dependence  
 Moderate/high dependence

**See NPS PPR 20, page 4**

NRT not usually recommended.

If motivated, discuss the benefits of NRT.

**Was the patient taking any other medication(s)?**

- Yes (please specify below)**  No  Customer not asked

 Bupropion

Concurrent use with NRT requires blood pressure monitoring.

 Other: especially theophylline, beta-blockers and insulin

- Metabolism of many drugs may be altered after cessation of smoking whether NRT is used or not.
- Monitor closely (especially theophylline, insulin and beta-blockers), dosage reduction may be needed.

**Was the patient pregnant/breastfeeding, or did they have any relevant medical conditions?**

- Yes (please specify below)**  No  Customer not asked

 Severe arrhythmia, coronary artery, cerebrovascular or peripheral vascular disease

Risk associated with NRT use but these may be less than continued smoking. Will require monitoring. Consider referral to a general practitioner.

 Gastritis, gastric or duodenal ulcers

NRT may exacerbate symptoms.

 Asthma or chronic throat conditions

Avoid use of inhaler.

 Generalised skin disease, e.g eczema, psoriasis

Avoid use of patches.

 Pregnancy and lactation

Effects of NRT unclear, however clear benefits of quitting smoking. ADEC category D.

 Dentures

Avoid use of gum.

 Other**SECTION E: Management (to be completed by pharmacist and/or pharmacy assistant)****Was non-pharmacological management offered?**  Yes  (please specify below)  No**Provided counselling, please specify:**

- Explored barriers/solutions  Gave dosing information  Other

**Regular counselling and support increases quit rates, with or without drug treatment.****Offered self-help materials, please specify:**

- Quit materials  Manufacturers' materials  
 PSA self care cards  Other

- Tailor all communication to the stage of change.
- Ideally follow-up all smokers with brief interventions aimed at moving them through the stages of change.
- People actively trying to quit need follow-up once in the first week and again in the next month.

**Arranged follow-up, please specify:**

- Your smoking cessation service  Quitline: ph 131 848  
 Manufacturers' programs  General practitioner  Other

**Was pharmacological management offered?**  Yes  (please specify below)  No**Recom-  
mended Supplied**

- Gum** 2 mg  
  4 mg  
  **Inhaler** 10 mg  
  **Lozenges** 2 mg  
  4 mg

**Recom-  
mended Supplied**

- Patch**  
  7 mg/24 hours  
  14 mg/24 hours  
  21 mg/24 hours  
  10 mg/16 hours  
  15 mg/16 hours

**Provide advice on dose, frequency, administration and side effects of medications.****Gums, inhalers, lozenges:**

User determines dose

**Patches:**

Constant dose delivery

**SECTION F: Self-assessment (to be completed by pharmacist and/or pharmacy assistant)****Were you able to provide quality advice on smoking cessation to this customer? (one response only)**

- Fully  Substantially  Partially  No

**Please give details of barriers to best practice: (more than one response may apply)**

- Consumer factors  Economic factors  Time factors  Staff factors  
 Other (please specify) \_\_\_\_\_

**Please indicate all staff members who served this customer (more than one response may apply).**

- Pharmacist  Pre-registration pharmacist  Pharmacy student  Pharmacy assistant

**If the customer was initially served by a staff member other than the pharmacist, was the customer referred to the pharmacist as recommended in section A? (one response only)**  Yes  No  Pharmacist intervened  Referral not necessary in this case