

BIRTHDATE/AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

MEDICAL RECORD NUMBER: \_\_\_\_\_

PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD

**UMASS MEMORIAL MEDICAL CENTER  
PHYSICIAN'S ORDERS  
NICOTINE DEPENDENCE TREATMENT**

<b>Height</b> Inches _____ Cm. _____	<b>Weight</b> Lbs. _____ Kg. _____
<b>ALLERGIES:</b> <input type="checkbox"/> YES (LIST BELOW) OR <input type="checkbox"/> LISTED PREVIOUSLY	
<input type="checkbox"/> NONE KNOWN	

PROVIDER TO SIGN AND PLACE PAGER NUMBER LEGIBLY UNDER EACH ORDER SET  
INDICATE CHOICE OF ORDER OPTIONS BY USING X IN CHECK BOXES

Admit to/Change Attending To: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) Pager: \_\_\_\_\_  
Resident: \_\_\_\_\_ Pager: \_\_\_\_\_ Overnight coverage: \_\_\_\_\_ Pager: \_\_\_\_\_  
Intern/NP (First Call): \_\_\_\_\_ Pager: \_\_\_\_\_ House Staff Coverage:  Yes  No (uncovered)

ALL OTHER ORDERS	DATE	TIME	MEDICATION ORDERS ONLY
<input type="checkbox"/> Consult Tobacco Consultation Service (ext 44372)			<b>Note: Please refer to Adult Nicotine Withdrawal Clinical Practice Guideline for additional information.</b>
<input type="checkbox"/> Pt. declines consultation with Tobacco Consultation Service.			
			<input type="checkbox"/> Nicotine Patch ____mg. Remove old patch and apply new patch daily.
<b>DOSING GUIDELINES:</b>			
<input type="checkbox"/> Nicotine Patch:			
<10 cigarettes a day - 7mg patch			<input type="checkbox"/> Nicotine Gum ____mg. Chew and "park" in cheek for 15-30 minutes every 1 hour prn (dosage range 9-24 pieces/day) to avoid withdrawal.
10-19 cigarettes a day or < 1 can/pouch smokeless per week - 14 mg patch			
20-30 cigarettes a day or 1 can/pouch smokeless tobacco per week - 21 mg patch			<input type="checkbox"/> Nicotine Lozenge ____mg. Use 1 lozenge every 1 hour PRN (max dose 5 lozenges in 6 hrs or 20 lozenges in 24 hrs) to avoid withdrawal symptoms
For heavy users (over 30 cigarettes a day or over 1 can/pouch per week consider adding a prn gum or lozenge to avoid withdrawal symptoms			
31-40 cigarettes / day or 2 cans/pouches /week use 21mg plus 14mg patch			<input type="checkbox"/> Bupropion SR 150 mg PO daily for 3 days, then increase to 150mg PO twice daily. (May use in conjunction with NRT)
Over 40 cigarettes / day or over 3 cans/pouches per week - two 21 mg patches (total 42mg)			Do not use if your patient has a history of a seizure disorder, or increased risk of seizures, h/o anorexia/bulimia, or is taking an MAO inhibitor
<input type="checkbox"/> Nicotine Gum:			
<24 cigarettes /day - 2mg gum			<input type="checkbox"/> Varenicline (Chantix) 0.5 mg PO daily on days 1-3, then 0.5 mg PO twice daily on days 4-7, then 1 mg PO twice daily starting on day 8 (dosage adjustment necessary with severe renal impairment) May use in conjunction with NRT (avoid nicotine patch due to high risk of nausea.) during first week of treatment.
≥ 24 cigarettes / day - 4mg gum			
<input type="checkbox"/> Nicotine Lozenge:			
<24 cigarettes / day - 2mg lozenge			
≥ 24 cigarettes / day - 4mg lozenge			
			<input type="checkbox"/> Other

Signature of MD/DO/NP/PA: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Pager: \_\_\_\_\_

Signature of RN: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Prohibited Abbreviations:** U, qd, qod, IU, .1 (write 0.1), 1.0 (write 1), MS, MSO4, MgSO4, µg, AS, AD, AU, OS, OD, OU, tiw

MR

NAME

DOB

SEX

**University of Wisconsin Hospital and Clinics**  
600 Highland Avenue - Madison, Wisconsin 53792

**Tobacco Abstinence - Adult - Supplemental Order Set**

Date of Service \_\_\_\_\_

Date	Time	Initials	
			<b>Patient Care Orders</b>
			<b>Non-Categorized Patient Care Orders</b>
			<input type="checkbox"/> Tobacco Cessation Counseling ONCE, For 1 Occurrence, For patients motivated to make a quit attempt.
			<input type="checkbox"/> Education based on patient's stage of readiness ("Tobacco Use Assessment") ONCE, For 1 Occurrence
			<b>Medication - Tobacco Abstinence</b>
			<b>Regimen #1 - Nicotine Gum</b> <b>NOTE: Order alone or in addition to any other regimen</b>
			<input type="checkbox"/> nicotine polacrilex (NICORETTE) gum 4 mg, Oral, EVERY 1 HOUR PRN, nicotine replacement Chew and park. Maximum 24 pieces/day.
			<b>Regimen #2 - Nicotine Patch for Patients Smoking Less Than 10 Cigarettes/Day</b> <b>NOTE: Order all if ordering from this group</b>
			<input type="checkbox"/> nicotine (NICOTROL) 24hr patch 14 mg, Transdermal, EVERY 24 HOURS For 28 Days Apply to upper body or upper outer arm for nicotine replacement
			<input type="checkbox"/> nicotine (NICOTROL) 24hr patch 7 mg, Transdermal, EVERY 24 HOURS Starting 28 Days After Initial Dose For 28 Days Apply to upper body or upper outer arm for nicotine replacement
			<b>Regimen #3 - Nicotine Patch for Patients Smoking 10 or More Cigarettes/Day</b> <b>NOTE: Order all if ordering from this group</b>
			<input type="checkbox"/> nicotine (NICOTROL) 24hr patch 21 mg, Transdermal, EVERY 24 HOURS For 28 Days Apply to upper body or upper outer arm for nicotine replacement
			<input type="checkbox"/> nicotine (NICOTROL) 24hr patch 14 mg, Transdermal, EVERY 24 HOURS Starting 28 Days After Initial Dose For 14 Days Apply to upper body or upper outer arm for nicotine replacement
			<input type="checkbox"/> nicotine (NICOTROL) 24hr patch 7 mg, Transdermal, EVERY 24 HOURS Starting 42 Days After Initial Dose For 14 Days Apply to upper body or upper outer arm for nicotine replacement

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Date	Time	Initials	
			<b>Regimen #4 - Non-Nicotine Agent - Varenicline</b>
			<b>NOTE: Order all if ordering from this group</b>
			<input type="checkbox"/> varenicline (CHANTIX) tab 0.5 mg, Oral, 1 X DAILY For 3 Days
			<input type="checkbox"/> varenicline (CHANTIX) tab 0.5 mg, Oral, 2 X DAILY (AT MEALTIME) Starting 3 Days After Initial Dose For 4 Days
			<input type="checkbox"/> varenicline (CHANTIX) tab 1 mg, Oral, 2 X DAILY (AT MEALTIME) Starting 7 Days After Initial Dose For 77 Days
			<b>Regimen #5 - Non-Nicotine Agent - Bupropion</b>
			<b>NOTE: Order all if ordering from this group</b>
			<input type="checkbox"/> bupropion (WELLBUTRIN SR) 12hr 150 mg, Oral, 1 X DAILY For 3 Days ER tab
			<input type="checkbox"/> bupropion (WELLBUTRIN SR) 12hr 150 mg, Oral, 2 X DAILY (AT MEALTIME) ER tab Starting 3 Days After Initial Dose For 81 Days
			<b>Consults</b>
			<input type="checkbox"/> Consult Learning Center (Inpatient) ONCE, For 1 Occurrence Type of Education: Tobacco Cessation Reason for Consult: Tobacco Dependence
			<input type="checkbox"/> Consult Cardiac Rehab/Preventive Cardiology (Inpatient) ONCE, For 1 Occurrence Reason for consult: Smoking cessation counseling

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pager#: \_\_\_\_\_

**Transcriber Key**

Initials	Signature