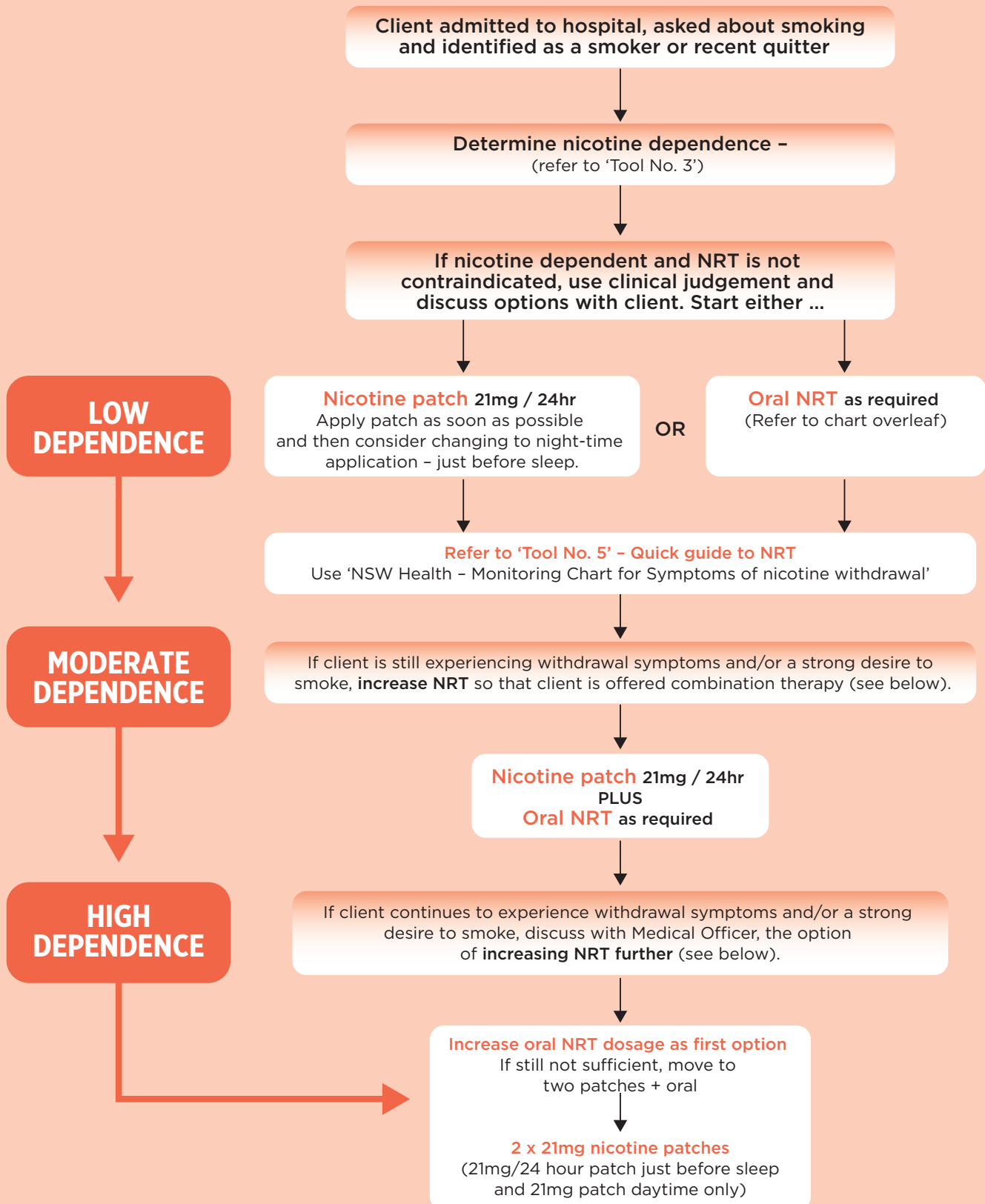


Flowchart for NRT use in hospital



Dosage guidelines for oral NRT

2mg versus 4mg gum, lozenge and mini lozenge

Most clients will require the higher dosage (**4mg**) gum, mini lozenge or lozenge. Deciding on the strength of the gum, lozenge or mini-lozenge should be based on the strength of cravings and time to first cigarette (TTFC) and whether combination therapy is being used:

- if the client has first cigarette >30 minutes after waking and has only mild cravings then 2mg gum/lozenge or 1.5 mini-lozenge may be sufficient to manage symptoms of withdrawal.
- if combining patch and lozenge, the 2mg lozenge or 1.5 mg mini-lozenge are approved by the TGA to be used in this way, however the higher strength forms of the oral NRT may be required for those who still experience cravings and withdrawal symptoms.

How much oral NRT is enough?

NRT product	Strength	Standard dosage range for single use therapy	Optimum dosage
Gum	2mg gum	8-12 per day	<ul style="list-style-type: none">• Client needs to be provided with sufficient amount of oral NRT to manage cravings and withdrawal symptoms.• Client should be encouraged to request additional oral NRT if withdrawal symptoms and/or cravings to smoke are not controlled.• Remember, it is always better to use more NRT to control the urge to smoke than return to smoking.
	4mg gum	6-10 per day	
Inhalator	15mg cartridge	3-6 cartridges per day	
Mini lozenge	1.5mg mini lozenge	1 lozenge every 1-2 hours Up to 20 per day	
Lozenge	2mg lozenge	1 lozenge every 1-2 hours Up to 15 per day	
	4mg lozenge	1 lozenge every 1-2 hours Up to 15 per day	
Oral spray	1mg	1-2 sprays every 30 minutes or up to 4 sprays per hour	

General notes on NRT:

- Applying the first patch just before sleep allows a slow rise of nicotine overnight and may reduce the urge for the first cigarette of the day upon waking. Clients who experience sleep disturbances may do better with the patch applied in the morning rather than at night.
- Refer to **Tool 5. 'Quick guide to Nicotine Replacement Therapy'** for practical tips on how to use each form of NRT and trouble – shooting advice to deal with side effects.
- Use **NSW Health 'Monitoring chart for symptoms of nicotine withdrawal'** to track client's withdrawal symptoms.

Remember:

- NRT may not stop withdrawal symptoms altogether. The addiction to smoking is more than the physical addiction to nicotine. Most smokers have emotions, behaviours and habits strongly linked to smoking that need to be addressed if the person is to be successful quitter. A referral to Quitline **13 7848** for cessation counselling/coaching can help the person identify and manage cues, habits and emotions related to smoking.

More information:

- Refer to **'Managing nicotine dependence: a guide for NSW Health staff'** for more detailed information about brief intervention. Download or order a copy from the NSW Health website: www.health.nsw.gov.au/tobacco/Pages/managing-nicotine-dependence.aspx
- Quitline referral forms (download or order forms): www.cancerinstitute.org.au/quitline/make-referral-to-quitline