**Standing Order:** This standing order is written to reduce the incidence of tobacco use and/or exposure to secondhand smoke by providing tobacco use screening and counseling to all clients seeking services at (name of local health department or name of the clinic etc.); thereby, promoting better health and decreasing the likelihood of tobacco-related illnesses or conditions. Any Public Health Registered Nurse who has obtained certification in tobacco cessation counseling can provide this service. A list of training options is available at the Division of Public Health website <http://publichealth.nc.gov/lhd/>. These services are provided under the supervision of a MD, NP or PA. The RN must demonstrate competency in utilizing the approved smoking/tobacco use cessation counseling/training by providing a certificate of completion of the training program and requirements of Nursing Practice Act.

Tobacco use screening and counseling should be provided to all adults; to all children and youth; and to parents, family members, or caregivers of children and youth present at the visit. All clients will be assessed for tobacco use. If the client reports smoking or using other tobacco products, cessation counseling should be offered using an approved tobacco/smoking cessation counseling program that includes the 5A’s/5R’s method of counseling. The 5A’s counseling method (Ask, Advise, Assess, Assist and Arrange) is the evidenced-based, best practice approach for tobacco cessation. In order to bill for this service the 5A’s/5R’s must be implemented. If the 5A’s are provided during a face-to -face client encounter this service is billable using CPT Code 99406 (3- 10 minutes) or 99407 (> 10 minutes) with the following diagnosis codes:

* F17.2 (nicotine dependence),
* O99.33 (smoking complicating pregnancy, childbirth, and the puerperium),
* P04.2 (newborn affected by maternal use of tobacco),
* P96.81 (exposure to environmental tobacco smoke in the perinatal period),
* T65.2 (toxic effect of tobacco and nicotine),
* Z57.31 (occupational exposure to environmental tobacco smoke),
* Z71.6 (tobacco use counseling, not elsewhere classified),
* Z72 (tobacco use not otherwise specified (NOS),
* Z77.2 (contact with and exposure to environmental tobacco smoke), and
* Z87.8 (history of nicotine dependence).

**Assessment:** Counseling shall be initiated as indicated using approved methods as stated in this standing order.

1. **Subjective Findings: Client agrees to the following during an assessment or history:**
	* When asked, reports that he/she uses tobacco or is exposed to environmental tobacco smoke;
	* Expresses an interest in decreasing or discontinuing the useof tobacco **and/or** expresses an interest to quit within the next 30 days **and/or** agrees to develop a quit plan and set a quit date;
	* Expresses that she/he is not ready to quit but does receive a motivational intervention; and
	* Informed that there will be on-going follow-up of tobacco use status.
2. **Objective Findings:** Client presents for a clinical service or is enrolled in an outreach program and admits to smoking tobacco or other tobacco use or is observed smoking tobacco or using other tobacco products.

**Plan of Care:**

1. **Implementation**: If the client admits to using tobacco, the 5A’s/5R’s method of counseling will continue based on the subjective and objective findings above and the nursing actions below. Parents and caregivers should be provided the same services (the 5A’s/5R’s) as the client.
2. **Nursing Actions:**
	1. **Ask** about tobacco use or environmental tobacco exposure status at each visit. Update the tobacco use status and document in the patient record.
	2. **Advise** every client who uses tobacco with a clear and strong message to quit at each visit. Emphasize the health benefits of quitting which is more effective than focusing on the health risks of using tobacco. If the client is pregnant, emphasize the health benefits of quitting for her health and her baby’s health. If the client is not a tobacco user, congratulate and provide brief education regarding the importance of not starting and the hazards of tobacco use. Review the risks of secondhand smoke exposure as appropriate.
	3. **Assess** willingness to quit within the next 30 days. If client responds “yes” move on to **Assist**.
	4. **Assist** the client willing to quit tobacco use by developing a quit plan with a quit date. Describe QuitlineNC services and offer to refer to QuitlineNC. Provide appropriate self-help patient education materials. Document all counseling activities in the patient’s record including referrals made, any self-help materials or resources provided, and whether a quit plan was created and/or a quit date set.

**Assist** the client not willing to quit by providing a motivational interviewing technique such as the 5R’s (Relevance, Risk, Rewards, Roadblocks, and Repetition) or the Readiness Ruler. Tools are available at <http://publichealth.nc.gov/lhd/> ). Document in the clients’ record all counseling activities including motivational interview technique used (Readiness Ruler, 5R’s, etc.).

* 1. **Arrange** timely follow-up with client to check on progress. Follow-up can be provided by appointment, telephone, e-mail, letter, etc. Document all follow-up in the client’s record.

**Tobacco Cessation Referral Resources**

* **QuitlineNC** – There are three ways to enroll:
	+ - **Fax Referral** – <http://www.quitlinenc.com/health-professionals/practice-resources/resources-for-your-practice>
		- **Call** 1-800.QUIT.NOW (1-800-784-8669); Spanish language portal: 1-855-DEJELO-YA (1-855-335-3569)
		- **Web Enroll** at [www.quitlinenc.com](http://www.quitlinenc.com).
	+ Additional tobacco cessation resources available at <http://publichealth.nc.gov/lhd/> under the header “**Tobacco Use / Resources**”.
1. **Criteria for Calling the Physician:**

Refer to the provider of choice if the client expresses an interest in tobacco cessation pharmacotherapy. Counseling combined with pharmacotherapy has been shown to increase tobacco use quit rates. Pharmacotherapy should be considered as a part of a smoking and tobacco use cessation treatment plan for non-pregnant women. There may be potential risks involved with use of pharmacotherapy in pregnant women and women who are breastfeeding.

1. **Follow up Requirements:**
	* During every follow-up visit, you should ask about tobacco use status and secondhand smoke exposure and document in the client’s record.
	* Depending on the status of the client’s decision to quit tobacco use, the 5A’s should be repeated. Use the Readiness Ruler to assess client’s willingness to change.
	* If the client has quit since the last visit, congratulate and provide relapse prevention.
	* If the client is pregnant and enrolled in Pregnancy Care Management, collaborate with the OB Care Manager regarding follow-up and support.
2. **Documentation:**

Documentation of tobacco use screening and counseling must include use of 5A’s counseling, type and amount of tobacco used, the outcome of counseling session (plan of action including referral and follow-up), and length of service provided.

**Legal Authority:** Nurse Practice Act, G. S. 90-171.20 (7) (f) & (8) (c)

 NC Division of Public Health *Guide to Counseling Women Who Smoke, 2008*

Medicaid Bulletin September 2000

Smoking Cessation Services Original Effective Date: July 1, 2010

**Date Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical Director**

***This Standing Order will be reviewed and updated as necessary, and signed and dated at least annually.***