

Standing Order for Tobacco Cessation Counseling in North Carolina Local Health Departments

This standing order is written to reduce the incidence of tobacco use, including electronic nicotine delivery systems, 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 QuitlineNC website <https://www.quitlinenc.com/health-professionals/practice-resources/tobacco-treatment-training.html>. 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 5As method of counseling. The 5As 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 5As must be implemented. If the 5As 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 an appropriate ICD-10 diagnosis code.

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 secondhand smoke;
 - Expresses an interest in decreasing or discontinuing the use of 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 5As 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 5As) as the client.
- 2. Nursing Actions:**
 - a. Ask** about tobacco use or secondhand smoke exposure status at each visit. Update the tobacco use status and document in the patient record.
 - b. 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 smoking. If the client is pregnant, emphasize the health benefits of quitting for her

Standing Order for Tobacco Cessation Counseling in North Carolina Local Health Departments

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.

- c. **Assess** willingness to quit within the next 30 days. If client responds "yes" move on to **Assist**.
- d. **Assist** the client willing to quit tobacco use by describing QuitlineNC services, offering to refer to QuitlineNC or with developing a quit plan with a quit date. 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 or a quit date set.

Assist the client not willing to quit by providing a motivational interviewing technique such as the 5Rs (Relevance, Risk, Rewards, Roadblocks, and Repetition) or the Readiness Ruler. Tools are available at <http://www.quitlinenc.com/> under the **Health Professionals** tab). Document in each client's record all counseling activities including motivational interview technique used (Readiness Ruler, 5Rs, etc.). Document in each client's record the amount of time spent with client on tobacco cessation counseling.

- e. **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>
 - **Call** 1-800.QUIT.NOW (1-800-784-8669); Spanish language portal: 1-855-DEJELLO-YA (1-855-335-3569)
 - **Web Enroll** at <http://www.quitlinenc.com>
 - Additional tobacco cessation resources available at <http://www.tobaccopreventionandcontrol.ncdhhs.gov/about/resources.htm> under the header "**Tobacco Cessation Materials for Healthcare Providers**".

3. **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. The standard of care for pharmacotherapy is either combination therapy of nicotine patches plus gum/lozenges or Varenicline. 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.

4. **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 5As should be repeated. Use the Readiness Ruler to assess client's willingness to change. A Readiness Ruler can be accessed at <http://www.quitlinenc.com/health-professionals/practice-resources/resources-for-your-practice.html>.
- If the client has quit since the last visit, congratulate and provide relapse prevention.

Standing Order for Tobacco Cessation Counseling in North Carolina Local Health Departments

- If the client is pregnant and enrolled in Pregnancy Care Management, collaborate with the OB Care Manager regarding follow-up and support.

5. Documentation:

Documentation of tobacco use screening and counseling must include use of 5As 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, *A Guide to Help Eliminate Tobacco Use and Exposure for Women 2016*
Medicaid Bulletin September 2000 [update **NOTE:** for LHD billing, Nurse Practitioners, Physician’s Assistants, and Certified Nurse Midwives may serve as the **supervising** provider as described in this bulletin. **Services provided** by these providers must be billed with the individual’s NPI, not incident to a physician.]
Smoking Cessation Services Original Effective Date: July 1, 2010
<http://ncpublichealthnursing.org/pubs/PHNManualDevelopingStandingOrders-4-4-17pll.pdf>

Date Written: _____ **Approved by:** _____ **Date:** _____
Medical Director

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