

# TOBACCO CESSATION GUIDELINES



### **ASK** ABOUT TOBACCO USE

EVERY PATIENT • EVERY VISIT • NON-JUDGEMENTAL

 When was the last time you smoked or used any type of tobacco?



#### **ADVISE TO QUIT**

CLEAR • STRONG • PERSONALIZED

- It's important that you quit as soon as possible, and I can help.
- Quitting is the best decision you can make for your health and the health of your family



#### REFER TO INDIANA TOBACCO QUITLINE

Complete entire provider section of the FAX REFERRAL FORM. Have your patient complete the patient section and sign for consent as required by HIPAA.

- Fax the form to: 1-800-483-3114.
   The Indiana Tobacco Quitline will fax a follow-up report back to your office.
- To obtain the Fax Referral Form, visit: www.indianatobaccoquitline.net/ documents/QLfaxreferral.pdf.

### THE 5 R'S

INTERVENTION FOR PATIENTS
NOT READY TO QUIT

**Relevance** Encourage patients to consider reasons why quitting is personally relevant.

**Risks** Identify patient-specific negative consequences of tobacco use.

**Rewards** Identify patient-specific benefits of quitting.

**Roadblocks** Identify barriers to quitting and ways to overcome them.

**Repetition** Enhance motivation at every encounter.



### PRESCRIBE PHARMACOTHERAPY

Discuss Medication Options with Your Patient (See Pharmacotherapy Chart.)



## EVALUATE THE QUIT ATTEMPT AT FOLLOW-UP

- Status of attempt
- Congratulate success, encourage continued efforts to quit if still smoking
- "Slips" and relapse
- Medication compliance and plans for discontinuation

The Quitline is FREE to your Indiana patients and is staffed by trained tobacco cessation guit coaches.