

Management of In-patient Nicotine Dependence (MIND)

STEP 1: Ask, Assess & Document

- **ASK** about smoking and vaping then document
- **ASSESS** dependence
- **DOCUMENT** in patient notes

Quick assess: “Have you smoked or vaped anything in the last 30 days?”

Within 30 minutes: likely nicotine dependent

Within 5 minutes: Likely high dependence

STEP 2: Advise Treatment *It's normal and to be expected*

- Make treatment **‘opt OUT’** not **‘opt IN’**. Patient suffers less, results in less hostility towards staff and other patients. Say “*This is standard procedure for all our patients who smoke*”
- NRT ‘pitch’ to patient: “*We want you to be comfortable while you’re here, so we’re going to give you Nicotine Replacement Therapy to ease the withdrawal symptoms you can get from stopping nicotine*”

Step 3: Expect resistance, so manage barriers to using NRT

- If patient says “*I don’t want NRT*” or “*I plan to go outside and smoke*”, explain that they will need to stay on the ward because they might need tests or their doctor may be due to see them. Using sufficient NRT will reduce withdrawal symptoms. Patient will feel less likely to want to smoke or vape.

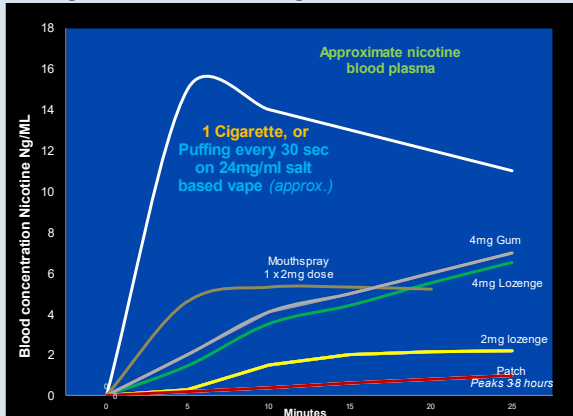
Key barrier	Patient says	Why this happens	What to do
Previous incorrect use	“<i>I tried NRT and it made me feel sick</i>” “<i>It Didn’t Work</i>”	Over-chewing NRT gum or over-sucking NRT lozenge may mean swallowing nicotine. Swallowed nicotine = less bioavailability, more nausea.	Oral NRT needs absorption through mouth lining. Gum: Chew slowly until noticing tingly sensation. Then, park between gum and cheek or under tongue. Once tingly sensation or flavour fades, re-chew and re-park. Each piece lasts about 30 minutes. Lozenge: suck or roll gently in mouth every now and then for up to 30 minutes or until dissolved 
Underdosing	“<i>I’m still getting cravings</i>”. “<i>I need to go out for a smoke</i>”	Product dosages typically low. Using only one form or using an inadequate/ infrequent dose of two forms together (combination NRT) means possible underdosing - experiencing withdrawal symptoms and cravings.	Provide adequate dose. How much is enough? Enough to relieve cravings. 

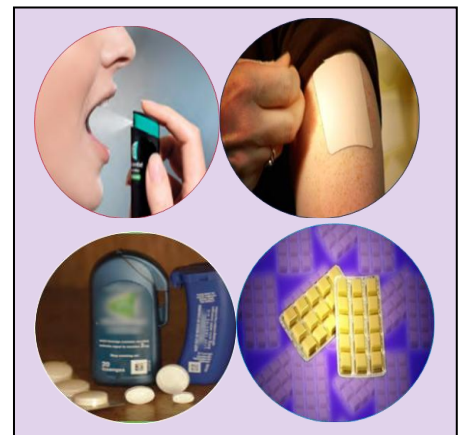
Chart: A single cigarette typically provides much more nicotine than single dose of NRT

Step 4: Look at the NRT administration guide (click [Tool 2: Quick guide to nicotine replacement therapy](#))

Moderate Dependence: Smoking or vaping within 30 minutes of waking and/or patient continues to experience withdrawal symptoms using intermittent forms of oral NRT					High dependence: Smokes or vapes within 30 minutes of waking and/or patient continues to experience withdrawal symptoms using combination NRT with low dose oral forms of NRT				
NRT Dose recommendations for patients with moderate dependence					NRT Dose recommendations for patients with high dependence				
NRT	Route of administration	Dose	Frequency	Maximum	NRT	Route of administration	Dose	Frequency	Maximum
Nicotine patch	Transdermal (patch applied to skin)	21mg/24 hour	Daily	1 patch	Nicotine patch	Transdermal (patch applied to skin)	21mg/24 hour	Daily	1 patch
AND/OR PRN (as needed) medications for urges to smoke/vape					AND/OR PRN (as needed) medications for urges to smoke/vape				
Gum	Oral	2mg	1 piece of gum every 1-2 hours	12 pieces daily	Gum	Oral	4mg	1 piece of gum every 1-2 hours	10 pieces daily
AND/OR					AND/OR				
Lozenge	Oral	2mg	1 lozenge every 1-2 hours when you have the urge to smoke.	15 lozenges daily	Lozenge	Oral	4mg	1 lozenge every 1-2 hours when you have the urge to smoke.	15 lozenges daily
AND/OR					AND/OR				
Spray	Oral	1mg spray	1-2 sprays every thirty minutes to one hour when you have the urge to smoke	4 sprays/hour for 16 hours OR 64 sprays daily	Spray	Oral	1mg spray	1-2 sprays every thirty minutes to one hour when you have the urge to smoke.	4 sprays/hour for 16 hours OR 64 sprays daily

Step 5: Provide NRT

- Nurses usually initiate NRT through local protocol
- Medical Officer authorises further NRT within 24hrs
- Combination therapy best practice where cravings persist
- No reason why can't use for nicotine withdrawal from vaping
- Smoke Free Health Care Policy:** A supply of the same NRT product(s) used during hospital stay must be provided **on discharge**
- Each hospital and district has own access procedures. In general, Mouth Spray (Quickmist) through Pharmacy, other products: [imprest](#).



Products available: (Top left & clockwise)
Mouthspray, patch, gum, lozenge

Step 6: Quit Advice

- It's mandatory to give quit smoking advice. You choose the way.
- Example 1 – Direct** *'The single most important thing you can do for your health is to stop smoking'*
- Example 2- Tailored** (Respiratory inpatient) *"When you stop smoking, your breathing symptoms will improve"*

Step 7: Referral to NSW Quitline & discharge

- Mandatory:** A referral **offer** to Quitline. (Pitch: *'It's just a conversation, they're not there to coerce you quit'*). Refer using local electronic procedure (e.g. EMR). **Can't find it?** Type into Google *"NSW Quitline Referral"* Go to Cancer Institute NSW website, fill in form. Here it is: <https://www.icanquit.com.au/support/quitline-referral/>
- Discharge correspondence to GP** should include information about the patient's smoking related treatment.

This Guide is based on [Managing nicotine dependence Guide for NSW Health staff 2025](#)

Pre-Training Survey

Post-Training Survey