UNIVERSITY OF OTTAWA HEART INSTITUTE
INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL FOR SMOKING CESSATION IN PRIMARY CARE
MODÈLE D'OTTAWA POUR L'ABANDON DU TABAC EN SOINS PRIMAIRES

Quit Plan Consult Form

Patient ID:
Last Name:
First Name:
Address:
City: Postal Code:
Tel: Date of Birth: dd /mm / yy
Email:
MD/NP Name:

Preferred language: ☐ English ☐ French ☐ Other (specify):______________________

SMOKING CESSATION COUNSELLOR

PHYSICIAN CONSULT [K039, Q042A]

ASSIST

Provide patient with copy of *Your Quit Smoking Plan* ☐ Yes ☐ No

ASSIST Set Quit Date

Set **Quit Date** with patient: QUIT DATE: ________________ (dd/mm/yy) ☐ Yes ☐ No

ASSIST Identify Contraindications/ Precautions

Bupropion (Zyban) Contraindications
- ☐ Pregnant, breast feeding or planning pregnancy
- ☐ History of seizure disorder or head trauma
- ☐ Presently taking Bupropion/ Zyban/ Wellbutrin
- ☐ Previous reaction to Bupropion/ Zyban/ Wellbutrin
- ☐ Pre-existing or current eating disorder
- ☐ Excessive use of alcohol/sedatives present or past
- ☐ Taking anti-depressants, antipsychotics, corticosteroids, MAO inhibitors, theophyline, cocaine or diet pills
- ☐ Taking a quinolone antibiotic (e.g. ciprofloxacin)
- ☐ Severe hepatic impairment

Precautions
- ☐ Use of oral hypoglycemic products or insulin
- ☐ Central nervous system tumour

Varenicline (Champix) Contraindications
- ☐ Pregnant, breast feeding or planning pregnancy
- ☐ Under the age of 18 years
- ☐ History of renal failure and is taking Cimetidine
- ☐ Previous drug reaction to Varenicline
- ☐ Has history of renal failure (check with physician)
- ☐ History of nausea and vomiting in past two months (check with physician)

Precautions
- ☐ Using NRT in addition to Varenicline
- ☐ Operates heavy machinery (avoid until reaction to medication is known)

NRT
- ☐ Dentures/TMJ/Partial/Crown (avoid NRT gum)
- ☐ Allergy to adhesive (consider clear patch)

Mental Health History

Past or current history of: Currently treated: ☐ Yes ☐ No
☐ Anxiety ☐ Depression ☐ Substance use/alcohol abuse ☐ Other (specify):________________

ASSIST Select Pharmacotherapy

☐ NRT	<10 cigs/day	10-19 cigs/day	20-29 cigs/day	30-39 cigs/day	40+ cigs/day
PATCH	☐ 7 mg patch	☐ 14 mg patch	☐ 21 mg patch	☐ 28 mg patch (21 mg + 7 mg)	☐ 42 mg patch (21 mg x 2)
If time to first cig is <30 mins of waking, consider higher dose NRT	☐ 14 mg	☐ 21 mg	☐ 28 mg (21 mg + 7 mg)	☐ 35 mg patch (21 mg + 14 mg)	☐ ____________
SHORT ACTING	☐ Inhaler ☐ 2 mg gum ☐ 2 mg lozenge ☐ Mouth Spray	☐ Inhaler ☐ 2 mg gum ☐ 2 mg lozenge ☐ Mouth Spray	☐ Inhaler ☐ 4 mg gum ☐ 4 mg lozenge ☐ Mouth Spray	☐ Inhaler ☐ 4 mg gum ☐ 4 mg lozenge ☐ Mouth Spray	☐ Inhaler ☐ 4 mg gum ☐ 4 mg lozenge ☐ Mouth Spray

- ☐ **Varenicline** - Days 1-3: 0.5 mg once/day; Days 4-7: 0.5 mg BID; Day 8-12 wks 0.5-1mg BID (titrate appropriately). *Start 8 to 35 days before the quit date
- ☐ **Bupropion** - Days 1-3: 150 mg daily (in the morning); Days 4-12 weeks: 150 mg BID.*Start 8 days before the quit date.
- ☐ No medication prescribed

ARRANGE Follow-up

The Smoking Cessation Automated Follow-up System is monitored jointly by UOHI and Smokers' Helpline (SHL) to provide assistance to smokers making a quit attempt. All information is kept confidential and only used for administering and evaluating the follow-up program.

Phone number: ☐ Same as above or alternate: (   )____________________
Preferred time of call: ☐ 7-9am ☐ 9am-12pm ☐ 1-5pm ☐ 6-9pm
Preferred Method of Follow-up: ☐ Email: ____________________
☐ Telephone ☐ FHT Appointment ☐ No Follow-up

Consent to be contacted by UOHI/SHL for Follow-up ☐ Yes ☐ No

REVIEW
- ☐ Reviewed potential for changes in mood related to quitting smoking
- ☐ Reviewed medication information with patient
- ☐ Advised patient on how to prepare for his/her quit date
- ☐ Discussed smoking routines and triggers and identified strategies for managing cravings
- ☐ Reminded patient that he/she will need to cut back on caffeine by half after quit date
- ☐ Reviewed automated Smoker's Follow-up System instructions with patient

Counsellor Name: ________________________ Date ______________

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