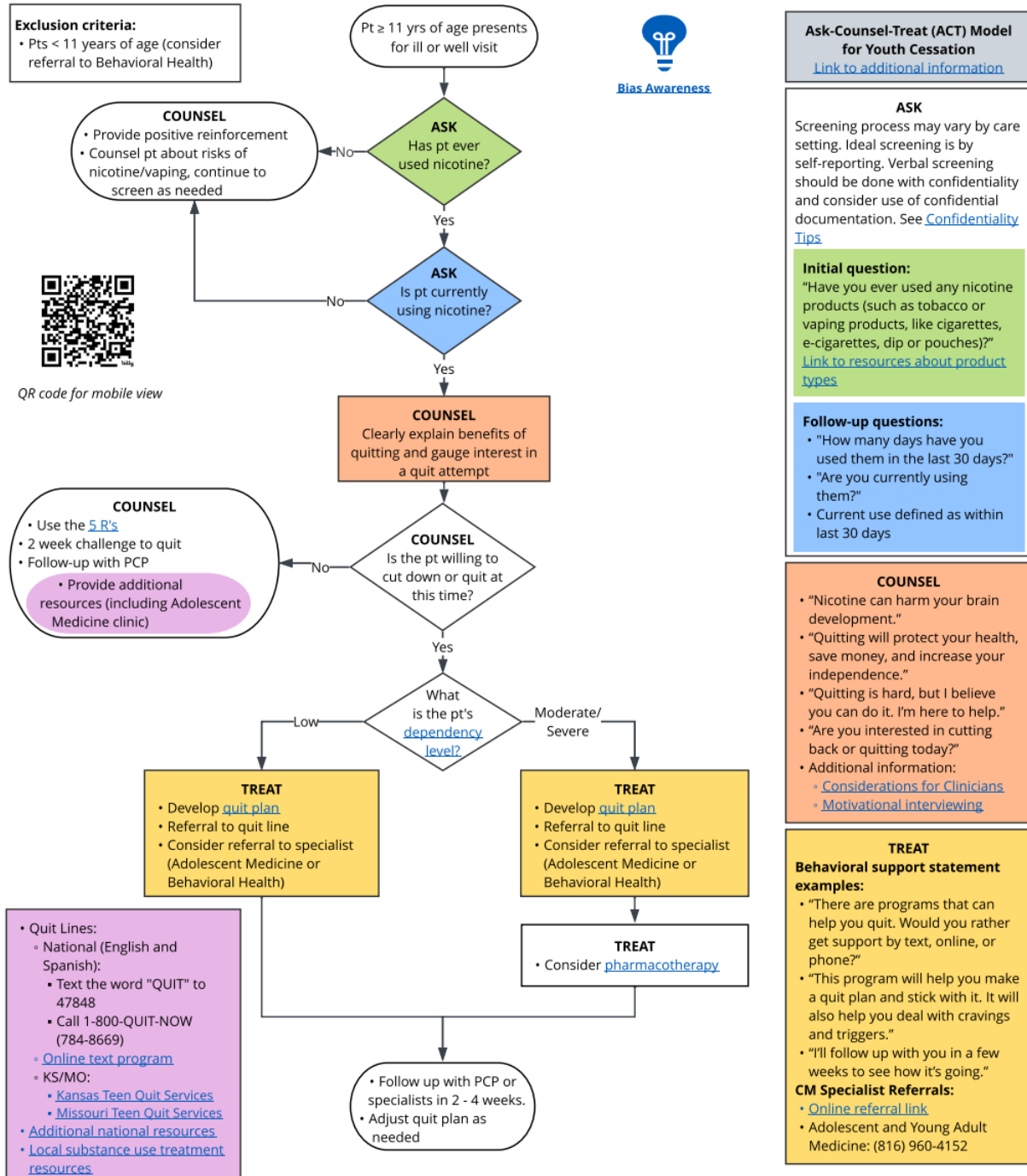


Nicotine Cessation Clinical Pathway Synopsis

Nicotine Cessation Algorithm



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Table of Contents

Nicotine Cessation Algorithm 1

Objective of Clinical Pathway 3

Background 3

Target Users..... 3

Target Population 3

Practice Recommendations 3

Additional Questions Posed by the Clinical Pathway Committee 3

Recommendation Specific for Children’s Mercy 3

Measures 3

Value Implications 3

Organizational Barriers and Facilitators 4

Diversity/Equity/Inclusion 4

Power Plans..... 4

Clinical Pathway Preparation 4

Nicotine Cessation Clinical Pathway Committee Members and Representation 4

Clinical Pathway Development Funding 5

Approval Process..... 5

Review Requested 5

Version History 5

Date for Next Review..... 5

Implementation & Follow-Up 5

Disclaimer 5

References 7

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Objective of Clinical Pathway

The objective of this pathway is to provide care standards for nicotine-use screening and nicotine cessation for patients seeking care in the hospital or ambulatory setting. The Nicotine Cessation Clinical Pathway aims to minimize variation of care through guidance for nicotine-use screening methods, determination of dependency levels, and the development of patient-focused nicotine cessation plans.

Background

The 2023 National Youth Tobacco Survey found that 10% of middle- and high-school students in the United States reported using nicotine products within the previous 30 days (Birdsey, 2023). E-cigarettes continue to be the most common tobacco product used by youths (U.S. Food and Drug Administration, 2024). Multiple tools are available to screen patients for nicotine use, determine nicotine dependency level, and develop quit plans, including the use of pharmacotherapy to aid nicotine cessation. This pathway was created by content experts to standardize use of validated tools and templates used at Children's Mercy Kansas City to identify patients who would benefit from education, assistance, and resources to discontinue nicotine use. Consideration was given to the frequent modes of nicotine use, including e-cigarettes and other products.

Target Users

- Physicians (Emergency Medicine, Urgent Care, Hospital Medicine, Primary Care, Ambulatory Clinics, Fellows, Residents)
- Advance Practice Providers
- Psychologists

Target Population

Inclusion Criteria

- Patients ≥ 11 years of age presenting for ill or well visits

Exclusion Criteria

- Patients < 11 years of age (consider referring these patients to Behavioral Health when further nicotine use screening is warranted)

Practice Recommendations

While there are currently no clinical guidelines addressing pediatric nicotine use and cessation, the following validated tools and resources were employed in development of the Nicotine Cessation Clinical Pathway:

- The Ask-Counsel-Treat model is incorporated in this pathway to provide guidance and language examples to screen for tobacco use, determine the patient's willingness to quit, and use pharmacologic therapies as appropriate to aid cessation (American Academy of Pediatrics, 2024).
- The E-Cigarette Dependence Scale tool is available to providers to determine nicotine dependency (Morean et al., 2018; Morean et al., 2019). The dependency level scoring is used to determine follow-up measures and dosage of pharmacotherapy, when appropriate (American Academy of Pediatrics, 2024).
- Guidance from the American Academy of Pediatrics regarding nicotine replacement therapy (NRT) dosage based on the patient's nicotine dependency level and instructions for use of NRT is provided to standardize appropriate use of these products to aid nicotine cessation (AAP, 2024).

Additional Questions Posed by the Clinical Pathway Committee

No clinical questions for formal literature review were posed by the pathway committee.

Recommendation Specific for Children's Mercy

In the absence of a clinical guideline, practice recommendations and the employment of selected tools and resources were based on the expert opinion of the Nicotine Cessation Clinical Pathway Committee.

Measures

- Utilization of the Nicotine Cessation Clinical Pathway and associated tools (Dependency Screening Tool, Quit Plan, and Pharmacotherapy guidance)

Value Implications

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- Increased rate of screening for nicotine use
- Increased rate of individualized Quit Plan development
- Appropriate use of pharmacotherapy to aid nicotine cessation
- Decreased unwarranted variation in care
- Improved equity of care delivery

Organizational Barriers and Facilitators

Potential Barriers

- Variability of acceptable level of risk among providers
- Time constraints faced by providers when screening and determining follow-up measures
- Challenges with follow-up faced by some patients
- Confidentiality needs of some patients while screening and developing nicotine cessation plans

Potential Facilitators

- Collaborative engagement across care continuum settings during clinical pathway development
- Anticipated high rate of use of the clinical pathway
- Standardized tools for screening for nicotine use, determining dependency levels, and appropriately prescribing pharmacotherapy to aid nicotine cessation

Diversity/Equity/Inclusion

Our aim is to provide equitable care. These issues were considered in the development of this clinical pathway. Please refer to the Nicotine Cessation Bias Awareness Resource Page for additional resources.

Power Plans

- There are no power plans associated with this clinical pathway.

Associated Policies

- Pharmacy: Confidential Patient Prescriptions

Education Materials

- My Nicotine Quit Plan
 - Intended to be customized to the individual patient by the provider
 - Available in English and Spanish
 - Provides additional resources available online or through applications to support nicotine cessation

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Nicotine Cessation Clinical Pathway Committee, composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Nicotine Cessation Clinical Pathway Committee Members and Representation

- Thuylinh Pham, MD | Urgent Care | Committee Chair
- Haley Killian, PhD | Developmental and Behavioral Health | Committee Member
- Abbey Masonbrink, MD, MPH | Hospital Medicine | Committee Member
- Ricky Ogden, PharmD, MBA, BCPS, FACHE | Pharmacy | Committee Member
- Alvin Singh, MD | Pulmonology | Committee Member
- Stephani Stancil, PhD, APRN | Adolescent Medicine | Committee Member
- Gladesia Tolbert, DNP, CPNP, PMHS | General Academic Pediatrics | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Hospitalist, Evidence Based Practice
- Megan Gripka, MT (ASCP) SM | Evidence Based Practice

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Clinical Pathway Development Funding

If no outside funding, use this statement: The development of this clinical pathway was underwritten by the following departments/divisions: Adolescent Medicine, Developmental and Behavioral Health, Evidence Based Practice, General Academic Pediatrics, Hospital Medicine, Pharmacy, Pulmonology, and Urgent Care.

Conflict of Interest

The contributors to the Nicotine Cessation Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the Nicotine Cessation Committee, Content Expert Departments/Divisions, and the EBP Department, after which they were approved by the Medical Executive Committee.
- Pathways are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert teams are involved with every review and update.

Review Requested

Department/Unit	Date Obtained
Adolescent Medicine	November 2024
Developmental and Behavioral Health	November 2024
Evidence Based Practice	October 2024
Pharmacy	October 2024
Pulmonology	November 2024
Urgent Care	November 2024

Version History

Date	Comments
December 2024	Version one – development of clinical pathway, associated tools, and resources

Date for Next Review

- 2027

Implementation & Follow-Up

- Once approved, the pathway was presented to appropriate care teams and implemented. Care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur.
- Education tools reviewed for health literacy shared with the Teen Advisory Board for feedback.
- Education was provided to all stakeholders:
 - Departments of Adolescent Medicine, Developmental and Behavioral Health, General Academic Pediatrics, Hospital Medicine, Pharmacy, Pulmonology, and Urgent Care
 - Resident physicians
- Additional institution-wide announcements were made via email, hospital website, and relevant huddles.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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