



NATIONAL INSTITUTES OF HEALTH
National Heart, Lung, and Blood Institute

Nurses: Help Your Patients Stop Smoking

Nurses Can Help Smokers Quit

Most Smokers Are Ready to Hear from You

How You Can Help

The Facts: Smoking Causes Death, Disease, and Disability

Benefits of Quitting

Challenges to Quitting

Withdrawal Symptoms

Nicotine Replacement Therapy

Steps for Nurses' Smoking Intervention

National Heart, Lung, and Blood Institute
Smoking Education Program
P.O. Box 30105
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You can help your patients stop smoking. How? Talk to patients about their smoking, provide some simple but effective quit smoking advice, and ask other health professionals to do the same. This concise guide will help you do this successfully.

Smoking is a proven health hazard, and there are clear benefits to quitting. There is no safe cigarette and no safe level of smoking. **Nurses have a responsibility, as health professionals, to talk to all their patients who think about quitting.** This is true whether you work in a hospital, health department, worksite, school, physician's office, patient's home, or any other setting.

This guide contains:

- ♡ Information you can use to confidently talk about quitting smoking
- ♡ A quick and easy-to-use teaching guide: "Steps for Nurses' Smoking Intervention"
- ♡ A pocket summary of the teaching guide
- ♡ Five handouts that can be copied and given to patients.

Begin to use this teaching guide this week or, better yet, today.

- ♡ Role-play the steps of the smoking intervention with a friend or colleague before talking with patients.
- ♡ Take every opportunity to practice and make it part of your routine.
- ♡ If you smoke, use this booklet to help yourself quit.

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Three out of four smokers say they want to quit.

Most smokers know that smoking causes lung cancer, emphysema, and heart disease.

Seven out of ten smokers have tried to quit smoking.

Ninety percent of former smokers quit on their own without participation in formal programs. Smokers can quit with your advice.

Smokers expect to hear concern about their smoking in health settings. When you use the Steps for Nurses' Smoking Intervention listed later, you will not be seen as nagging or preaching. Your advice will be seen as good nursing practice.

One Nurse's Experience

"When I first started talking to patients about their smoking, I was hesitant. I thought patients would think their smoking was none of my business. I found just the opposite. Many patients were willing to talk about their smoking and plans to stop. Some tried to quit, and a smaller group did so. I feel good knowing I am making a difference in the health of my patients."



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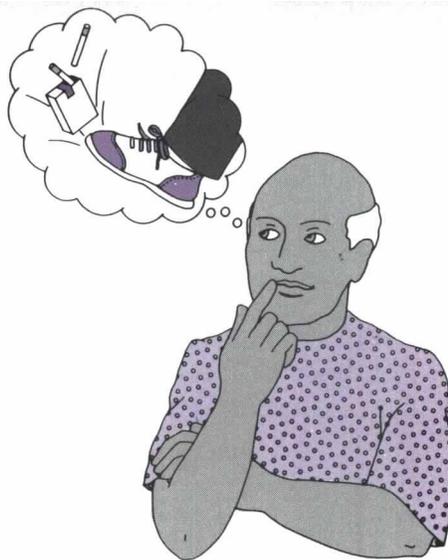
Steps for Nurses' Smoking Intervention

Four Stages of Quitting Smoking

You will see smokers at each of the four stages of quitting smoking. With the Steps for Nurses' Smoking Intervention, you can help smokers through these stages of breaking the habit:

- Stage 1. Not seriously thinking about quitting**
(Precontemplation)
- Stage 2. Thinking about the pros and cons of quitting**
(Contemplation)
- Stage 3. Intending to quit and taking actions to do so** (Action)
- Stage 4. Remaining off smoking or returning to it**
(Maintenance or relapse).

You are successful when you help smokers move closer to taking action and stopping smoking. Even if they don't quit, they are further on their way to quitting—because of you.



Most smokers will be in the first two stages, not quite ready to quit. They often need an outside prompt to start them thinking seriously about quitting. Use every clinical opportunity, such as a patient's persistent cough or recent illness, to personalize the need to stop smoking. **Your advice can encourage them to think more seriously about quitting (stage 2) or to set a quit date (stage 3).** See the Challenges to Quitting section for ways to help those in stages 3 and 4.

Ask Other Health Professionals to Help Smokers Quit

In addition to talking to patients yourself, remind other members of the health team to do the same. When you learn that a patient smokes, ask the physician to talk to him or her about quitting.

Encourage other nurses, respiratory care practitioners, dietitians, physician assistants, and other health care providers to talk to smokers, also. Repetition of the same no-smoking message by several sources will encourage smokers to think more seriously about quitting smoking.

Document on the patient record or chart the person's smoking history, desire to quit, and quit date. Use notes in the planning portion of the record to prompt others to discuss stopping smoking with the patient.

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What would happen if two fully loaded jumbo jets crashed every day with no survivors? What if a new virus killed 1,000 Americans every day? You'd see fast action to stop this loss of life.

Cigarette smoking now causes 1,000 Americans to die each day.

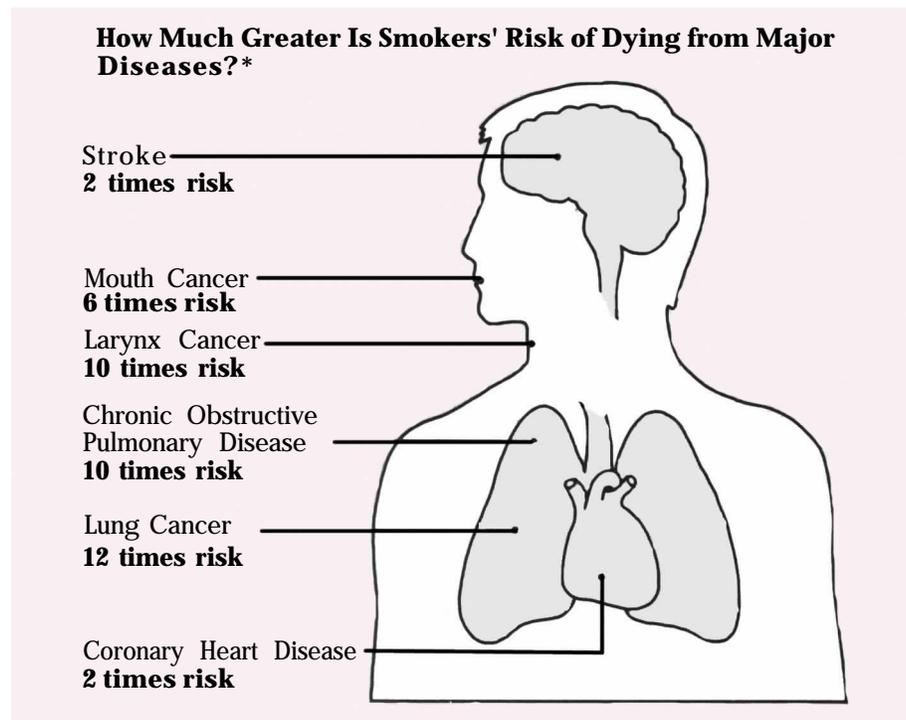
Cigarette smoking is the single most important preventable cause of death in the United States. One of every six deaths in the United States is related to smoking. As of 1990, 25.5 percent of (or about 45.8 million) Americans smoked cigarettes. Many of these people are your patients.

Smokers increase their risk of death from many major diseases because they smoke. The table on this page shows, for example, that smokers have double the risk of dying from coronary heart disease as do those who never smoked.

They also greatly increase their risk of lung cancer and several other cancers—mouth, throat, bladder, pancreas, and kidneys. Stomach and duodenal ulcers are more likely to occur, less likely to heal, and more likely to cause death in smokers than nonsmokers. The risk of developing occupational lung diseases is also increased in smokers.

More Risk Factors, More Risk
Patients with diabetes, high blood cholesterol, or high blood pressure at least double their already increased risk for heart disease by smoking. Other problems are also more prone to occur. For example, diabetics who smoke greatly increase the risk of poor circulation to their hands and feet. This condition can lead to gangrene.

Pregnant women who smoke increase their chances of having low birth weight infants by 50 percent. Also, smoking increases the risk of miscarriage, premature birth, and stillbirth. Children regularly exposed to the cigarette smoke of others (passive smoking) have more upper respiratory and inner ear infections. Women who smoke and take birth control pills increase their risk of a heart attack 10 times. Their risk of a stroke also increases.



*Estimated increased risks for male and female smokers age 35 or older. Adapted from: US. Department of Health and Human Services, *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. Rockville, Office of Smoking and Health, 1989.

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What to Say to Smokers About the Benefits of Quitting

Ask patients what they think their benefits of quitting would be. Share some of the benefits listed below.

Some Reasons Smokers Give for Quitting

- ♥ Reduced risk of heart attack, cancer, and stroke
- ♥ Feeling more in control of life
- ♥ Better smelling hair, breath, clothes, house, and car
- ♥ More stamina when walking or exercising
- ♥ Less coughing, colds, and flu

Benefits to People Around Smokers Who Quit

- ♥ Infants with mothers who do not smoke have half the bronchitis, pneumonia, ear



and lower respiratory tract infections **as** do infants with mothers who smoke.

- ♥ **Spouses** of nonsmokers have half the lung cancer risk of spouses living with smokers.

Benefits of Quitting Start Within Days

- ♥ As the carbon monoxide level in the blood decreases, the oxygen level increases to normal.
- ♥ The heartbeat slows to normal.
- ♥ The lungs begin to clear and repair themselves.

Long-Term Benefits of Quitting

- ♥ After 1-2 years of not smoking, the ex-smoker's risk of a heart attack drops sharply and gradually returns to normal after about 10 years.
- ♥ After quitting smoking, the risk of lung, bladder, laryngeal, oral, and esophageal cancer is gradually reduced when compared with continued smoking. However, cessation may not reduce the former smoker's risk level to that of an individual who never smoked.

Help Your Patients Reduce Their Risk and Get These Benefits

When you see a smoker, think of patients who have heart disease, cancer, stroke, or emphysema. You don't want this smoker, your current patient, to develop one of these diseases. You will save some of your smokers from these problems by talking to them about quitting.

Benefits of Quitting

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If smokers want to quit, why don't they? Here are a few reasons or challenges smokers must overcome to quit.

Addiction:

Most smokers are addicted to nicotine and will crave cigarettes.

Habit:

Smokers smoke automatically in specific situations every day.

Reward:

Some smokers relax or obtain pleasure from smoking.

Stimulant:

Some smoke when they are tired and want to feel more energetic.

Weight gain:

Many smokers gain weight after quitting.

Social:

Most smokers have friends or relatives who smoke.

Time filler:

Many smokers smoke when they are bored or have nothing to do.

Coping:

Most smokers smoke when they feel worried, upset, sad, or mad.

Smoking is a part of the smoker's life. To stop smoking, smokers must first decide to quit. To remain smoke-free, smokers may use two techniques: 1) avoid tempting situations and 2) do something else when the urge to smoke arises.

To help smokers quit and remain off smoking (stages 3 and 4), discuss the following three points:

- ♡ **Ask about specific tempting situations.** Ask current smokers about times when they smoke. Ask recent ex-smokers about when they feel the urge to smoke.
- ♡ **Discuss ways to avoid these situations.** Can they avoid the location (e.g., bars) or friends who smoke for a few weeks? (See the patient handout.)
- ♡ **Help them find something else to do instead of smoking in each situation.** Suggest sipping water, breathing deeply, moving around, and keeping their hands busy. Remind them that the urge will soon fade.



The key to quitting for smokers is not gritting their teeth to resist the urge to smoke. That doesn't work. The key is to be active in distracting themselves from thinking about smoking using the techniques listed in the first column. **You don't need to provide "answers" to each smoking situation. Ask the smoker to think of activities that they think will work.**

Address any concerns about weight gain. Tell smokers that many gain weight after quitting, although some do not. The average weight gain for ex-smokers found in most studies is about 5-10 pounds. Some gain more, some less, and some do not gain any weight. Suggest that patients focus on quitting smoking now and then tackle any weight gain later. Tell them they can help prevent weight gain or keep it small by eating low-fat foods and exercising.

Remember that many smokers will hesitate and want to put off quitting. And, many of those who try will not quit for good with this attempt. Encourage those who return to smoking to learn from the attempt and try again. Refer to the patient handout on this point. **Never give up on a patient. Nearly half of all adults who ever smoked have quit for life.** Often it takes a few attempts before smokers quit for life.

Challenges to Quitting

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What to Say to Smokers About Withdrawal Symptoms

- ♥ There will be withdrawal symptoms after quitting. Give examples such as lack of concentration, feeling tired, or being restless.
- ♥ The withdrawal symptoms may come and go, get stronger or weaker, or remain the same. Tell the smoker to be prepared for these changes.
- ♥ The withdrawal symptoms should last 2 to 4 weeks.

Withdrawal symptoms usually occur within 24 hours of stopping smoking or reducing the number of cigarettes smoked per day. These symptoms are signs that the body is recovering from smoking. Tell smokers this fact.

Most symptoms end within 2 to 4 weeks. Some symptoms decrease sharply after the first few days. The urge to smoke will

last much longer. All smokers do not experience the same withdrawal symptoms.

Below is a list of withdrawal symptoms and tips to help you answer many of the questions smokers may ask you. If patients have trouble with these symptoms, refer them to a physician.



Ways to Cope with Withdrawal Symptoms

Withdrawal Symptom

Craving for cigarettes

Things You Might Do

Do something else; take slow deep breaths; tell yourself, "don't do it."

Anxiety

Take slow deep breaths; don't drink caffeine drinks; do other things.

Irritability

Walk; take slow deep breaths; do other things.

Trouble sleeping

Don't drink caffeine drinks in the evening; don't take naps during the day; imagine something relaxing like a favorite sport.

Lack of concentration

do something else; take a walk.

Tiredness

Exercise; get plenty of rest.

Dizziness

sit or lie down when needed; know it will pass.

Headaches

Relax; take mild pain medication as needed.

Coughing

Sip water.

Tightness in chest

Know it will pass.

Constipation

Drink lots of water; eat high-fiber foods like vegetables and fruits.

Hunger

Eat well-balanced meals; eat low-calorie snacks; drink cold water.

Withdrawal Symptoms

Nicotine Replacement Therapy

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How Nicotine Replacement Therapy Can Help

Nicotine replacement therapy may help smokers stay off smoking by reducing their withdrawal symptoms so the patient can concentrate more fully on the behavioral aspects of smoking cessation. Nicotine from any source is addictive. Therefore, nicotine replacement should be used carefully. It is not designed to be used alone. It should be used with other smoking cessation programs and materials.

Two nicotine replacement therapy options are available. They are nicotine gum (nicotine polacrilex medication) and the nicotine patch (transdermal nicotine). Both nicotine gum and the nicotine patch replace the nicotine from cigarettes with a lower, more even dose. **Thus, nicotine replacement therapy is only used when all smoking has stopped—on quit day and beyond.** Anyone interested in making nicotine replacement therapy a part of their smoking cessation process should discuss with their physician which option is best for them—the gum or the patch.

When used with a stop smoking program, nicotine replacement therapy may help smokers remain off cigarettes. These stop smoking programs include group sessions, individual instruction, and self-help booklets that teach habit-breaking techniques.

Nicotine gum and the nicotine patch may be most helpful to smokers who smoke more than one pack a day. Lighter smokers may find them helpful, too. Both are available only with a prescription.

Health professionals should teach patients how to use

What to Say to Smokers About Nicotine Replacement Therapy

Nicotine gum or the nicotine patch may be useful—check with the doctor or dentist. If either one is to be used, help the patient get a prescription and teach the patient how to use the gum or the patch correctly.

nicotine gum or the nicotine patch correctly. Some important information about nicotine gum and the nicotine patch is presented below. Complete information about nicotine gum or a particular nicotine patch is provided in the package insert.

Nicotine Gum

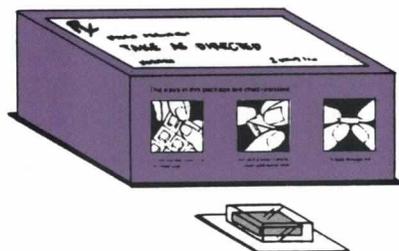
How It Works

Nicotine gum contains nicotine in a gum base. When chewed briefly until softened, and then placed between the cheek and gum, the nicotine from the gum is absorbed into the blood through the lining of the mouth. Once in the bloodstream, nicotine travels to the brain where it binds to nicotinic receptors to gradually reduce withdrawal symptoms.

How It Is Used

The amount of nicotine gum each patient uses will vary. Encourage patients to discuss with their physician the following information:

- how many pieces per day they should use,
- when they should use the gum during the day, and
- when they should be weaned off the gum.



Specific information on how much to use is provided in the package insert. If nicotine gum is prescribed for the hospitalized patient, make the gum easily available to the patient as ordered. You may wish to keep a limited supply of nicotine gum at the bedside for easy patient access.

Warnings/Precautions

- ♡ PATIENTS SHOULD *NOT* SMOKE WHILE USING NICOTINE GUM!! Smoking while using nicotine gum could result in an overdose of nicotine.
- ♡ Children, pregnant women, or lactating women should not use nicotine gum.
- ♡ Nicotine gum should *not* be used by patients who have life-threatening cardiac arrhythmias, severe angina, or who have had a recent myocardial infarction.
- ♡ Patients with medical conditions such as hypertension, cardiac arrhythmias, oral/pharyngeal inflammation, history of esophagitis, peptic ulcer disease, hyperthyroidism, insulin-dependent diabetes, or cardiovascular disease, should consult their physician before using nicotine gum.

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♡ Patients should consult with their physician or dentist if they have dentures, bridges, or dental problems before using nicotine gum. Patients with active temporomandibular joint disease should not use nicotine gum.

Side Effects

Side effects may include a sore jaw, a sore mouth, excessive salivation, dyspepsia, nausea, and/or hiccups.

Nicotine Patch

How It Works

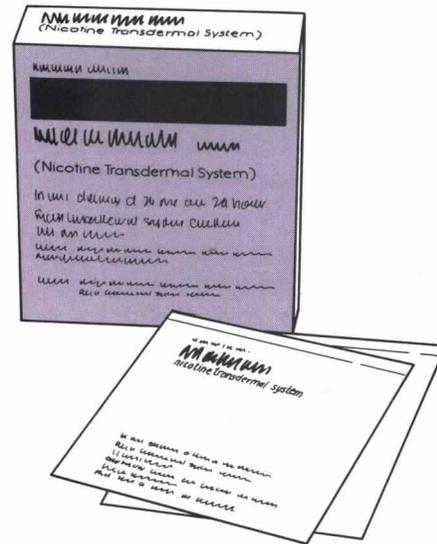
The nicotine patch delivers a steady dose of nicotine through the skin of the person wearing the patch. Once absorbed through the skin, the nicotine is delivered to the bloodstream within a few hours of application, where it travels to the brain. In the brain, the nicotine binds to nicotinic receptors to reduce withdrawal symptoms.

How It Is Used

The nicotine patch is applied each day on the upper arm, back, or chest and is used for several weeks at a time. The amount of nicotine in each patch and the dose delivered over a 24 hour period vary with each brand of transdermal nicotine. The physical size and appearance and the length of time the patch should be worn vary among brands as well. Encourage patients to discuss with their physician the following information:

- When to put the patch on (usually first thing in the morning),
- What dose or size of patch to use,
- How long to keep it on each day,
- How many weeks to use the patch,
- How to wean off the patch.

Each brand allows gradual decreases in the amount of nicotine delivered by providing smaller patches over time until the patient has no need for nicotine replacement. Specific information on each brand is provided in the package insert. Patients should consult with their physician to determine which brand is best for them.



Warnings/Precautions

- ♡ PATIENTS SHOULD **NOT** SMOKE WHILE USING THE NICOTINE PATCH!! Smoking while using the nicotine patch could result in an overdose of nicotine.
- ♡ Pregnant women or lactating women should consult with their physician before using the nicotine patch.
- ♡ Children should *not* use the nicotine patch; women in labor or delivery should not use the nicotine patch.
- ♡ The nicotine patch should *not* be used by patients with life threatening cardiac arrhythmias, severe or worsening angina, or a recent myocardial infarction.

♡ Patients with medical conditions such as hypertension, renal or hepatic insufficiency, cardiac arrhythmias, active peptic ulcer disease, hyperthyroidism, insulin-dependent diabetes, peripheral vascular disease, or cardiovascular disease should consult their physician before using the nicotine patch.

♡ Patients with atopic or eczematous dermatitis should consult with their physician before using the nicotine patch.

Side Effects

Side effects may include skin irritation, sweating, abnormal dreams, insomnia, nervousness, diarrhea, dyspepsia, dry mouth, arthralgia, and/or myalgia.

Instructions for patients using nicotine gum and the nicotine patch are provided on the patient education handout at the end of this guide. If nicotine replacement therapy is indicated for a particular patient, give them the handout on nicotine gum or the nicotine patch provided in this guide. Complete information on nicotine gum or a particular nicotine patch is provided in the package insert.

You can make a difference with your smoking patients in just a short time. Here are some important tips:

Start today. To start, just ask patients about their smoking and advise them to quit. Within a week or so, add the “prepare” and “followup” steps. If time is short, simply do the “ask” and “advise” steps. Soon, this smoking intervention will be a flexible part of your nursing routine.

Keep your objectives in mind. Patients will:
—Set a quit date and begin to prepare to quit,
—Or think more during the next week about the reasons for quitting and the possibility of doing so in the next year.

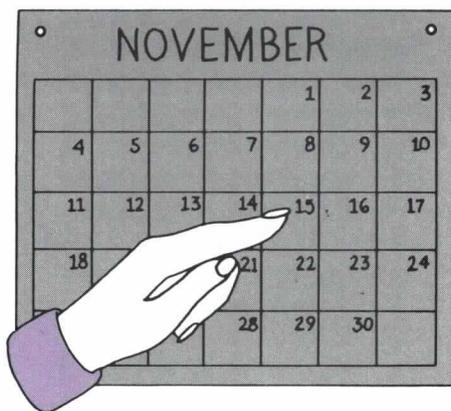
Convey warmth, understanding, acceptance, and respect for patients. Express concern about their smoking.

1. Ask All Patients if They Smoke

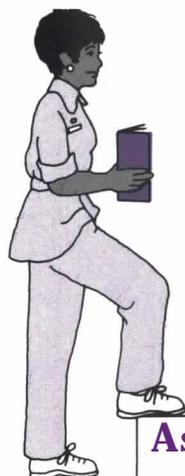
- ♡ For smokers, ask how much they smoke.
- ♡ Congratulate smokers who have quit.
- ♡ Document patients’ smoking or nonsmoking status in your notes or other forms.

2. Advise All Smokers To Quit

- ♡ Ask the patients what they think the benefits of their quitting would be.
- ♡ Show the patient the handout and review a few benefits you feel would be meaningful.



- ♡ **Give a firm, simple no-smoking message such as, “I am concerned about your smoking. I must highly recommend that you quit.”**
- ♡ Repeat your recommendation when smokers give excuses for not quitting. For example, say “I can see you have concerns, but I still must recommend that you quit. Smoking is a major health threat for you.” Never argue about the excuses or accept the excuses. Always end with your patients knowing you think they should quit.



Advise

Prepare

Followup



3. Prepare Your Smokers To

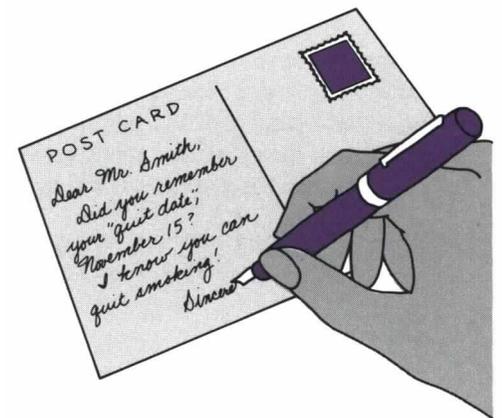
- ♡ **Ask the patient to set a target quit date within 1 to 3 weeks from now.** If that time frame doesn’t work, explore what time frame might be better. Ask patients who are not ready to quit to think seriously next week about the reasons for quitting.
- ♡ Have the patient write his/her quit date on the attached patient handout. This contract can be made between the patient and you or a friend or relative. Ask them to complete the rewards part later. Stress the need to reward themselves.
- ♡ **Mention the three main tips in “Breaking the Habit” in the enclosed patient handout.** Show this to them. These three tips are 1) do something else instead of smoking, 2) avoid tempting situations, and 3) stick with your effort to stop smoking. Express confidence that they can and will quit.

- ♡ Tell patients they will experience withdrawal symptoms for about 2 to 4 weeks after quitting. Show them the handout on this. Offer them information on how to obtain a prescription for nicotine gum or the nicotine patch, if appropriate and not contraindicated.
- ♡ Offer information on local smoking cessation programs. Write the phone numbers on the patient's handout. You could also give patients one of the self-help booklets listed on the "Breaking the Habit" patient handout.

♡ **Tell all patients you are very interested in hearing how they do.** If you plan to followup, tell them you will. If you cannot followup with them, tell them you will be thinking of them on their quit day. If you can handle calls, ask them to call you with their progress.

4. Followup: Let Your Patients Know You Care

- ♡ **Talk with all patients briefly about their smoking the next time you see them**—the next appointment, home visit, wherever. Ask them if they smoke and for their thoughts on what you said about smoking. As time permits, talk to them about their progress, problems, and plans.
- ♡ Give new ex-smokers a "pat on the back" each time you see them.
- ♡ **Send cards or call patients at home** a day or so before their quit day and/or soon after their visit, when you can. This is a very helpful way to show you care. It also reminds them of their commitment to quit.
- ♡ Work with health professionals in other settings to stay in contact with patients and reinforce no-smoking messages.



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Quit and Be Free

What Will It Take For You To Quit Smoking?

Many smokers have quit smoking because of the many benefits of being smoke-free. Some waited until they had symptoms like a cough or breathing problems. And others waited until they were told they had cancer or a heart problem. What will it take for you to stop smoking?

Think About Your Reasons for Quitting Each Day

What do you want to gain from quitting? Check your reasons in the list below, then write them down. Pick a few times during the day to read and review your list. Tape the list on your refrigerator or bathroom mirror where you will see it.

Think of your reasons to quit each time you reach for your pack of cigarettes. By repeating your reasons often, your drive to quit smoking will grow stronger. Try it.

By Quitting Smoking, I Will Get These Benefits...

- I will greatly lessen my chances of getting cancer or having a heart attack.
- I will have fewer colds or flu each year.
- I will have better smelling clothes, hair, breath, home, and car.
- I will climb stairs and walk without losing my breath.
- I will have more money to spend on other things.
- I will reduce the number of coughs, colds, and earaches my young child will have.
- I will have fewer wrinkles.
- I will be free of my morning cough
- I will increase my sense of control over my life.
- I will _____

I Lose These Benefits Each Day That I Do Not Quit Smoking

Think of When You Will Quit

Choose a quit date and promise yourself not to smoke. Write the date on the contract below and have someone sign it with you. List how you'll reward yourself, too.

Tell your friends, family, and coworkers about your quit date.

Tell them your reasons for wanting to quit. Ask for their support.

Prepare, Take Charge and Quit

The methods listed on the handout, "Breaking the Habit," have helped thousands of former smokers to break the habit. Ask your nurse for this handout, and begin to practice these methods now. You will quit smoking.

I will quit smoking on _____ . I will reward myself
(date)
for not smoking as follows:

First day of not smoking _____
(reward)

Each week of not smoking _____
(reward)

(signed)

(cosigned)

Breaking the Habit

Do Something Else Instead of Smoking

Think of some common times when you smoke. For instance, you might smoke after meals, while driving, or when you are bored. For each of these times, find something else to do in place of smoking. This will distract you from your urge to smoke. And before you know it, the urge to smoke will fade. Here's what you should do.

Each time you feel an urge to smoke, do the following quickly:

Stop ♡ Say, "Stop!" to yourself, even out loud.

Think ♡ Repeat the reasons why you are quitting.

♡ Tell yourself that you can wait out the urge.

Act ♡ Put something in your mouth.

Sip water, chew ice or sugarless gum, eat fruit or a low-calorie snack, or use a toothpick.

Keep your hands busy. Try beads, paper clips, doodling, crossword puzzles, or handling a coin.

♡ **Move. Get up and walk.**

♡ **Call or see a helpful friend.**

♡ **Yawn, sigh, or breathe deeply.**

Starting today, practice Stop Think-Act when you want to smoke. Right now, do Stop-Think-Act. Use it to postpone smoking a few cigarettes each day for 10 minutes. When your quit day comes, you'll be in control. Practice makes nonsmokers.

Avoid Tempting Situations

♡ Destroy all cigarettes the night before quit day. Also, throw away all ashtrays, matches, and lighters.

♡ Avoid people who smoke in front of you.

♡ Avoid those places where you smoked, when you can.

♡ Do not drink alcohol for at least the first 2 weeks of not smoking.

♡ Ask family members and friends not to offer you cigarettes or leave them laying around.

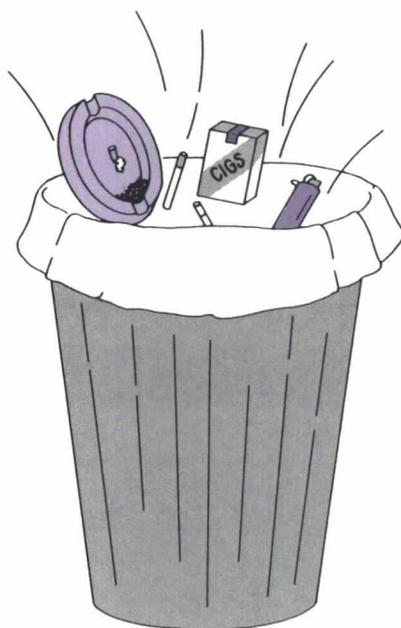
Stick With Your Effort to Stop Smoking

If you do smoke a cigarette, regain control:

1. Stop smoking and get rid of any cigarettes you might have.
2. Forget about feeling guilty. You were in a tough situation. Learn from it and then just forget it.
3. Plan and practice what you will do next time in that situation. Talk to a friend about it. Take charge and you will quit smoking.

Nicotine gum or the nicotine patch may also help you quit smoking. It will reduce your withdrawal symptoms. Your doctor or dentist must write a prescription for you to get the gum or the patch. Ask them about it.

Call For More Information. Call the National Cancer Institute (1-800-4-CANCER) to order the booklet, *Quit for Good*. The Office on Smoking and Health (404-488-5708) offers *Clearing the Air*. Call the local chapters of the American Heart Association, American Cancer Society, and American Lung Association to obtain other materials and schedules of group programs. Ask your nurse for these phone numbers or look in your phone book.



Being in Control of Withdrawal Symptoms

There will be withdrawal symptoms after you quit. These symptoms are good signs that your body is recovering from smoking. The symptoms may come and go, get stronger or weaker, or stay the same. Most symptoms end within

2 to 4 weeks. Your knowing this will help you stay in control and not smoke.

When symptoms occur, you can distract yourself from them or reduce them. The table below tells you some things you can do.

It is helpful to remind yourself that these symptoms will be over soon. **You will not smoke in spite of these symptoms like millions of other former smokers.**

Withdrawal Symptom	Things You Might Do
Craving for cigarettes	Do something else; take slow deep breaths; tell yourself, "Don't do it."
Anxiety	Take slow deep breaths; don't drink caffeine drinks; do other things.
Irritability	Walk; take slow deep breaths; do other things.
Trouble sleeping	Don't drink caffeine drinks in evening; don't take naps during the day; imagine something relaxing like a favorite spot.
Lack of concentration	Do something else; take a walk.
Tiredness	Exercise; get plenty of rest.
Dizziness	Sit or lie down when needed; know it will pass.
Headaches	Relax; take mild pain medication as needed.
Coughing	Sip water.
Tightness in chest	Know it will pass.
Constipation	Drink lots of water; eat high-fiber foods like vegetables and fruits.
Hunger	Eat well-balanced meals; eat low-calorie snacks; drink cold water.

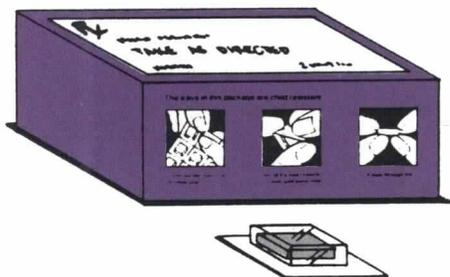
Nicotine Gum

Nicotine gum may help you stay off smoking by reducing your withdrawal symptoms. Some examples of withdrawal symptoms are dizziness, headaches, and lack of concentration. The gum gives you nicotine at a lower, more even dose than your cigarettes do. **Nicotine gum is used only when all smoking has stopped—on quit day and beyond.** Do NOT smoke and use the gum!!

When used with a stop smoking program, nicotine gum may help you quit for life. These stop smoking programs include group sessions and self-help booklets. These will help you cope with your cravings to smoke. The gum does little to reduce your cravings to smoke.

The gum is most helpful to smokers who are addicted to nicotine. Each piece of gum contains 2 mg of nicotine. The general plan is to switch to nicotine gum, stabilize on it until you are accustomed to being a nonsmoker, and then taper off and be off in 3 to 6 months. Nicotine gum is not for everyone. Check with your doctor to see if it is best for you. You can only get the gum with a prescription.

Nicotine gum does not contain any sugar.



How It Works

When you chew nicotine gum, the nicotine from the gum is absorbed through the lining of your mouth. Next, the nicotine travels through your blood to your brain to help replace the nicotine your body got used to when you smoked. This will help you feel fewer withdrawal symptoms. Talk to your doctor or nurse and read the instructions that come with the gum to learn how to use it.

Some Important Things to Remember

♥ Talk to Your Doctor About How Much To Use

- Start using the gum upon waking on quit day
- Your doctor will tell you:
 - how many pieces per day you can use,
 - when you should use the gum during the day, and
 - when you can begin to wean off the gum.

♥ Chew the Gum, Then Put It into Your Cheek, Then Repeat This.

- Put the gum in your mouth and chew it slowly until you taste it.
- Then place the nicotine gum between your cheek and your gum. Hold it there.
- After the flavor goes away, bite or chew slowly until you taste the gum again. Then put the gum back in your cheek. This should happen once every minute or so.
- Use each piece of gum for 20 to 30 minutes and then throw it away.

♥ Not Drink Liquids Around the Time You Use the Gum

- Wait at least 15 minutes after drinking acidic beverages such as coffee, tea, milk, fruit juice, or soft drinks before using the gum. If you do not wait 15 minutes, you will lose much of the effect of the gum.
- Do not drink any liquids while the gum is in your mouth.

♥ Prevent the Side Effects from the Gum: Chew Slowly

- Most side effects can be prevented by chewing the gum more slowly. Tell your doctor if you have any side effects such as a sore jaw, a sore mouth, extra saliva, heartburn, feeling sick to your stomach, or hiccups.

♥ Stop Using the Gum When You Are Ready

- As the urge to smoke comes less often, slowly reduce the number of pieces of gum used each day.
- Most people are off the gum in 3 to 6 months, but some may need it longer.

Nicotine Gum (continued)

♥ **Make Special Note of These Things When Using the Gum**

—Nicotine from any source (smoking, nicotine gum, or the nicotine patch) can make some health problems worse. For example, heart or circulation problems (such as an irregular heartbeat, chest pain, or a heart attack), high blood pressure, stomach ulcers, overactive thyroid, and diabetes that needs insulin.

—Nicotine gum should not be used by patients who have life-threatening cardiac arrhythmias, severe angina, or who have had a recent myocardial infarction.

—Nicotine gum can also cause problems with pregnancy and a baby being nursed.

—Chewing nicotine gum may make jaw joint (temporomandibular joint) disease worse. The gum may also cause problems with

dentures, bridges, or other dental conditions.

—Nicotine gum is not for everyone.

—Be sure to tell your doctor:

- If any of the above situations exist,
- If you have any side effects from nicotine gum,
- What medications you are on, and
- If you are not ready to quit smoking.

The Nicotine Patch

The nicotine patch may help you stay off smoking by reducing your withdrawal symptoms. Some examples of withdrawal symptoms are dizziness, irritability, headaches, and lack of concentration. The patch gives you nicotine at a lower, more even dose than your cigarettes do. **The nicotine patch should only be used when all smoking has stopped—on quit day and beyond.** Do NOT smoke and use the patch!!

When used with a stop smoking program, the nicotine patch may help you quit for life. These stop smoking programs include group sessions and self-help booklets. The patch is most helpful to smokers who are addicted to nicotine. The general plan is to switch to the nicotine patch, stabilize on it until you are accustomed to being a non-smoker, and then taper off with smaller patches and be off in several months. The nicotine patch is not for everyone. Check with your doctor to see if it is best for you. You can only get the patch with a prescription.

How It Works

When you wear the nicotine patch, it delivers a steady dose of nicotine through your skin into your bloodstream. The nicotine travels to your brain to help replace the nicotine your body got used to when you smoked. This will help you feel fewer withdrawal symptoms.



How to Use the Nicotine Patch

Talk to your doctor or nurse and read the instructions that come with the patch to learn how to use it. Your doctor will tell you:

- When to put the patch on (usually first thing in the morning),
- What dose or size of patch to use,
- How long to keep it on each day,
- How many weeks you should use the patch,
- How you should wean yourself off the patch. (Tell your doctor if you think you need to use the patch for a shorter or longer period of time.)

Make Special Note of These Things When Using the Nicotine Patch

- ♡ Nicotine from any source (smoking, nicotine gum, or the nicotine patch) can make some health problems worse. For example, heart or circulation problems (such as an irregular heart beat, chest pain, or a heart attack), high blood pressure, stomach ulcers, overactive thyroid, or diabetes that needs insulin.
- ♡ The nicotine patch should not be used by patients with life-threatening cardiac arrhythmias, severe or worsening angina, or a recent myocardial infarction.
- ♡ The nicotine patch can also cause problems with pregnancy and a baby being nursed.
- ♡ The nicotine patch may not work as well if you have skin problems or if your skin is irritated. In some users, the patch may cause normal skin to become red or swollen.
- ♡ The nicotine patch is not for everyone.
- ♡ Be sure to tell your doctor:
 - If any of the above situations exist,
 - If you have side effects from the nicotine patch, such as: red or swollen skin, abnormal dreams, sweating, insomnia, or diarrhea
 - What medications you are on, and
 - If you are not ready to quit smoking.

Some Important Things to Remember

- ♡ Don't use the patch if you are still smoking. You will get too much nicotine in your body.
- ♡ Don't put the patch on skin that is irritated, burned, or hurt in any way.
- ♡ Don't put the patch on the same place on your skin for at least a week.
- ♡ Don't use more than one patch at a time.
- ♡ Don't let children or pets touch the patch.
- ♡ You can swim, exercise, take a bath or shower, and go inside a sauna while you are wearing a nicotine patch.
- ♡ If the patch falls off, throw it away and put on a new one in a different place that is clean and dry.
- ♡ Keep the patch inside its envelope until you are ready to use it.
- ♡ Put a new patch on and take the old patch off at the same time each day, or as directed by your doctor.
- ♡ Use other smoking cessation programs or material while you are using the patch.

Pocket Guide to Nurses' Smoking Intervention

1. Ask

Ask patients if they smoke and how much.

Congratulate ex-smokers.

Record their smoking status.

2. Advise

ask patients about the benefits of quitting smoking.

Express concern and recommend that patients quit.

3. Prepare

Set a quit date.

Review tips for quitting on handout.

Tell patients you will followup or you will think of them on quit day.

4. Followup

Ask patients if they smoke.

give ex-smokers a "pat on the back."

Send cards or call patients soon after their visit and/or just before quit day.

Discrimination Prohibited: Under provisions of applicable public laws enacted by Congress Since 1964, no person in the United States shall, on the grounds of race, color, national origin, Handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected To discrimination under any program or activity (or, on the basis of sex, with respect to any Education program or activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in The performance of Federal contracts, and Executive Order 11246 states the no federally Funded contractor may discriminate against any employee or applicant for employment Because of race, color, religion, sex, or national origin. Therefore, the National Heart, Lung, and Blood Institute must be operated in compliance with these laws and Executive Orders.

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National Institutes of Health
National Heart, Lung, and Blood Institute
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