

Advice re Nurses Becoming Quit Card Providers

The New Zealand Nurses Organisation (NZNO) and the Nursing Council of New Zealand (NCNZ) support major health initiatives to reduce smoking in Aotearoa New Zealand, and NZNO is a signatory to the Smokefree Coalition. We also believe that nurses have a key role in leading smoking cessation initiatives such as the Quit Cards. The following brief provides information for nurses who intend to be Quit Card providers.

I. BACKGROUND INFORMATION

Nicotine replacement therapy (NRT) provides some of the nicotine that a smoker would have otherwise received from their tobacco and in doing so reduces some of the withdrawal symptoms people experience when they stop smoking (Royal College of Physicians of London, 2000). It is classified as a general sales medicine that can be sold at any retail outlet. Therefore it is an over the counter medicine (OTC) (see more information on OTC in the appendix). It does not require a prescription.

Nurses can give people that smoke access to fully subsidised NRT if they are registered as Quit Card providers. NRT is effective and safe. It approximately doubles the chance of quitting long term (Ministry of Health, 2007). NRT has been available for the past 30 years and its safety profile is well documented. Nicotine is not the substance in tobacco smoke that is responsible for smoking related diseases. These are instead caused by the many other toxins found in tobacco smoke.

II. WHAT RESPONSIBILITIES DO NURSES HAVE WHEN RECOMMENDING OTC MEDICINES?

Nurses need to remain within their scope of practice. The RN scope (as at March 2010) states

“Registered Nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health..They provide comprehensive nursing assessments to develop, implement and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills”.

Please note: the new RN scope of practice will be available on the NCNZ website 30 September 2010.

To ensure that RNs work within their defined scope of practice, they need to think through the following factors before recommending OTC medicines:

- *Does your employer and multidisciplinary team support this practice?*
All District Health Boards (DHBs) have smokefree teams that can provide education and support and most Primary Health Organisations (PHOs) will have smokefree leads coordinating smokefree activities.

- *Are there policies or guidelines on this issue?*
Most DHBs will have smokefree policies, and nicotine replacement policies that reinforce the provision of NRT through various avenues including the use of quit cards. For example some DHBs have introduced systems whereby parents of children that are hospitalised are supported to be smokefree when staying with their child through the provision of NRT through the Quit Card scheme. The New Zealand Smoking Cessation Guidelines (Ministry of Health, 2007) also provide guidance to healthcare professionals to help their patients who smoke.
- *Is there adequate education and resources to support it?*
There are a number of avenues for education and guidance around smoking cessation and use of nicotine replacement. These include:
 - a. An E-learning tool which can be completed on-line at www.smokingcessation.abc.nz.
 - b. DHB Smokefree co-ordinators who can advise of available local education initiatives
 - c. The New Zealand Smoking Cessation Guidelines
- *According to the RN scope of practice, nurses should have “substantive scientific and professional knowledge and skills to advise”. It is vital to be up to date on the OTC medicine and its contraindications, the side effects and potential medicine interactions.*

The completion of education and training ensures that nurses have such “substantive scientific and professional knowledge and skills to advise”.

Under their scope of practice, RNs also “provide comprehensive assessments to develop, implement and evaluate an integrated plan of health care”. Thus recommending an OTC medicine for a “sore tooth” needs to occur within what is a nationally acceptable standard for such a presenting complaint.

Finally, RNs need to consider other health professionals and their standards of practice in this process. For example, a pharmacist must assess the consumer before supplying an OTC medicine. Thus, an RN may be well advised to refer a client to a pharmacist for OTC medicine assessment rather than recommending a specific medicine her/himself (Thompson, 2008). In the case of nicotine replacement therapy, pharmacists are unable to issue quit cards and therefore cannot provide subsidised nicotine replacement support to people who want to quit smoking.

III. WHAT DOES NZNO ADVISE TO NURSES ISSUING NRT AS A QUIT CARD PROVIDER?

In order to become a Quit Card holder RNs have to complete an on line education programme. In addition to this programme, NZNO advises the following:

- a. **Child consent**
The Ministry of Health guideline (Consent in Child and Youth Health: Information for Practitioners) states “before providing medical treatment for someone under the age of 16, the practitioner must determine whether the child has the understanding and maturity to form a balanced judgement about the proposed treatment” (1998,p.12). Nurses need to understand the principles of child consent outlined in this MOH guideline.

- b. Therapeutic relationship with the client in the clinical setting
The RN competency 3.1 states “establishes, maintains and concludes therapeutic interpersonal relationships with client” (NCNZ,2007). It is noted that Quit Cards are issued by nurses not only to their individual clients, but also to others who smoke including parents, caregivers, and whanau.
- c. Documentation and communication processes
Questions for nurses and the multidisciplinary team to consider:
- *How will the issuing of Quit Cards be communicated with the multidisciplinary team in your service?*
 - *If monitoring of psychiatric drug levels are required, what are the processes for informing the patient’s (and other family members) General Practitioner and or Lead Maternity Carer?*
Patients who are offered NRT (whether that is prescription, quit card, standing order) should also be offered follow up with a cessation service. Ideally this service should provide updates to the client’s General Practitioner.
 - *Would a hospital wide policy prescription form (such as those used for acute pain services) or standing orders be more appropriate for the specific clinical setting as opposed to individual nurses issuing vouchers?*
A number of hospitals have standing orders that allow nursing staff to initiate NRT in the inpatient setting. However the Quit Card on discharge or in an outpatient and community setting provides an appropriate mechanism for clients to access the subsidised products.

IV ARE NURSES WHO ARE QUIT CARD PROVIDERS PRESCRIBING NRT?

Nurses have sought clarification as the original Ministry of Health document entitled “Guide to NRT Assessment and Quit Cards” (April 2008 Edition) has an algorithm which uses the word “prescribe”. NZNO recommended that this word was removed to prevent any misinterpretation for nurses that they are prescribing, when in fact they are issuing a voucher for an over the counter medication. The MOH has actioned this recommendation with its publication of the revised document in June 2010. To summarise, both NZNO and NCNZ believe that nurses who are Quit Card providers are *not* prescribing or dispensing medication. Being a Quit Card Provider improves access to health care and reduces costs.

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Thompson, C. (2008). Recommending over the counter medicines – what is involved? *Kai Tiaki Nursing New Zealand*, 14 (6), p.26.

APPENDIX

How is OTC medicine defined?

The Ministry of Health's Medsafe advisory body explains that OTC medicine is not a term defined in NZ legislation, but is in common use to mean any medicine you can buy without a prescription.

This term, therefore, includes the following classifications of medicines:

- Restricted medicines that can only be sold or supplied by a pharmacist
- Pharmacy – only medicines: a medicine that can be sold or supplied from a pharmacy only;
- General sales medicines that can be sold at any retail outlet

The MOH's Medicines Classification Committee (MCC) uses the following definition for suitability of OTC medicines for sale: *“Medical products which may be available without prescription shall show a substantive safety in use in the treatment of minor ailments or symptoms, usually capable of rapid and spontaneous relief, which are easily identifiable by users and do not justify a medical consultation”*

Reference:

Medsafe (2008). *Classification of Medicines Classification Process*
www.medsafe.govt.nz/profs/class/classificationprocess.asp. Retrieved 22/05/08.