

NICOTINE WITHDRAWAL ORDERS

1. DATE, TIME AND SIGN ALL ORDERS

2. WRITE IN BLACK INK ONLY

MRN:
Patient Name:
(Patient Label)

Date: Time:					
Medication Options: (OK to check BOTH patch and gum)					
NICOTINE PATCH	n and dry skin site	between the neck a	and waist		
NICOTINE GUM					
 □ 0-25 cigarettes per day; 2 mg gum, chew and park one piece PO every hour PRN for nicotine withdrawal symptoms or craving. 					
□ > 25 cigarettes per day; 4 mg gum, chew and park one piece PO every hour PRN for nicotine withdrawal symptoms or craving.					
 Patient must activate gum by chewing slowly until peppery/tingling sensation appears then park between cheek and gums until sensation disappears. 					
 Re-activate gum by chewing slowly until sensation reappears, then re-park. Gum should be removed after 30 minutes 					
 Avoid eating or drinking anything except w Not to exceed total nicotine dose of 48 mg for 4 mg dose 		•			
MD Signature:		Time:	_Pager:		
RN Signature:	Date:	Time:			