Future State

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Director of Pharmacy
Alfred Health

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Monash University
TARGET AUDIENCE
This guideline is applicable to all Alfred Health patients, residents, visitors, contractors, volunteers and staff and Women's @ Sandringham staff.

PURPOSE
This guideline sets out the approach to the effective implementation of the Totally Smokefree Policy including policy communication and access to clinical management of nicotine dependency for inpatients and employees.

The primary objectives of the Totally Smokefree Policy include:
- To eliminate or minimise physical and visual exposure to environmental tobacco smoke for all people who access Alfred Health services.
- To actively support smoking reduction and cessation among patients and employees.
- To demonstrate public leadership in the areas of population health and health promotion.

GUIDELINE
1. POLICY COMMUNICATION AND EDUCATION
Communication of the Totally Smokefree Policy to patients, residents, visitors, contractors, volunteers and employees shall occur via a mix of ongoing and periodic strategies including:

1.1 Provision of perimeter and internal signage
1.2 Provision of written information via Alfred Health intra and internet sites, in the form of a totally smokefree brochure publicly available across all Alfred Health sites and inclusion in key documents including patient information handbooks.
1.3 Verbal reinforcement to patients by treating clinical staff
1.4 Verbal reinforcement to residents and visitors by relevant clinical and security professionals.
1.5 Verbal reinforcement to employees via orientation and ongoing communication forums.
1.6 Opportunistic media promotion.

2. CLINICAL MANAGEMENT OF NICOTINE DEPENDENCY AMONG INPATIENTS
The Clinical Management of Nicotine Dependency among Inpatients Guideline shall inform the care provided for inpatients who smoke. The process shall be led by pharmacy, supported by other health professionals and include:

2.1 Identification of smoking status and assessment of nicotine dependency.
2.2 Collaborative determination between the patient/delegate and the relevant health professional (primarily the treating pharmacist, working collaboratively with medical and nursing staff) with regard to patient choice, clinical needs and risk management that the patient shall either:

Clinical Management of Nicotine Dependency among Inpatients

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Future State

Impact

High

Low

Difficulty in implementation

High

Low

Do first

Do maybe

Do maybe

Don’t do

New initiatives

Alfred Health
Clinical Service Initiatives  2013

- Impact
  - High
  - Low

- Difficulty in implementing
  - Low
  - High

- Pharmacist led TDM
- Pharmacist led inpatient anticoagulation
- Pt guided management in HF
- BMT Outpatient review
- Outreach Pharmacy Service
- Pre-admission Clinic
- Peri-operative clinical service
- Self medication assessment
- Antimicrobial Stewardship Rounds
- Disease Management Unit Pharmacist
- Community Psychiatry Service
- Opioid de-escalation
- Pharmacist charting at admission
- Weekend clinical services

AlfredHealth
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Alfred Health
Future state: managing change
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Adapted from Knoster, T. (1991) Presentation at TASH Conference, Washington DC (Adapted by Knoster from Enterprise Group Ltd.)
Future state: managing change

VISION + SKILLS + INCENTIVES + RESOURCES + ACTION PLAN = CHANGE

VISION + SKILLS + INCENTIVES + RESOURCES + ACTION PLAN = CONFUSION

VISION + INCENTIVES + RESOURCES + ACTION PLAN = ANXIETY

VISION + SKILLS + RESOURCES + ACTION PLAN = RESISTANCE

VISION + SKILLS + INCENTIVES = FRUSTRATION

VISION + SKILLS + INCENTIVES + RESOURCES = TREADMILL

(Adapted by Knoster from Enterprise Group Ltd.)
Funding and resources

Managing change

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Funding and resources

Managing change

Using medicines “off-label”
PRODUCT INFORMATION

VENTOLIN® CFC-FREE INHALER

NAME OF THE MEDICINE: Salbutamol Sulfate B.P.

Chemical name: di[(RS)-2-(1,1-dimethyl-1-amino-1-(4-hydroxy-3-hydroxymethylphenyl)ethanol)sulfate.

Structure: 

Molecular Formula: C₂₆H₄₆N₂O₁₂S
CAS No: 51022 - 70 - 9

DESCRIPTION:
Salbutamol sulfate is a white or almost white crystalline powder, freely soluble in water, practically insoluble or very slightly soluble in ethanol (96 per cent) and in methylene chloride.

Ventolin CFC-Free Inhaler also contains the inactive ingredient norfuran.

PHARMACOLOGY:
Salbutamol is a relatively selective beta-2 adrenoreceptor stimulant. It is more specific than both isoprenaline and orciprenaline for adrenergic beta-2 receptors.

After oral and parenteral administration, stimulation of the beta receptors in the body, both beta-1 and beta-2, occurs because (a) beta-2 selectivity is not absolute, and (b) higher concentrations of salbutamol occur in the regions of these receptors with these modes of administration. This results in the beta-1 effect of cardiac stimulation, though not so much as with isoprenaline, and beta-2 effects of peripheral vasodilatation and hypotension, skeletal muscle tremor and uterine muscle relaxation.

Metabolic effects such as hyperinsulaemia and hyperglycaemia also may occur, although it is not known whether these effects are mediated by beta-1 or beta-2 receptors. The serum potassium levels have a tendency to fall.

Pharmacokinetics
Following inhalation, salbutamol acts topically on bronchial smooth muscle and initially the drug is undetectable in the blood. After 2 to 3 hours low concentrations are seen, due presumably to the portion of the dose which is swallowed and absorbed in the gut.

The elimination half-life of inhaled or oral salbutamol is between 2.7 and 5 hours.
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Structure:

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   HO
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 /     \ \\
OHNH(CH2)2
 H2SO4
   2
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Molecular Formula: C20H24N2O16S

INDICATIONS:

Ventolin Inhaler is indicated for the relief of bronchospasm in patients with asthma or chronic obstructive pulmonary disease, and for acute prophylaxis against exercise-induced asthma and other stimuli known to induce bronchospasm.

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Adults and children
One or two inhalations, repeated four-hourly if required. The bronchodilator effect of each administration of Ventolin Inhaler lasts for at least four hours and more frequent use should be unnecessary. The patient can readily recognise any reduction in the length of action and should be instructed to consult a doctor if the effect of a previously adequate dose lasts for less than three hours.
Future state: managing change

Agreeing on treatment guidelines

Using medicines “off-label”

Funding and resources

Making all formulations available

(Adapted by Knoster from Enterprise Group Ltd.)
### Managing Change

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