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# Future State

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Alfred Health**

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Monash University**

**AlfredHealth**



Title **TOTALLY SMOKEFREE****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 publically 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) with regard to patient choice, clinical needs and risk management that the patient shall either:

Title **Clinical Management of Nicotine Dependency among inpatients****TARGET AUDIENCE**

All Alfred Health staff involved in providing care to inpatients who smoke to ensure appropriate clinical management.

**PURPOSE**

Alfred Health Totally Smokefree aims to minimise the exposure of all staff, patients and visitors to tobacco smoke across the premises. The purpose of this guideline is to provide staff with direction on how to support Alfred Health inpatients to quit smoking or manage their nicotine dependency while in a smokefree environment.

This guideline provides a tool for comprehensive assessment of nicotine dependency and in those patients whom require it, evidence-based behavioural management strategies together with appropriate nicotine replacement pharmacotherapy.

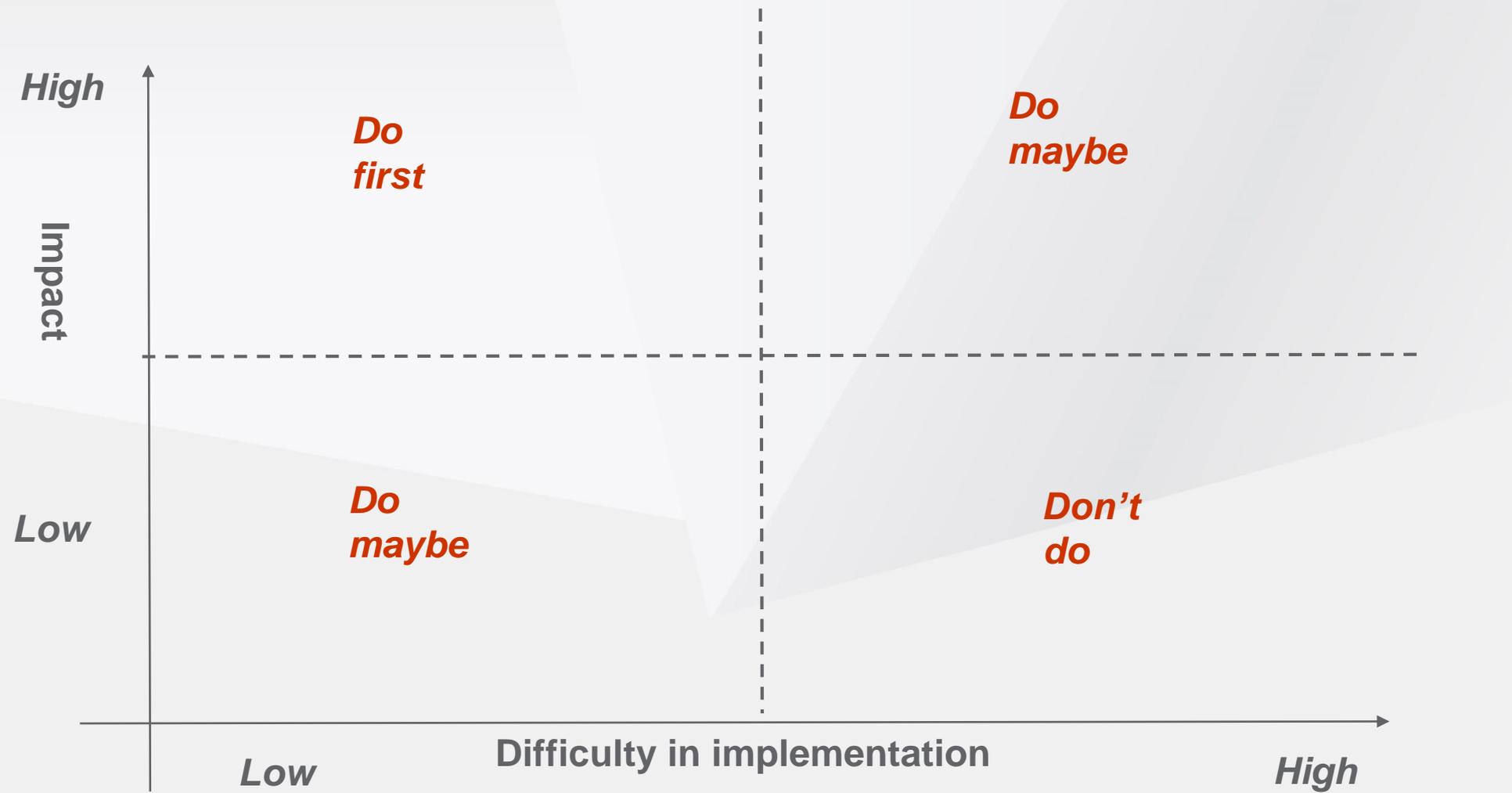
**GUIDELINE**

Nicotine dependency is a chronic relapsing disease which warrants medical management like any drug dependency or chronic disease. The guideline is based on the 5As approach to smoking cessation (Ask, Advise, Assess, Assist & Arrange); with the primary emphasis being on managing nicotine dependency during an inpatient stay.

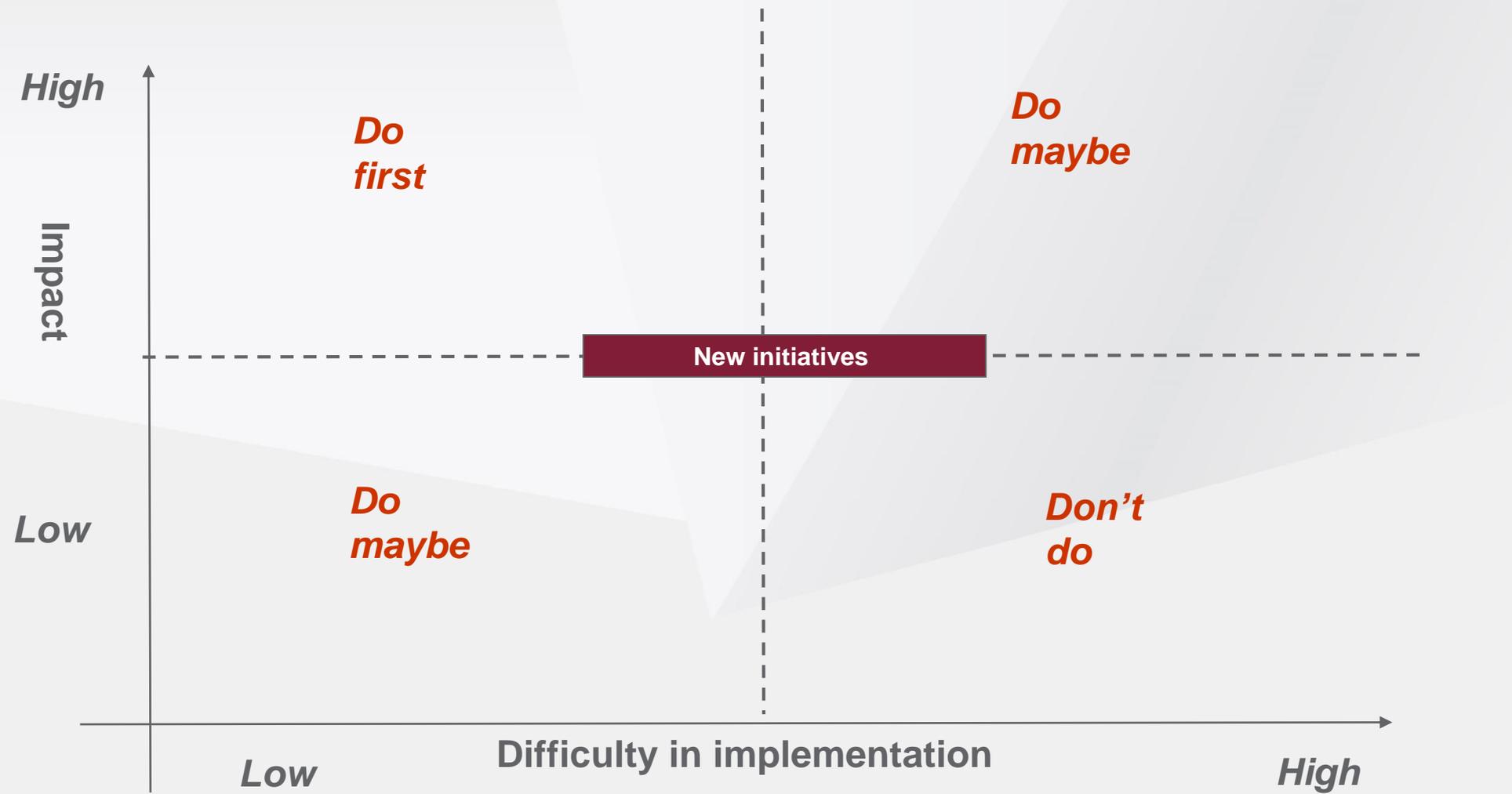
Patients may be offered pharmacotherapy in addition to behavioural management strategies following nicotine dependency assessment. Pharmacological treatment potentially improves patient comfort, prevents nicotine related behaviours of concern, promotes discussion of smoking cessation and a quit attempt and encourages compliance with the hospital smokefree policy.

The clinical management process may be supported by any relevant healthcare professional; primary leadership shall be the responsibility of pharmacy, working collaboratively with medical and nursing staff, and shall be adopted in accordance with appropriate clinical judgement and decision making. Where an immediate clinical need for the assessment of nicotine dependency and prescription of NRT is identified; the clinical management may be initiated by medical and nursing staff prior to pharmacist involvement.

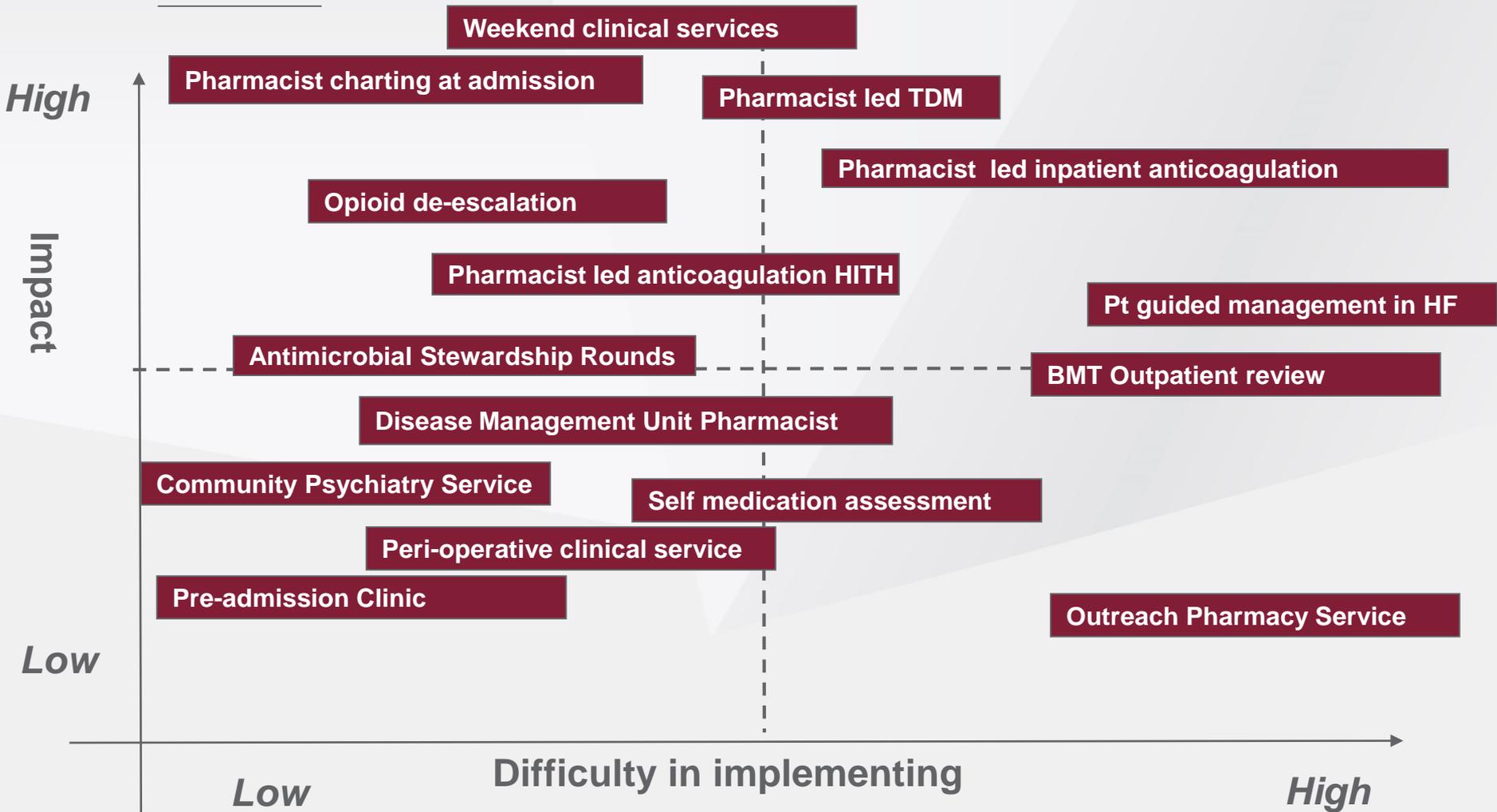
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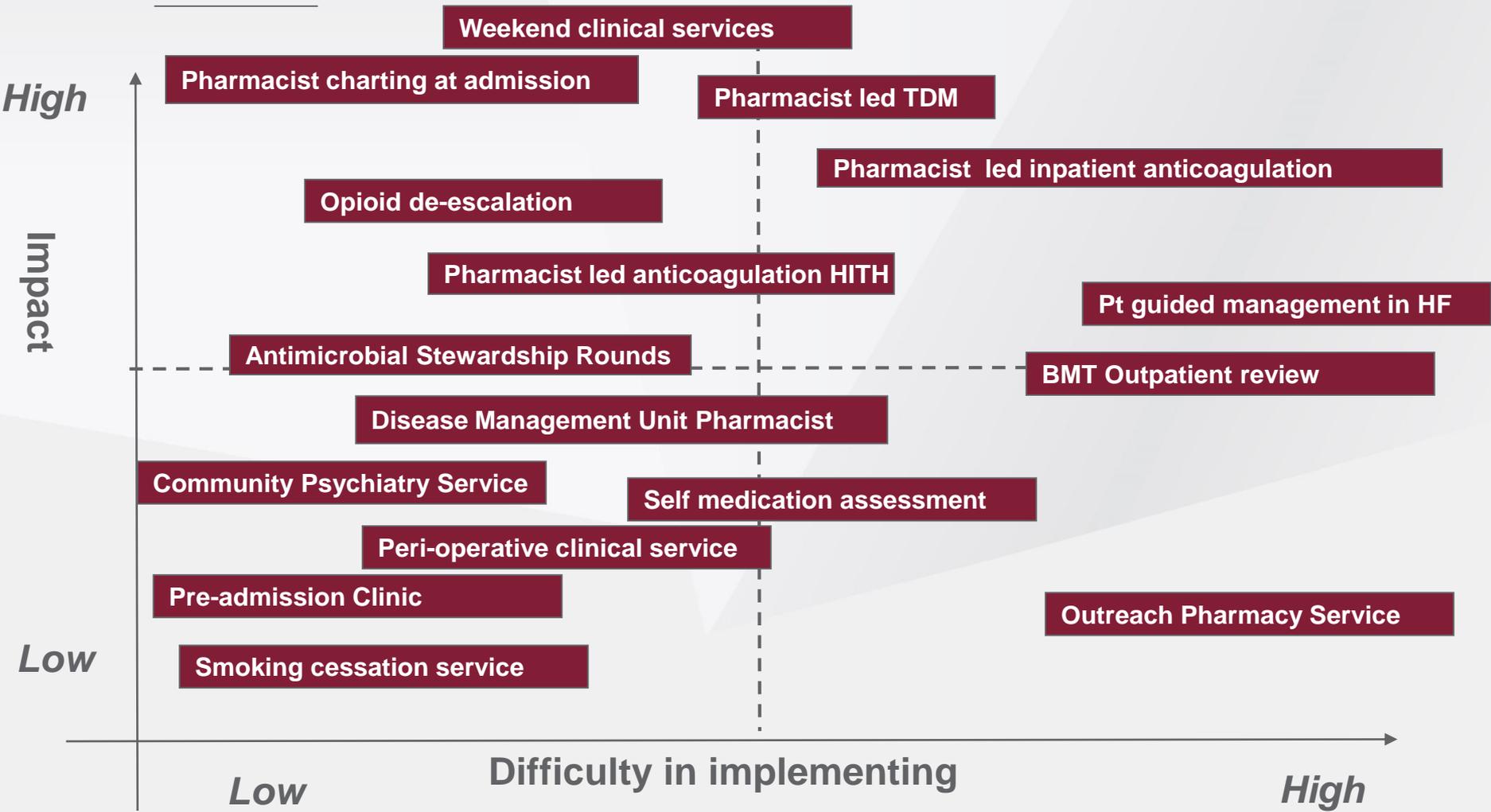
# Future State



# Clinical Service Initiatives 2013



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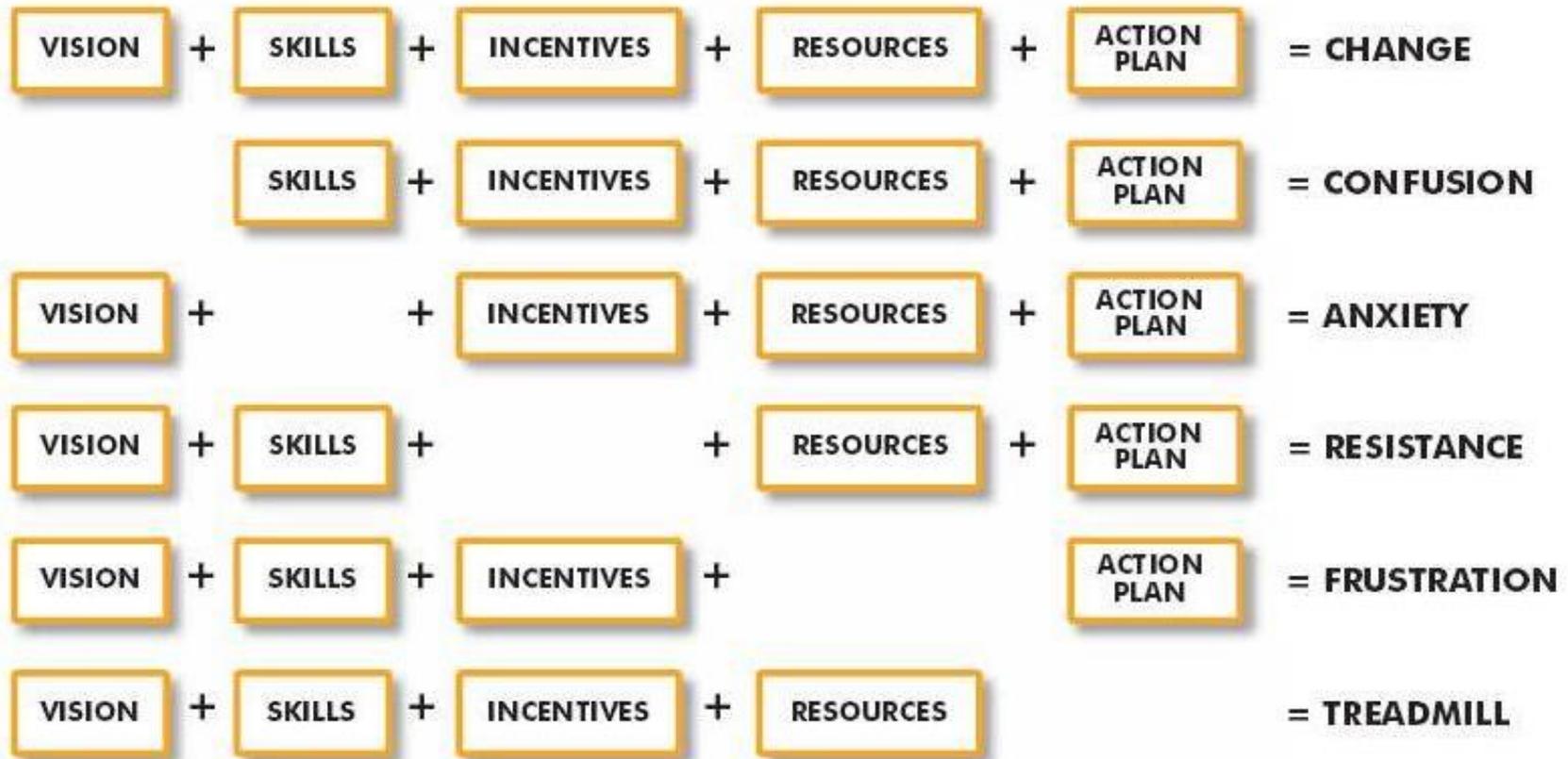
# Future state: managing change

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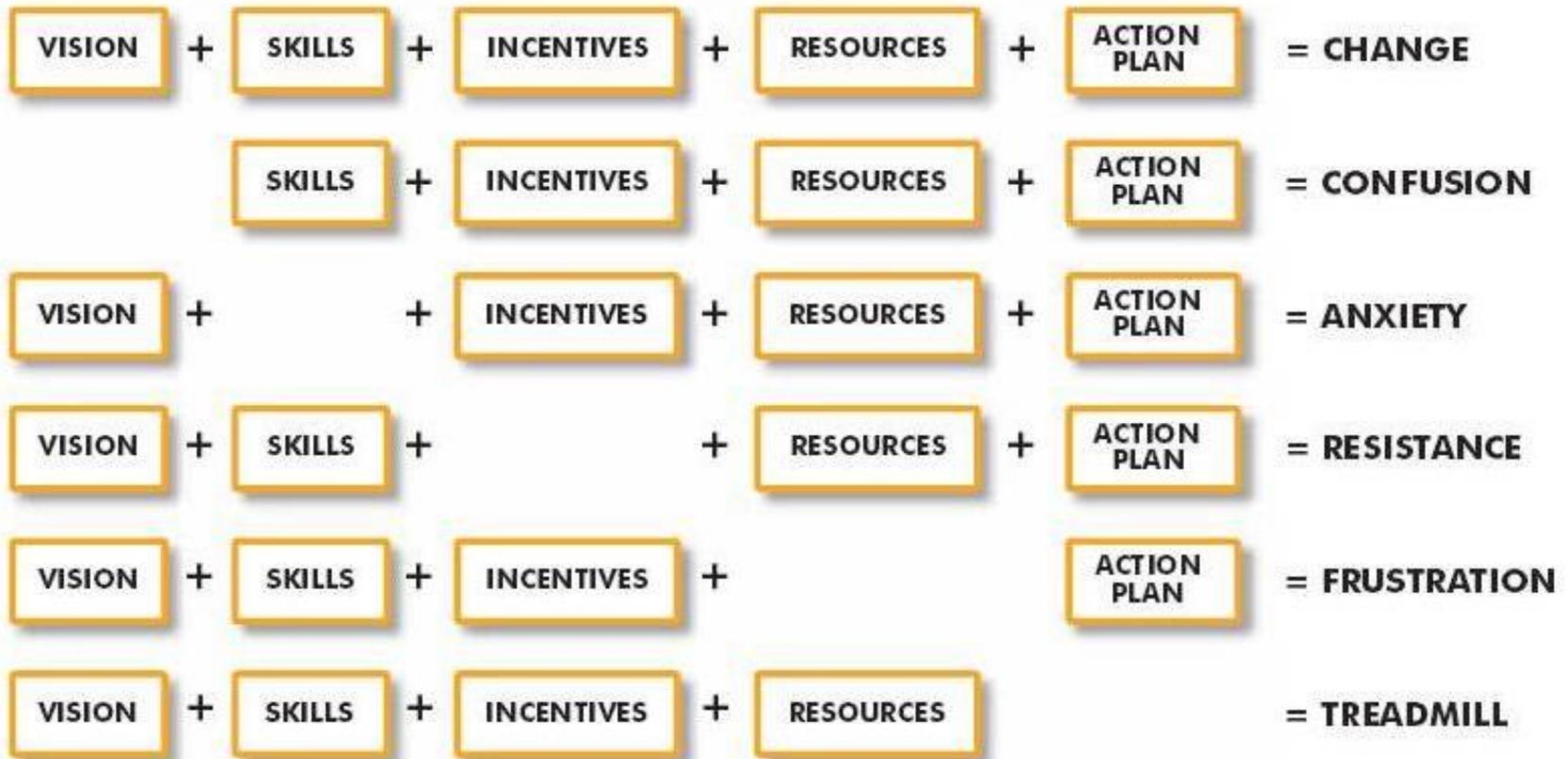
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# Future state: managing change



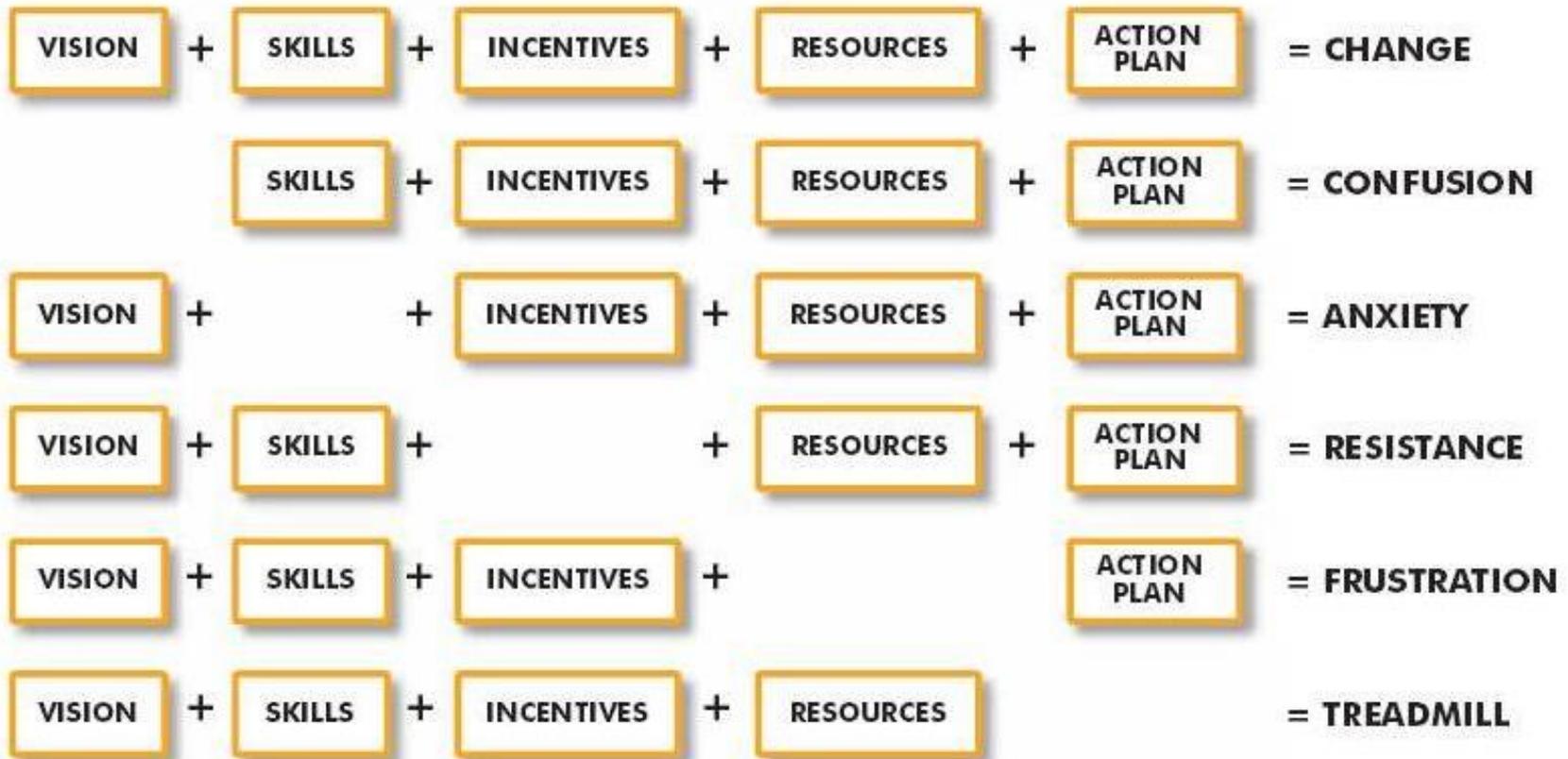
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# Funding and resources managing change



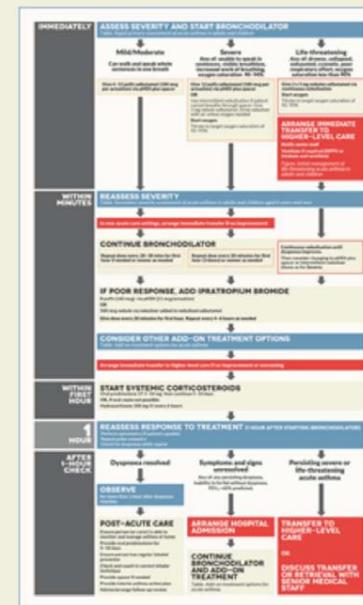
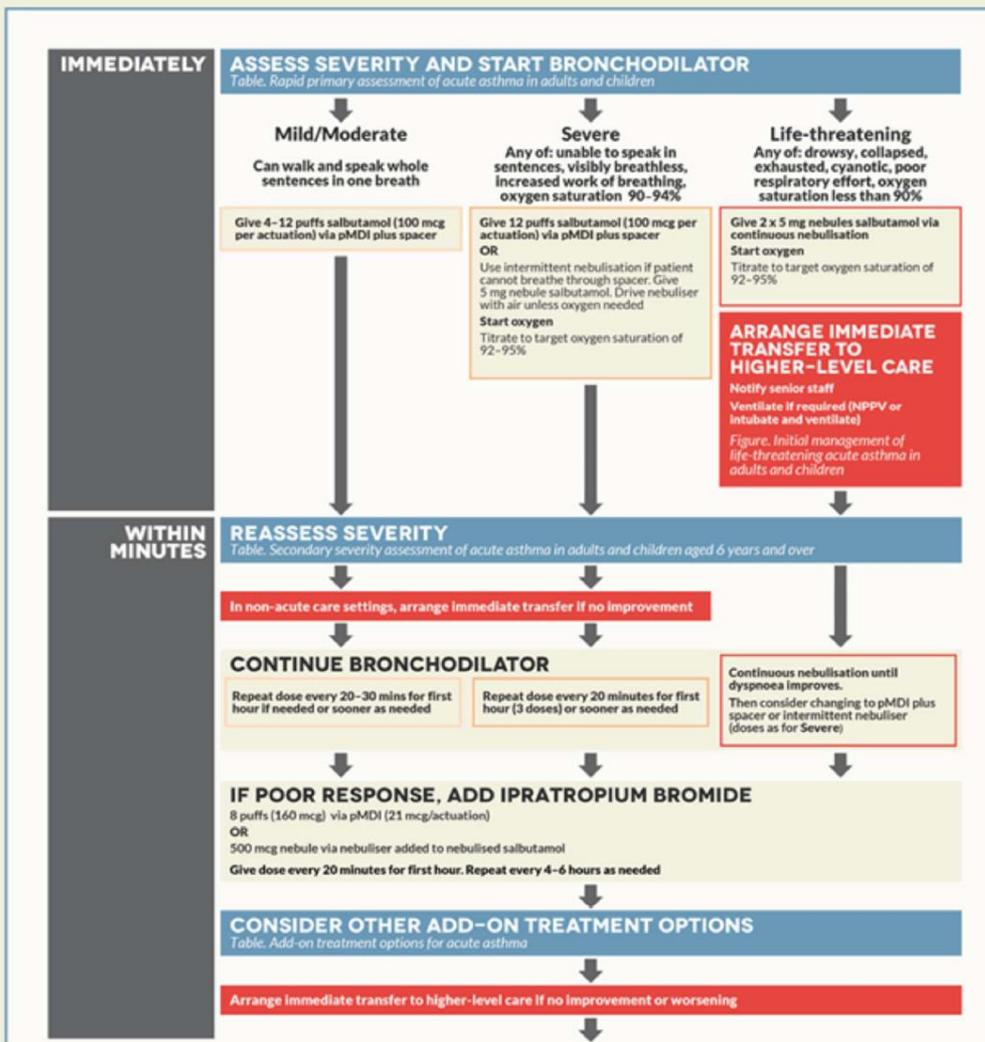
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Figure. Managing acute asthma in adults (Part 1)

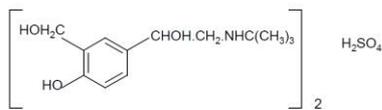


**PRODUCT INFORMATION****VENTOLIN® CFC-FREE INHALER**

**NAME OF THE MEDICINE:** Salbutamol Sulfate B.P.

**Chemical name:**

di[(RS)-2-(1,1-dimethylethyl)amino-1-(4-hydroxy-3-hydroxymethylphenyl)ethanol]sulfate.

**Structure:**

**Molecular Formula:** C<sub>23</sub>H<sub>44</sub>N<sub>2</sub>O<sub>10</sub>S

**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 norflurane.

**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 hyperinsulinaemia 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.

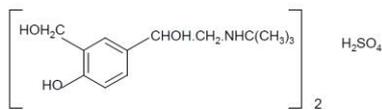
**Pharmacokinetics**

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:****Molecular Formula:**C<sub>23</sub>H<sub>44</sub>N<sub>2</sub>O<sub>10</sub>S**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.

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.

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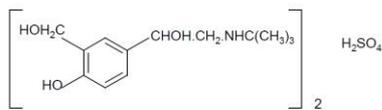
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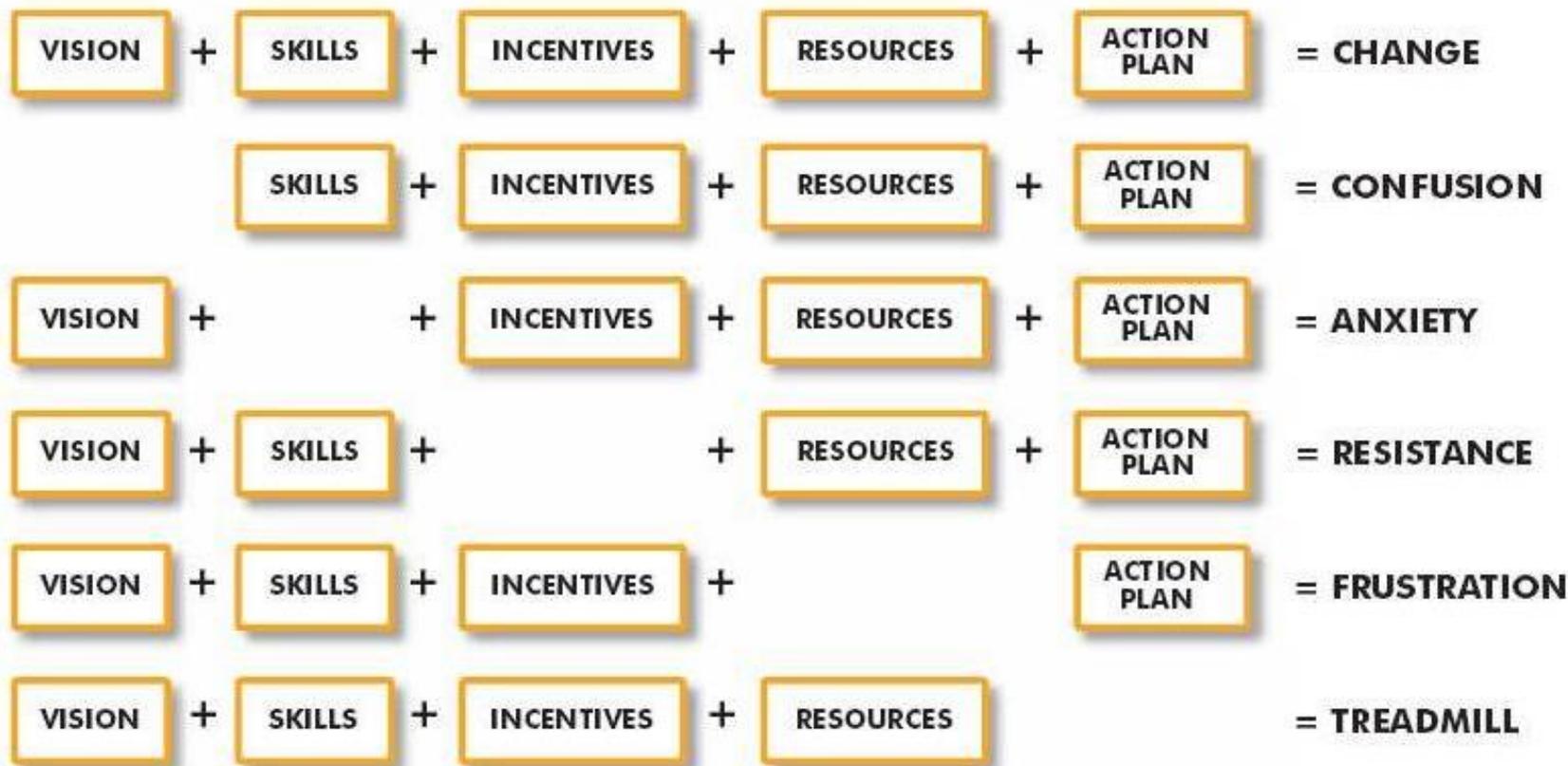
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**Adults and children**

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.

Funding and resources managing change

Making all formulations available



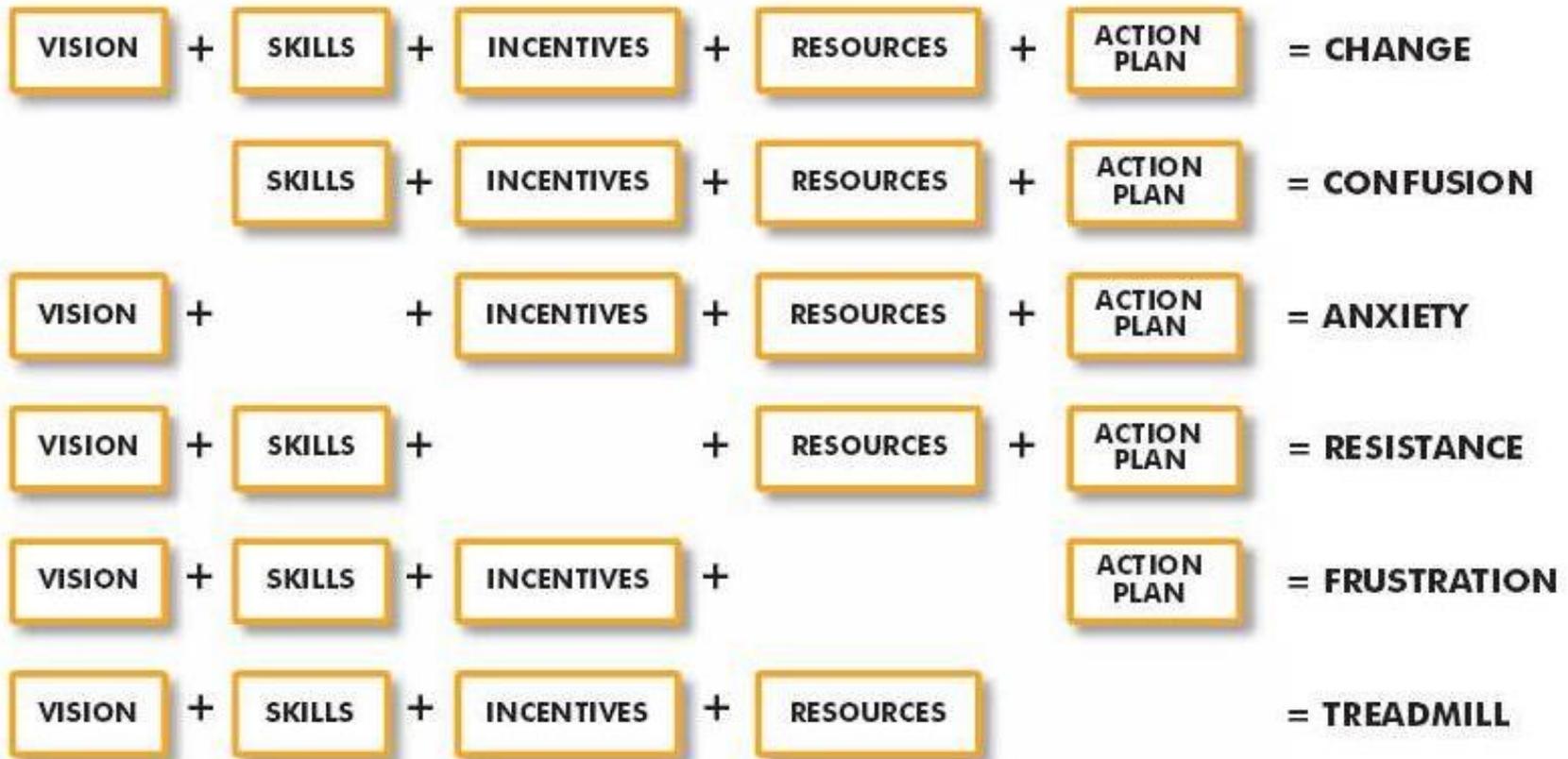
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Agreeing on treatment guidelines

Using medicines "off-label"

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