

Dental Practice Tobacco Use Cessation Protocols

- Identify tobacco users from the medical/dental history.
- For an initial consultation or recall visit:
 - If there is **not** a **5As Intervention** sticker in the progress notes, attach one and go through the 5As intervention.
(The **5As Intervention** is to be placed only once in each tobacco users record.)
 - If the tobacco user is a **precontemplator** or **contemplator**, re-assess his/her willingness to quit at the next recall visit.
 - Whenever a brief tobacco intervention is done, use the insurance code **D1320** to indicate “tobacco counseling for the control and prevention of oral diseases.” An office code should also be used to indicate that the individual’s willingness to quit should be re-assessed during the next visit.
 - If the tobacco user is in the **preparation stage** and sets a quit date, with or without pharmacotherapy, fill out a **Tobacco Cessation F/U Index Card**, (or add this information to your computer file system). One of the office team members can be responsible for tracking this call reminder system.
 - When a follow-up call is made, record the results on the left side of the **Tobacco Cessation F/U Record** sticker and place it in the progress notes.
- During a future recall visit:
 - If a **precontemplator** or **contemplator** has changed his/her mind and wants to set a quit date, with or without pharmacotherapy, fill out the right side of the **Tobacco Cessation F/U Record** sticker and place in the progress notes. The right side of this sticker indicates the quit date and what type of pharmacotherapy was recommended or prescribed, if any. The **Tobacco Cessation F/U Index Card** (or computer system) is used as a reminder of when to call.
 - If the **precontemplator** or **contemplator** is not interested in quitting, make a note in the progress notes (code D1320) but do **not** use the follow-up record sticker.
- Follow-up phone calls (record on left side of **Tobacco Cessation F/U Record** sticker)
 - For those who set a quit date, it is helpful to call just before the quit date to see if they are ready, and then again within the first two weeks.
 - For those we recommend or prescribe pharmacotherapy, it is helpful to call just before the quit date, and during the 1st, 3rd, and 6th weeks to check on their status and give them encouragement.

5A's Intervention

Name _____

_ ASK

- ✓ Number of cigarettes____, cigars____, pipe bowls____ per day
- ✓ Number of ST cans/pouches per week ____
- ✓ Number of years used ____
- ✓ How soon after you wake up do you use tobacco?
 _ within 30 minutes _ more than 30 minutes
- ✓ Previous quit attempts
 # of attempts ____ longest quit period _____ method(s) used _____
 how long ago was last attempt to quit....years____ months____

_ ADVISE about the oral benefits of quitting

_ ASSESS willingness to make a quit attempt

- _ precontemplation (stop here & re-assess next visit)
- _ contemplation
- _ preparation

_ ASSIST

- self-help pamphlets & materials
- list of local community group/individual quit programs and phone helplines
- encourage a quit date (for those who are ready)
- pharmacotherapy: nicotine gum / lozenge / patch / inhaler / nasal spray / Zyban
 Rx _____(D1320)

_ ARRANGE follow-up if set a quit date (with permission)

Quit date_____ Phone calls: Week 1-2_____ Month 1____, 3____, 6____, 12____

Comments:

TF= tobacco free, NQ= has not quit, R= relapse

The above intervention form can be reduced in size and made into a progress notes sticker (a light color would make it easier to identify) or it can be added to your electronic records. This is only an example of what can be used in an office tobacco cessation program. You should make changes to fit your needs.

Tobacco Cessation F/U Record

Name _____ Preferred phone # _____

Follow-up status

Re-assess interest (use this side of sticker
only when user is now ready to quit)

Quit date _____

Phone calls:

Before quit _____

week 1 _____

2 _____

4 _____

month 3 _____

6 _____

12 _____

_ Preparation

_ self-help pamphlets

_ referral to quit program or helpline

_ set quit date _____

_ nicotine gum / lozenge / patch

inhaler / nasal spray / Zyban

Use Tobacco Cessation F/U Index Card
for call reminders

Comments:

Date _____ Provider _____

Date _____ Provider _____

TF= tobacco free, NQ= has not quit, R= relapse

*The above follow-up form can be reduced in size and made into a progress note sticker
(a light color would make it easier to identify) or add it to your electronic records.*

Tobacco Cessation F/U Index Card

Name _____ # _____

Preferred phone number _____

Who will make call? _____

_ Quit date (with no pharmacotherapy) _____

Phone before quit date _____ Week 1-2 _____

Month 1 _____ 3 _____ 6 _____ 12 _____

_ Pharmo prescribed: gum / lozenge / patch / inhaler / nasal spray / Zyban

Quit date _____

Phone before quit date _____

Week 1 _____ 2 _____ 4 _____

Month 3 _____ 6 _____ 12 _____

Comments:

TF= tobacco free, NQ= has not quit, R= relapse