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Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This protocol must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the protocol should be used. Healthcare professionals should always access the protocol via the PTHB internet to ensure that they are always working to the most up to date version

Protocol

for the supply of

Nicotine replacement therapy (NRT)

to individuals **to relieve and/or prevent craving and nicotine withdrawal symptoms whilst unable to smoke or vape on hospital grounds**

by registered healthcare professionals working in Powys Teaching Health Board (PTHB)

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Document Type:	Protocol	Clinical
Scope:	Authorised registered nurses, midwives, pharmacists and pharmacy technicians in PTHB	

Do not print this document. The latest version will be accessible via the internet. If the review date has passed, please contact the Author for advice.

Change history

Version number	Change details	Date
MMP 453	New protocol	20/08/2024
MMP 453 v2	<p>Anaphylaxis training requirement for staff amended, to allow a wider group of staff to work to the protocol.</p> <p>Clinical content updated according to the BNF, SPCs, the AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care and the All Wales Guide: Pharmacotherapy for smoking cessation.</p> <p>Added the recommendation that staff must ensure that a minimum of 14 days NRT is prescribed on an inpatient's discharge prescription, where a decision to make a quit attempt has been made.</p>	24/11/2025

For advice on protocol use in practice/advised supporting governance please refer to [When not to use a PGD](#).

Staff should use the [AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care](#) to inform and guide decisions on the initial clinical management of nicotine withdrawal using nicotine replacement therapy (NRT) in individuals in secondary care.

This protocol has been developed to support approved staff in PTHB to supply the following NRT products (if requested and appropriate) to **ensure that an individual with nicotine dependence will be able to receive NRT within 4 hours of admission** to relieve and/or prevent craving and/or nicotine withdrawal symptoms:

- NiQuitin Clear patch® 21mg/24 hours
- Nicorette 15mg inhalator®
- Nicorette QuickMist® 1mg
- Nicorette fruit lozenge® 2mg
- Nicorette Cools lozenge® 4mg

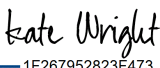



This protocol also indicates how to transcribe the NRT product onto the relevant section of the inpatient PTHB medicines administration record.

Although the nicotine withdrawal effects of vaping cessation have not been established, it is anticipated that many of the effects relating to nicotine withdrawal will be the same as those seen with tobacco smoking cessation. Nicorette QuickMist® 1mg is licensed, and approved under this protocol, to assist vapers who are unable to vape, by relieving and/or preventing craving and nicotine withdrawal symptoms, in accordance with the [AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care](#).

Note: packs supplied under this protocol must be original, sealed General Sales List (GSL) packs only.

Product selection is in line with the [AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care](#), the AWMSG guidance [Pharmacotherapy for smoking cessation](#) and the [PTHB formulary](#).

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by:  1F267952823F473...	11/30/2025
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	Signed by:  6D8ECFE8C9EB423...	11/25/2025
Senior representative of professional group using the Protocol Paul Hooton	Executive Director of Nursing and Midwifery for PTHB	Signed by:  EEABC83AC83F4B9...	11/23/2025
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by:  74A4E51A42E9473...	12/9/2025

[Appendix A](#) provides a competency checklist and a 'Staff permitted to use protocol' signature sheet. Individual practitioners must be authorised by name to work to this protocol.

The final authorised copy of this protocol should be kept by Powys Teaching Health Board (PTHB) for 25 years after the protocol expires.

Competencies of staff	
Qualifications and professional registration	<p>Practitioners must only work under this protocol where they are competent to do so, and are a registered professional with one of the following bodies:</p> <ul style="list-style-type: none"> • nurses and/or midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists registered with the GPhC • pharmacy technicians registered with the GPhC <p>All registered health professionals should have a current contract of employment with PTHB.</p> <p>The practitioners must also fulfil the training and additional requirements detailed below.</p> <p>Check Appendix A: Staff permitted to use the protocol to confirm whether all practitioners listed above have organisational authorisation to work under this protocol.</p>
Initial training	<ul style="list-style-type: none"> • The supply of NRT and knowledge of the uses, contraindications and adverse effects. • Be alert to changes in the BNF/ Summary of Product Characteristics. • Must be competent to assess the individual's need for NRT. • Must have read the AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care. • Must have read the All Wales Guide: Pharmacotherapy for smoking cessation. • NCSCCT Online Smoking Cessation Training which can be accessed via: http://elearning.ncsct.co.uk/wales. • Must have read the Specialist Pharmacy Service (SPS) resource: considering drug interactions with smoking • Must be competent to discuss the treatment to be supplied with the individual/carer and obtain consent. • Must be competent to assess mental capacity and follow the Mental Capacity Act 2005 guidance regarding consent to treatment.

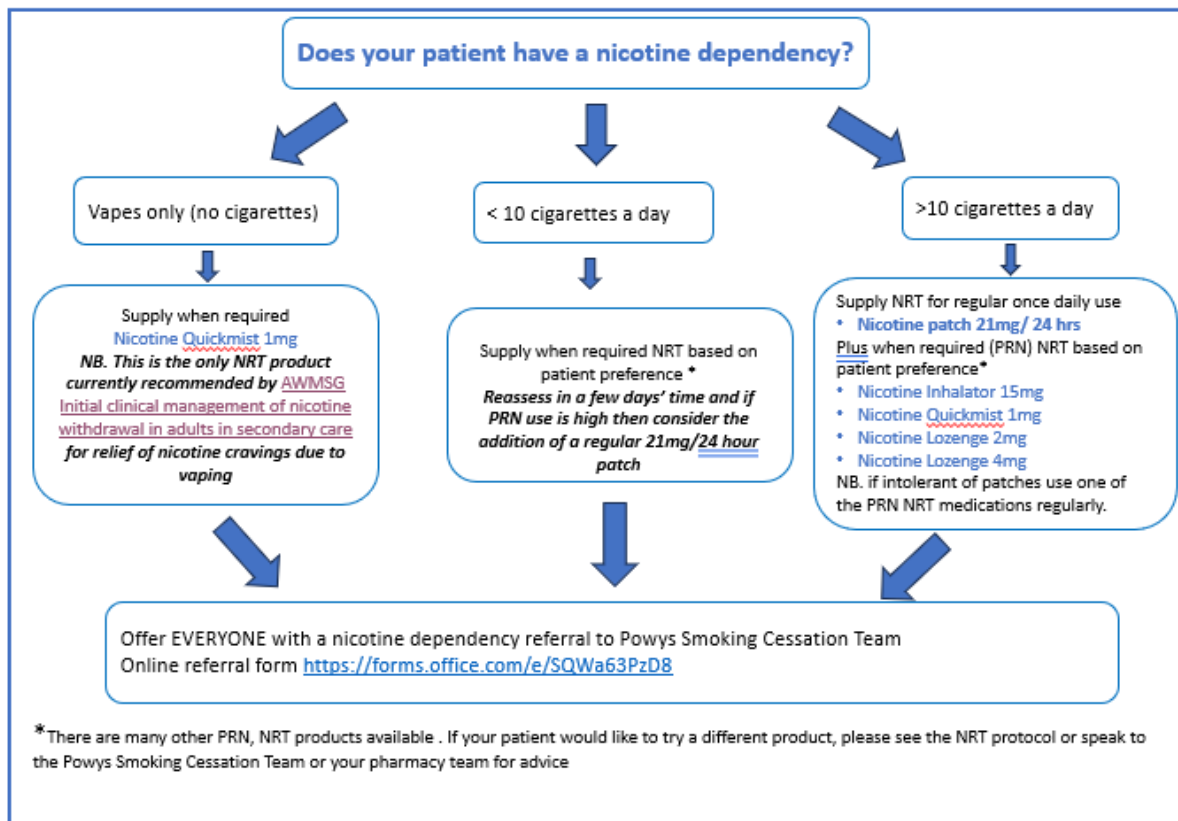
	<ul style="list-style-type: none"> • Must be competent in the recognition, management and reporting of recognised adverse reactions, with up to date Basic Life Support skills (as a minimum). The individual must either be competent in the management of anaphylaxis, or they must ensure there is someone immediately available who is competent in the administration of adrenaline 1 in 1000. • Must be competent to record the assessment, any intervention and arrangement for review in the nursing notes, care plan or care pathway. • Must be authorised by name as an approved practitioner under the current terms of this protocol before working to it. • Must have undertaken appropriate training for working under protocols for administration/ supply of medicines (Team leaders may access 'Protocol and guideline awareness training' by sending a request to info.medicinesmanagement.powys@wales.nhs.uk ; the team leader will then train their team). • Must have access to the protocol and associated online resources. • Must have undertaken and completed Safeguarding of Children, Young people and Vulnerable adults – Training and Competency passport, as applicable to the role. <p>THE DECISION TO SUPPLY ANY MEDICATION RESTS WITH THE INDIVIDUAL PRACTITIONER WHO MUST ABIDE BY THE PROTOCOL AND ANY ASSOCIATED ORGANISATION POLICIES.</p>
<p>Competency assessment</p>	<p>Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.</p> <p>Individuals operating under this protocol must be assessed as competent (see Appendix A)- this should be recorded using the competency checklist in Appendix A. Practitioners must make a self-declaration of competency in their PADR– the personal development plan (yellow) section of</p>

	<p>the PADR booklet should be used to record completion of annual protocol training.</p> <p>ESR records of mandatory NHS training.</p>
<p>Ongoing training and competency</p>	<p>Updating at least annually on the use of NRT.</p> <p>Practitioners should be constantly alert to any sources of medicines information.</p> <p>Practitioners must ensure they are up to date with relevant issues and clinical skills, with Basic Life Support Skills (as a minimum), safeguarding at level relevant to the role, with evidence of appropriate Continued Professional Development (CPD). The practitioner must either be competent in the management of anaphylaxis, or they must ensure there is someone immediately available who is competent in the administration of adrenaline 1 in 1000.</p> <p>Compliance with all mandatory NHS training.</p> <p>It is the responsibility of the healthcare practitioner to maintain their own competency to practice within this protocol.</p>
<p>Arrangements for referral for medical advice</p>	<p>Record reason, contact medical team and document advice given.</p>
<p>Action to be taken if individual excluded</p>	<p>Individual will immediately be brought to the attention of an appropriate medical or non-medical prescriber- record reason for exclusion and any action taken.</p> <p>Explain reason to individual / carer.</p>
<p>Action to be taken if individual declines treatment</p>	<p>Explain consequences of refusing treatment.</p> <p>Record reason for decline, advice given and any action taken in the consultation record.</p> <p>Follow local procedures as appropriate.</p>

Clinical condition or situation to which this protocol applies

Nicotine Replacement Therapy (NRT) relieves and/or prevents cravings and nicotine withdrawal symptoms associated with nicotine dependence. Indications include assisting smokers who are unable to smoke (such as on hospital grounds where smoking is illegal) and as a safer alternative to smoking/vaping for those with nicotine dependence. Individuals must be informed about the smoke-free status of the hospital. Staff should not encourage a patient to go outside nor escort a patient outside to smoke.

This protocol must only be used for individuals who are not already using pharmacotherapy for smoking cessation, in which case a prescriber should continue to prescribe. This protocol may be used by authorised staff to ensure that an individual will be able to receive NRT within 4 hours of admission (if requested and appropriate) in order to prevent cravings/ manage nicotine withdrawal symptoms.



For individuals who vape and smoke concurrently, use the number of cigarettes as a starting point in the flow chart and monitor for withdrawal symptoms.

Refer to [AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care](#) for additional guidance on calculating number

of cigarettes a day (Not all individuals who smoke will smoke cigarettes; some will smoke cigars, pipes or rolling tobacco. Before supplying NRT the equivalent number of cigarettes a day that the individual is smoking must first be established and documented).

For individuals who are smoking greater than 20 cigarettes or equivalent a day (or are experiencing difficulties), please follow this protocol and also refer to Powys Smoking Cessation Team or a healthcare professional with a specialist interest in smoking cessation.

If the individual is breast feeding and unable to quit on their own, intermittent therapy is preferred.

Pregnant individuals should use a PRN product first line rather than a 24-hour patch. If patches are used, they should be removed at night before going to bed when the foetus would not normally be exposed to nicotine.

Information varies for each NRT product contained in the protocol – take care to refer to the relevant section. The inclusion, exclusion criteria and cautions for the [specific product](#) MUST be checked, in addition to the [general cautions](#) for all NRT.

Nicorette QuickMist® 1mg is also licensed and approved under this protocol to assist vapers who are unable to vape, by relieving and/or preventing craving and nicotine withdrawal symptoms, in accordance with the [AWMSG Initial clinical management of nicotine withdrawal in adults in secondary care](#).

It is the responsibility of the supplying healthcare practitioner to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the supply. If there is any reason for concern, seek medical advice.

General cautions for all medicines in this protocol:

General cautions/reasons for seeking further advice from a prescriber

- Diabetes mellitus: blood-glucose concentration should be monitored closely when using NRT
- Haemodynamically unstable individual hospitalised with cerebrovascular accident, myocardial infarction or severe arrhythmias, or individual with unstable or worsening angina (including Prinzmetal angina) and/or who have uncontrolled hypertension should be encouraged to stop smoking with non-pharmacological interventions. If this fails, NRT may be considered, but initiation should only be under medical supervision
- Pheochromocytoma
- Uncontrolled hyperthyroidism
- Most warnings for NRT also apply to continued smoking, but the risk of continued smoking outweighs any risks of using nicotine preparations. The risks of continued vaping are not yet established
- Hepatic impairment: caution in moderate to severe impairment
- Severe renal impairment
- Seizures: Potential risks and benefits of NRT should be carefully evaluated before use in individuals taking anti-convulsant therapy or with a history of epilepsy as cases of convulsions have been reported in association with nicotine
- NRT may exacerbate symptoms in persons suffering from active oesophagitis, oral or pharyngeal inflammation, gastritis, or peptic ulcers or gastric ulcer
- Allergic reactions- susceptibility to angioedema and urticaria

	<ul style="list-style-type: none"> • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or MHRA Products Home. Also see Drug Interactions • Individuals with complex multiple pathologies, polypharmacy or multiple allergies • Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate <p>Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP.</p> <p>Any safeguarding concerns need to be directed to Safeguarding Hub: To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And Central Safeguarding number: 01686 252806 Out of hours: 0345 0544847</p> <p>Advice can also be sought from local Safeguarding leads</p>
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<p>Drug Interactions</p>	<ul style="list-style-type: none"> • When a smoker stops smoking, there may be slower metabolism and a rise in blood levels of certain drugs. In particular, the dose of theophylline, cinacalcet, ropinirole and some antipsychotics (including clozapine, olanzapine, chlorpromazine and haloperidol) may need to be reduced. Regular monitoring for adverse effects is advised. Refer to Managing specific interactions with smoking – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice and contact a prescriber for advice. • No clinically relevant interactions between NRT and other drugs have definitely been established. However, nicotine may possibly enhance the haemodynamic effects of adenosine i.e. increase in blood pressure and heart rate and also increase pain response (angina-pectoris type chest pain) provoked by adenosine administration.
<p>Storage</p>	<p>Medicines must be stored securely according to national guidelines.</p> <p>Refer to product SPC via www.medicines.org.uk or MHRA Products Home for the specific product.</p>
<p>Details of the Specific Products</p> <p>NiQuitin Clear patch[®] 21mg/24 hours</p> <p>Nicorette 15mg inhalator[®]</p> <p>Nicorette QuickMist[®] 1mg</p> <p>Nicorette fruit lozenge[®] 2mg</p> <p>Nicorette Cools lozenge[®] 4mg</p>	

Details of the medicine: NiQuitin Clear Patch® 21mg/24hours	
Name, form and strength	NiQuitin Clear Patch® 21mg/24hours 114 mg nicotine, equivalent to 5.1 mg/cm ² of nicotine and delivers 21 mg over 24 hours Transdermal patch.
NiQuitin Clear Patch® 21mg/24hours: Inclusion criteria	<ul style="list-style-type: none"> • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Medical and drug history taken, no reason for exclusion • Individual who smokes 10 or more cigarettes per day, requiring NRT • Individual 12 years of age or over • In case of any doubt, contact medical team
NiQuitin Clear Patch® 21mg/24hours: Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual declines treatment" • Hypersensitivity or allergy to any of the ingredients or excipients of the preparation (see SPC MHRA Products Home) • Individual under 12 years of age • Occasional and infrequent nicotine users or non-nicotine users • Individual who has been assessed by a clinician and deemed NRT inappropriate
NiQuitin Clear Patch® 21mg/24hours: Cautions/reasons for seeking further advice from a prescriber	<ul style="list-style-type: none"> • Individuals with skin disorders • NiQuitin Clear® is potentially a dermal irritant and can cause contact sensitisation. Individuals with contact sensitisation should be cautioned that a serious reaction could occur from exposure to other nicotine-containing products or smoking. • Atopic or eczematous dermatitis (due

	<p>to localised patch sensitivity). In the case of severe or persistent local reactions at the site of application (e.g. severe erythema, pruritus or oedema) or a generalised skin reaction (e.g. urticaria, hives or generalised skin rashes), users should be instructed to discontinue use of NiQuitin® patches and contact their physician</p> <ul style="list-style-type: none"> • Patches should not be placed on red, broken or irritated skin • Breastfeeding - intermittent therapy is preferred • Also see General cautions
<p>NiQuitin Clear Patch® 21mg/24hours: Route/method of administration</p>	<p>Topical.</p> <p>Remove old patch before applying a new one (the patch should not be left on for more than 24 hours; only one patch should be worn at a time).</p> <p>The patch should be kept sealed in its protective sachet until ready to use. Remove protective liner from patch immediately prior to use.</p> <p>Patch should be applied to clean, dry, non-hairy skin on the hip, trunk, or upper arm and held in position for 10–20 seconds to ensure adhesion; place next patch on a different area and avoid using the same site for at least 7 days. Areas where the skin creases should be avoided.</p> <p>Patches should not be placed on red, irritated or broken skin.</p> <p>The user should wash hands with water alone (no soap, which may increase nicotine absorption) after handling the patch, and avoid contact with eyes and nose.</p>

<p>NiQuitin Clear Patch® 21mg/24hours: Dose and frequency</p>	<p>One patch to be applied once daily, at the same time each day and preferably soon after waking.</p> <p>Patch is usually worn continuously for 24 hours (to optimise the effect against morning cravings), however, patch may be removed before going to bed if desired (for example, if individual is experiencing sleep disturbance or nightmares).</p> <p>NB. If patches are used during pregnancy (they may be considered as an alternative to intermittent dosing products if there is significant nausea), the patch should be removed at night before going to bed.</p>
<p>NiQuitin Clear Patch® 21mg/24hours: Max duration of treatment via protocol</p>	<p>Maximum quantity to be supplied is one pack of 7 per week.</p> <p>Individual to be reviewed by a clinician at the next available opportunity (the doctor responsible for inpatients would take over prescribing following their review; for all other individuals, the clinician would be their GP or community pharmacy service).</p> <p>If users are still feeling the need to use the patches on a regular basis 6 months after the start of treatment, then it is recommended to seek additional help and advice from a healthcare professional.</p> <p>Inpatients who have decided NOT to start a quit attempt and have been treated with NRT for nicotine withdrawal only will NOT receive a supply on discharge. Inpatients who have decided to start a quit attempt should receive a minimum of 14 days NRT prescribed on their discharge prescription.</p>

Details of the medicine: Nicorette® 15mg Inhalator	
Name, form and strength	Nicorette® 15mg Inhalator (Inhalation cartridge for oromucosal use, as a complete pack of cartridges with an inhalator mouthpiece) Nicotine 15mg per cartridge A white to slightly coloured porous plug in a sealed, transparent plastic tube.
Nicorette® 15mg Inhalator: Inclusion criteria	<ul style="list-style-type: none"> • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Medical and drug history taken, no reason for exclusion • Individual 12 years of age or over • Individual requiring NRT, whenever the urge to smoke is felt or to prevent cravings. • In case of any doubt, contact medical team
Nicorette® 15mg Inhalator: Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual declines treatment". • Hypersensitivity or allergy to any of the ingredients or excipients of the preparation or to any component of the inhalator (see SPC www.medicines.org.uk) • Individuals with known hypersensitivity to levomenthol or polyethylene • Individual under 12 years of age • Non-nicotine users • Individual who has been assessed by a clinician and deemed NRT inappropriate
Nicorette® 15mg Inhalator: Cautions/reasons for seeking further advice from a prescriber	<ul style="list-style-type: none"> • Bronchospastic disease • Chronic throat disease • Obstructive lung disease- individuals may find use of the inhalator difficult • Also see General cautions

<p>Nicorette® 15mg Inhalator: Route/method of administration</p>	<p>Insert the cartridge into the mouthpiece (according to the instructions) and draw in air through the mouthpiece. Each cartridge can be used for approximately eight 5-minute sessions (each cartridge lasting approximately 40 minutes of intense use). The amount of nicotine from 1 puff of the cartridge is less than that from a cigarette, therefore it is necessary to inhale more often than when smoking a cigarette.</p> <p>Once inserted into the mouthpiece the cartridge should be disposed of within 48 hours even if it has not been used.</p>
<p>Nicorette® 15mg Inhalator: Dose and frequency</p>	<p>The inhalator may be used whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur.</p> <p>This product works best at room temperature. In cold conditions (below 15°C) the nicotine evaporates less readily and it will be necessary to inhale more frequently, whilst in warm conditions (above 30°C) nicotine will evaporate more readily and inhalation should be less frequent to avoid overdose.</p> <p>Maximum daily dose: 6 cartridges</p>
<p>Nicorette® 15mg Inhalator: Max duration of treatment via protocol</p>	<p>To be supplied as a complete pack.</p> <p>Individual to be reviewed by a clinician at the next available opportunity (the doctor responsible for inpatients would take over prescribing following their review; for all other individuals, the clinician would be their GP or community pharmacy service).</p> <p>Inpatients who have decided NOT to start a quit attempt and have been treated with NRT for nicotine withdrawal only will NOT receive a supply on discharge. Inpatients who have decided to start a quit attempt should receive a minimum of 14 days NRT prescribed on their discharge prescription.</p>

Details of the medicine: Nicorette QuickMist® 1mg	
Name, form and strength	Nicorette QuickMist® 1mg/spray mouthspray. One bottle contains at least 150 sprays. 0.07 ml contains 1 mg nicotine, corresponding to 1 mg nicotine/spray dose. Oromucosal spray.
Nicorette QuickMist® 1mg: Inclusion criteria	<ul style="list-style-type: none"> • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Medical and drug history taken, no reason for exclusion • Individual requiring NRT, for use when individual normally would have smoked or vaped or if cravings emerge. • Individual 12 years of age or over • In case of any doubt, contact medical team
Nicorette QuickMist® 1mg: Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual declines treatment". • Hypersensitivity or allergy to any of the ingredients or excipients of the preparation (see SPC www.medicines.org.uk) • Individual under 12 years of age • Non-nicotine users • Individual who has been assessed by a clinician and deemed NRT inappropriate
Nicorette QuickMist® 1mg: Cautions/reasons for seeking further advice from a prescriber	<ul style="list-style-type: none"> • Contains alcohol (ethanol), propylene glycol, and less than 1 mmol sodium (23 mg) per spray • Due to the presence of a small amount of butylated hydroxytoluene (BHT), this medicine may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes • Also see General cautions

<p>Nicorette QuickMist® 1mg: Route/method of administration</p>	<p>If using the oral spray for the first time, or if unit has not been used for 2 or more days, prime the unit before administration:</p> <ol style="list-style-type: none"> 1. Point the spray safely away from you and any other adults, children or pets that are near you. 2. Press the top of the QuickMist with your index finger 3 times until a fine spray appears. <p>The top of the dispenser should be pressed to release the oral spray into the mouth, holding the spray as close to the open mouth as possible and avoiding the lips. The individual should not inhale while spraying and avoid swallowing for a few seconds after use.</p> <p>The individual should not eat or drink when administering the oromucosal spray.</p> <p>Care should be taken not to spray the eyes whilst administering the mouth spray.</p>
<p>Nicorette QuickMist® 1mg: Dose and frequency</p>	<p>Use 1 or 2 sprays as required, when individual normally would have smoked or vaped or if cravings emerge. If, after the first spray, cravings are not controlled within a few minutes, a second spray should be used. If 2 sprays are required, future doses may be delivered as 2 consecutive sprays.</p> <p>Most smokers will require 1-2 sprays every 30 minutes to 1 hour. Maximum single dose: 2 sprays per episode Up to 4 sprays every hour.</p> <p>Maximum daily dose: 64 sprays (4 sprays per hour over 16 hours) in any 24-hour period.</p>
<p>Nicorette QuickMist® 1mg: Max duration of treatment via protocol</p>	<p>One complete pack to be supplied each time the protocol is used.</p> <p>Individual to be reviewed by a clinician at the next available opportunity (the doctor responsible for inpatients would take over prescribing following their review; for all other individuals,</p>

	<p>the clinician would be their GP or community pharmacy service).</p> <p>Inpatients who have decided NOT to start a quit attempt and have been treated with NRT for nicotine withdrawal only will NOT receive a supply on discharge. Inpatients who have decided to start a quit attempt should receive a minimum of 14 days NRT prescribed on their discharge prescription.</p>
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Details of the medicine: Nicorette® fruit 2mg lozenge	
Name, form and strength	Nicorette® fruit 2mg lozenge Each lozenge contains 2mg nicotine (as nicotine resinate).
Nicorette® fruit 2mg lozenge: Inclusion criteria	<ul style="list-style-type: none"> • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Medical and drug history taken, no reason for exclusion • Individual requiring NRT • Individual 12 years of age or over • In case of any doubt, contact medical team • This product is suitable for smokers who smoke 20 or less cigarettes per day.
Nicorette® fruit 2mg lozenge: Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual declines treatment". • Hypersensitivity or allergy to any of the ingredients or excipients of the preparation (see SPC www.medicines.org.uk) • Individual under 12 years of age • Non-nicotine users • Individual who has been assessed by a clinician and deemed NRT inappropriate
Nicorette® fruit 2mg lozenge: Cautions/reasons for seeking further advice from a prescriber	<ul style="list-style-type: none"> • Use with caution in individuals with aspiration and swallowing problems. • Contain a small amount of sulphites, which may rarely cause severe hypersensitivity reactions and bronchospasm. • Contains less than 1 mmol sodium (23 mg) per lozenge • Also see General cautions

<p>Nicorette® fruit 2mg lozenge: Route/method of administration</p>	<p>One lozenge should be placed in the mouth and allowed to dissolve; periodically move the lozenge from one side of the mouth to the other.</p> <p>A 2mg Lozenge dissolves completely, typically in 10-20 minutes.</p> <p>Do not chew or swallow the lozenge.</p> <p>Lozenges may be packaged in a cardboard box or polypropylene container (flip pack). If cardboard box is supplied, use within 3 months after removing the overwrap on the cardboard box.</p> <p>Store the lozenges in the original container in order to protect from moisture.</p>
<p>Nicorette® fruit 2mg lozenge: Dose and frequency</p>	<p>One lozenge every 1–2 hours as required, whenever the urge to smoke occurs or to prevent cravings in situations where these are likely to occur.</p> <p>Maximum daily dose: 15 lozenges</p>
<p>Nicorette® fruit 2mg lozenge: Max duration of treatment via protocol</p>	<p>To be supplied as a complete pack.</p> <p>Individual to be reviewed by a clinician at the next available opportunity (the doctor responsible for inpatients would take over prescribing following their review; for all other individuals, the clinician would be their GP or community pharmacy service).</p> <p>Inpatients who have decided NOT to start a quit attempt and have been treated with NRT for nicotine withdrawal only will NOT receive a supply on discharge. Inpatients who have decided to start a quit attempt should receive a minimum of 14 days NRT prescribed on their discharge prescription.</p>

Details of the medicine: Nicorette Cools® lozenge 4mg	
Name, form and strength	Nicorette Cools® lozenge 4mg Each lozenge contains 4mg nicotine (as nicotine resinate).
Nicorette Cools® lozenge 4mg: Inclusion criteria	<ul style="list-style-type: none"> • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Medical and drug history taken, no reason for exclusion • Individual requiring NRT • Individuals who smoke more than 20 cigarettes each day • Individual 12 years of age or over • In case of any doubt, contact medical team
Nicorette Cools® lozenge 4mg: Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual declines treatment". • Hypersensitivity or allergy to any of the ingredients or excipients of the preparation (see SPC www.medicines.org.uk) • Individual under 12 years of age • Non-nicotine users or individuals who smoke 20 or less cigarettes per day • Individual who has been assessed by a clinician and deemed NRT inappropriate
Nicorette Cools® lozenge 4mg: Cautions/reasons for seeking further advice from a prescriber	<ul style="list-style-type: none"> • Use with caution in individuals with aspiration and swallowing problems. • Also see General cautions

<p>Nicorette Cools® lozenge 4mg: Route/method of administration</p>	<p>One lozenge should be placed in the mouth and allowed to dissolve; periodically move the lozenge from one side of the mouth to the other.</p> <p>A Nicorette Cools 4mg Lozenge dissolves completely, typically in 10-20 minutes.</p> <p>Do not chew or swallow the lozenge.</p> <p>If applicable, use within 3 months after removing the overwrap on the cardboard box.</p> <p>Store the lozenges in the original container in order to protect from moisture.</p>
<p>Nicorette Cools® lozenge 4mg: Dose and frequency</p>	<p>One lozenge every 1-2 hours as required, whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur.</p> <p>Maximum daily dose: 15 lozenges</p>
<p>Nicorette Cools® lozenge 4mg: Max duration of treatment via protocol</p>	<p>To be supplied as a complete pack.</p> <p>Individual to be reviewed by a clinician at the next available opportunity (the doctor responsible for inpatients would take over prescribing following their review; for all other individuals, the clinician would be their GP or community pharmacy service).</p> <p>Inpatients who have decided NOT to start a quit attempt and have been treated with NRT for nicotine withdrawal only will NOT receive a supply on discharge. Individuals who have decided to start a quit attempt should receive a minimum of 14 days NRT prescribed on their discharge prescription.</p>

Identification, management and reporting of adverse reactions (this section applies to all products contained in this protocol)	
Identification, management and reporting of adverse reactions	<p>In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone to summon assistance if required.</p> <p>In case of anaphylaxis:-</p> <ul style="list-style-type: none"> • Refer to adrenaline (epinephrine) PGD0017 and anaphylaxis procedure <ul style="list-style-type: none"> • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individual's notes • Ensure all individual's records are marked ALLERGIC TO NRT (list specific product) • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers <p>Report via Once for Wales Reporting System.</p> <p>The individual may confuse signs and symptoms of nicotine withdrawal with side effects of NRT products. Nicotine withdrawal signs and symptoms include: urges, anxiety or depression, aggression, increase in appetite, inability to concentrate, sleepiness or sleeplessness, mouth ulcers, and/or constipation. It is important that the patient is counselled on the withdrawal signs and symptoms of nicotine, in order to prevent non-compliance with NRT products.</p> <p>Refer to BNF or SPC via medicines.org.uk or MHRA Products Home for a complete list of side effects for each specific product.</p> <p>Application site reactions are the most frequent adverse reaction associated with NiQuitin[®] patches – see SPC for further detail. Hypersensitivity reactions, including contact dermatitis and allergic dermatitis have also been</p>

	<p>reported. In the case of severe or persistent local reactions at the application site (e.g. severe erythema, pruritus or oedema) or a generalised skin reaction (e.g. urticaria, hives or generalised skin rashes) users should be instructed to discontinue use of NiQuitin® and contact their physician. If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the NiQuitin® patch dose should be reduced or discontinued. If an individual using the 21mg patch experiences excessive side-effects that do not resolve within a few days, contact a prescriber to consider changing to a medium or low-strength patch.</p> <p>Report any suspected adverse reactions to a doctor or prescriber and record in the individual's medical record. The individual's GP must also be informed.</p> <p>Healthcare practitioners and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults that may be attributable to the medication should be reported. Guidance on the yellow card system is available at the back of the BNF or using the above link.</p> <p>All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.</p>
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Written/verbal advice for individual/ carer (this section applies to all products contained in this protocol)	
Written/verbal advice for individual/ carer	<ul style="list-style-type: none"> • Inform individual of product being supplied and rationale. • Reinforce the 'no smoking on site' message. • Inform individual that they are being treated within a protocol. • Provide patient information leaflet. Draw individual/representative's attention to the label and patient information leaflet. Inform individual of possible side effects and their management. • Where appropriate, advise individual/ carer how to administer the medication. • Where appropriate counsel on dosage regime. • Inform individual/carer how/when to seek further medical advice. • Advise individual/carer to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on call service, or inform ward staff (if applicable). • Most warnings for NRT also apply to continued smoking, but the risk of continued smoking outweighs any risks of using NRT. • Users should be encouraged to stop smoking/vaping completely as soon as possible. • Refer individual for behavioral support via a smoking cessation practitioner, if available, or to Help Me Quit <u>https://www.helpmequit.wales/professional-referral-form/</u> (including referral to Community Pharmacy services) for follow up upon discharge. Smokers can contact Help Me Quit directly by calling 0800 085 2219 or texting HMQ to 80818 • Provide individual/carer with additional patient information and advice on nicotine withdrawal signs and symptoms, NRT and stopping smoking, using the approved ASH Wales leaflet (available in English and Welsh) at NRT Guide - Action on Smoking and Health <p>If relevant:</p>

	<ul style="list-style-type: none"> • Pregnancy: Ideally smoking cessation should be achieved without NRT, however, the use of NRT is preferable to the continuation of smoking during pregnancy. NRT should be considered alongside behavioural support, at the earliest opportunity in pregnancy and continued after pregnancy if needed. If patches are used, they should be removed before bed. The aim should be to use NRT for only 2-3 months – refer to smoking cessation and/or prescriber. • Breastfeeding: Ideally smoking cessation during lactation should be achieved without NRT. However, for women unable to quit on their own, NRT may be recommended by a healthcare professional to assist a quit attempt. Nicotine from smoking and NRT is present in breast milk; however, the amount of nicotine the infant is exposed to from NRT is relatively small and less hazardous than second-hand smoke. Using intermittent dose NRT preparations, compared with patches, may minimize the amount of nicotine in the breast milk as the time between administrations of NRT and feeding can be made as long as possible. Women should try to breastfeed just before they take the product. • For oral NRT: Acidic beverages, such as coffee or fruit juice, may decrease the absorption of nicotine through the buccal mucosa and should be avoided for 15 minutes before the use of oral NRT. • Patches: The user can bathe, swim or shower for short periods while wearing the nicotine transdermal patch. • Danger in small children: Doses of nicotine tolerated by adult and adolescent smokers or vapers can produce severe toxicity in small children that may be fatal. Products containing nicotine should not be left where they may be misused, handled or ingested by children. Keep out of the sight and reach of children. In addition: <ul style="list-style-type: none"> ○ Patch: After removal, the patch should be
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	<p>folded in half, adhesive side innermost, and placed inside the opened sachet, or in a piece of aluminum foil. The used patch should then be disposed of with care.</p> <ul style="list-style-type: none"> ○ Inhalator: If a child swallows, chews or sucks on the inhalator cartridge (used as well as unused) there is a risk of poisoning in the child. Also, a potential choking hazard due to small parts: any unused cartridges should never be thrown away or left lying around – they should be kept in the cartridge tray to minimise the risk of swallowing, and disposed of with household rubbish. ○ Lozenges can represent a choking hazard, therefore keep out of the reach of children
<p>Records to be kept (this section applies to all products contained in this protocol)</p>	
<p>Records to be kept</p>	<p>Record consultation details in the individual’s care record, as required by local procedures. In addition, for inpatients, the supplying healthcare professional must transcribe the supply onto the relevant section of the PTHB medicines administration record (See appendix B or appendix C for guidance on how to record on administration chart), indicating the name of the Healthcare professional who has made a supply via this protocol.</p> <p>If NRT has been initiated, then the inpatient medication administration record should be endorsed in the special instructions box with either ‘Withdrawal Management’ for those who only wish to have NRT support while they are inpatients, or ‘Quit Attempt’, for individuals who are trying to give up smoking or vaping long term.</p> <p>In addition, record:</p> <ul style="list-style-type: none"> • Name, address and date of birth of individual • Name and address of GP • Medical and drug history taken, including any allergies, nature of reaction and previous adverse events.

	<ul style="list-style-type: none"> • Criteria under which the individual fits the protocol. • Any reasons for exclusion or referral, including actions taken. • Any advice received from medical cover and advice given to individual/carer. • That valid informed patient consent to treatment was obtained, or a decision to treat made in the individual’s best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent if appropriate. • If the individual has refused treatment, and any advice given in this circumstance. • That the medication is being supplied in accordance with a protocol- record title and version. • Date and time of supply • Name, form, strength, route and dose • Quantity of medication supplied • Expiry date • Relevant information given to the individual/carer <p>The record must include the printed name and signature (which may be electronic) of the healthcare practitioner responsible for supply. All records should be clear, legible and contemporaneous.</p> <p>The withdrawal management/ quit attempt and medication issued in hospital should be documented on the patient’s discharge medication report along with any follow-up arrangements. For individuals who have decided to make a quit attempt, arrange for a minimum of 14 days NRT to be added to the discharge prescription to enable sufficient supply on discharge until the referral to community pharmacy has been set up.</p> <p>A record of all individuals receiving treatment under this protocol should be kept for audit purposes in accordance with local policy. The head of department should arrange an annual retrospective audit of a minimum of 5 records</p>
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	<p>over a 12-month period. This audit should sample 10% of individuals who have been treated according to this protocol in each location where the protocol has been used, to monitor compliance. The records must be reviewed for rationale behind administering or supplying the product, to check that supply was in accordance with the relevant monograph, that clear documentation is in place and that the competency checklist has been completed when authorising individuals to work to this protocol. The results should be available for review by the medicines management team upon request.</p>
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Key references

1. Summary of Product Characteristics www.medicines.org.uk:
Nicorette® 15mg Inhalator revised 22/05/25
Nicorette QuickMist® 1mg revised 05/02/25
Nicorette® fruit 2mg lozenge updated 20/05/25
Nicorette Cools® lozenge 4mg revised 20/05/25
2. Summary of Product Characteristics [MHRA Products | Home](#)
NiQuitin Clear Patch ® 21mg/24hours revised 17/10/24
3. [BNF https://bnf.nice.org.uk](https://bnf.nice.org.uk) accessed 14/08/25
4. [BNFC https://bnfc.nice.org.uk](https://bnfc.nice.org.uk) accessed 26/08/25
5. [AWMSG Nov 2024 guide Initial clinical management of nicotine withdrawal in adults in secondary care](#)
6. AWMSG guidance [Pharmacotherapy for smoking cessation](#)
February 2018

Appendix A: Staff Permitted to use the Protocol Signature sheet

Authorising Manager: I confirm that the practitioners named below are suitably trained and competent to work under this protocol. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the protocol to work under it.

The authorising professional MUST use the competency checklist (below) to evidence the competency.

Practitioner: By signing this protocol you are indicating that you agree to its contents and that you will work within it. Protocols do not remove inherent professional obligations or accountability. It is the responsibility of each authorised professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this protocol and that I am willing and competent to work to it within my professional code of conduct.

Printed name of healthcare professional	Signature of healthcare professional	Printed name of senior representative authorising health professional (Authorising Manager)	Signature of senior representative authorising health professional (Authorising Manager)	Date

The authorising manager should retain a copy of the list, which should be kept by PTHB for 25 years after the protocol expires. This list must be made available to the medicines management department for audit purposes. The healthcare professional should retain a copy of the document after signing.

Competency check list for manager/senior team lead to use as part of the authorising process. Review of authorisation will take place on each Protocol update and at the individual's annual PADR.

Name: Role: Current contract with PTHB (please circle): YES / NO		Sign / Initial	Further training identified (Y/N) Specify in comments	Comments	Actioned and complete
1	The Protocol sign off is for the following Protocol: MMP 453: Supply of NRT to individuals to relieve and/or prevent craving and nicotine withdrawal symptoms whilst unable to smoke or vape on hospital grounds				
2	We have discussed the expiry date of the Protocol and are using a version accessed electronically				
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD				
4	The protocol has been read in full by the staff member				
5	The identified training has been completed as specified in the Protocol and is in date				
6	We have discussed some examples of inclusion criteria and exclusion criteria				
7	The staff member is confident in the administration method and doses				

Staff member print & sign name		Date
Manager/senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member. A copy of this form should be kept by service lead in the training file- this will be subject to audit.

Appendix C: Guidance on recording on PRN section of chart

PATIENT'S NAME **HEALTH RECORD NUMBER**

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BED

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE	GIVEN BY	DATE	TIME GIVEN	DOSE
DATE	MEDICINE (Approved Name)	PHARMACIST				ROUTE				RO
XX	NICOTINE QUICKMIST 1mg									
		SUPPLY								
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24HRS							
i-ii	PO	MAX 4 sprays per hour	64 sprays							
PRESCRIBER'S SIGNATURE		INDICATION								
As per NRT protocol		CRAVINGS								
bleep No. Staff name		Medicines reconciliation (circle)								
		started continued dose changed								
XX	NICOTINE INHALATOR 15mg									
		SUPPLY								
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24HRS							
i	INH	PRN	6 CARTRIDGES							
PRESCRIBER'S SIGNATURE		INDICATION								
As per NRT protocol		CRAVINGS								
bleep No. Staff name		Medicines reconciliation (circle)								
		started continued dose changed								
XX	NICOTINE LOZENGE 2mg									
		SUPPLY								
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24HRS							
i	PO	1 ^o	15							
PRESCRIBER'S SIGNATURE		INDICATION								
As per NRT protocol		CRAVINGS								
bleep No. Staff name		Medicines reconciliation (circle)								
		started continued dose changed								
XX	NICOTINE LOZENGE 4mg									
		SUPPLY								
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24HRS							
i	PO	1 ^o	15							
PRESCRIBER'S SIGNATURE		INDICATION								
As per NRT protocol		CRAVINGS								
bleep No. Staff name		Medicines reconciliation (circle)								
		started continued dose changed								