

## Pharmacy Stop Smoking Service - Client Record

Name: \_\_\_\_\_ On a scale of one to ten how important is stopping smoking to you?

CHI: \_\_\_\_\_ On a scale of one to ten how confident are you that you will succeed?

Attendance			CO	Comments	Hints and Tips	PCR	CPUS written	Next Appt.	
1 <sup>st</sup> VISIT				Complete initial assessment form. Discuss stop smoking programme. Set Quit Date. Start MDS on PCR. Arrange next appointment. DO NOT ROUTINELY PROVIDE NRT AT THIS VISIT	Get ready for quit date. Anticipate and plan for problems		XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX		
Pre - Quit	Date	Seen By							
2 <sup>nd</sup> VISIT QUIT DAY	Date	Seen BY		QUIT DAY - review client and select appropriate therapy. Record and electronically <b>SUBMIT all relevant data in the MDS within PCR</b>	Product Supplied (Name, strength and quantity.)	Take it a day at a time. Change routines. Keep busy			
Week post QUIT	Date	Seen BY		Notes - Ask - How they "got on"? Smoking Status? Medication changes? What went well? Not so well? Problems/Challenges?	Product Supplied (Name, strength and quantity.)	Hints and Tips	PCR	CPUS written	Next Appt.
1						Drink cold water or orange juice			
2						Add up how much money your saving			
3						Deep breathing can help with cravings. Distract yourself			

Week Post Quit	Date	Seen By	CO	Notes - Ask - How they "got on"? Smoking Status? Medication changes? Problems? Going well?	Product Supplied (Name, strength and quantity.)	Hints and Tips	PCR	CPUS written	Next Appt.
4						Keep busy Don't let emptation take a grip			
				COMPLETE FOUR WEEK POST QUIT DATE FOLLOW UP and electronically submit data in PCR					
5						You are a NON - SMOKER			
6						You are doing well. Continue with therapy			
7						Stay strong remember why you chose to stop			
8						Use " I don't smoke" when offered a cigarette			
9						Eat more fruit and vegetables			
10						Exercise will help you relax and feel better			
11						Last week of NRT- prepare to STOP			
12					XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	Do you need further support?		XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
				Use NHS FV 12 week protocol to COMPLETE TWELVE WEEK POST QUIT DATE FOLLOW UP and electronically submit data					