



STEP 3A: Personalized Care Plan



Patient name: _____ Date: _____

Phone Number(s): _____ HSN: _____

Service Level: Silver Gold Pharmacist: _____

Billable Minutes: _____ (max 3 submissions totalling 90 minutes @2.00/minute every 365 days) Service Billed

Use these topics and tools to help track and assist discussion and patient cessation plan

Patient's main reason to quit:

Assessment

- Why Test Category Results: Handling ____ Pleasure/Relax ____ Addiction ____ Crutch/Tension ____ Social ____
- Why Test Category Tips # 1 Why Test Category Tips # 2

Support Tools, Topics and Patient Handouts

- The Benefits of Quitting What Happens When You Smoke Top 10 Reasons to Stop Smoking
- Myths About Smoking The 5 Rs for Motivation Shift Your Perspective
- Smoking Reduction Tips The 4 D's Quit Tip and Tricks
- Dealing With Withdrawal Dealing With Cravings Weight Gain and Stress
- Triggers and Strategies Signs of Recovery Modified Fagerstrom Tolerance Test
- Quit Diary Slips and Relapses Smokers' Helpline Information

- Oncology, Optometry, Pre/post natal, Indigenous Tobacco Cessation, Youth Cessation (resources can be found on [PACT](#) website)
- Pharmacotherapy: [General Info](#) [Zyban®](#) [Champix®](#) [Inhaler/Lozenge](#) [Gum/Patch](#) [Special Populations \(medSask\)](#)

Cessation Plan

- QUIT DATE _____ Quit Date Confirmation
- Choice of cessation _____ Ready to Quit
- BSP recommend OTC NRT Practitioner RX

Notes:

*Links to documents are written in blue

Date of Next Contact: _____



STEP 3B: Personalized Care Plan Follow-Up



Patient name: _____ Date: _____

Interview in person telephone

Pharmacist: _____ Service Billed

Follow-Up Consult#: ____/10 Billable Minutes: _____ (max 10 submissions @ \$10.00/submissions/365 days)

Suggested questions for your interview

1. SMOKING STATUS

- It's been _____ days since quit date. Have you had any cigarettes/cigar/chew since we last spoke? Yes No
 If no, congratulate and skip to #2.
 If yes, when you picked up that cigarette/cigar/chew again, what thoughts were going through your mind?
- How you were feeling after the lapse? Have you been able to get back on track? How you were able to do that?
- If you haven't been able to get yourself on track, let's talk about how we can get you there.

Offer encouragement and discuss interest in and strategies to continue with the cessation effort.

NOTES:

2. NICOTINE REPLACEMENT THERAPY, BUPROPION OR VARENICLINE (if applicable)

- How confident are you that the cessation aid is helping?
- Are you experiencing any side effects related to your cessation aid?
- Do you have any specific concerns related to the use of your cessation aid?

NOTES:

Continued on next page

STEP 3B: Personalized Care Plan Follow-Up (continued)

3. URGE CONTROL and BEHAVIORAL STRATEGIES

- From 1-10, (1= no urge, 10 =extreme urge) how strong was your average urge to smoke in the past few days? _____
- From 1-10, (1 =most comfortable, 10 =most miserable) how troublesome would you rate your withdrawal symptoms such as:
cravings _____ nervousness _____ difficulty concentrating _____ agitation _____ Others _____
- What are you doing to manage your cravings or withdrawal symptoms, if anything (eg. drink water with lemon, take slow deep breaths, go for a walk, chew gum, brush your teeth, relaxation technique)?
- How well do they work?
- Are there other things that you are doing to help manage your cravings or withdrawal?
- What are your top 3 strategies that help keep you tobacco free (e.g. drink water, distraction, medications)?

NOTES:

4. LOW AND HIGH-RISK PLANNING

- What have been your triggers or most challenging times? • How have you handled them?
- What can you do to prepare for triggers and high-risk situations (e.g. holidays, not smoking in the car, going out for a drink with friends, going to a funeral, changing jobs, watching your spouse smoke, cravings when you first wake up)?

NOTES: