



# 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

- Mental Health, Oncology, Optometry, Pre/post natal, TAR, 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
- Ready to Quit
- Choice of cessation \_\_\_\_\_
- BSP recommend OTC NRT  Practitioner RX  BSP RX (collaborative practice agreement)

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:

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## 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:

**Bank of Follow-Up Questions**

Date of Next Contact: \_\_\_\_\_