CEASE

Clinical Effort Against Secondhand Smoke Exposure

If your child has one of these...

then you should have one of these.

Your child's doctor can help you quit smoking and have a completely smoke-free home and car.
Why CEASE?

* Research based
* American Academy of Pediatrics, Julius B. Richmond Center of Excellence

Sometimes it’s easy to see what can hurt your kids.

But sometimes it’s not. The toxins from cigarette smoke can hurt your children long after the cigarette is out.

Your child’s doctor can help you quit smoking and have a completely smoke-free home and car.
Three simple steps!

1. Ask
2. Assist
3. Refer
<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>When</th>
<th>Who</th>
<th>How</th>
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</table>
| Step 1 | **ASK** about smoking status of family members and household smoking rules. With leadership support, use:  
* CEASE Action Sheet, Step One  
* CEASE Action Sheet, Step Two  
* CEASE halflets | At the front desk  
* During vital signs  
* During the visit  
* Through a mailing | **Primary:**  
The receptionist, medical assistant, or nurse:  
**Facilitators:** | - Every year, give families a **CEASE Action Sheet** to ask about household members’ smoking status and interest in cessation services.  
- Use the **CEASE Sticker** or **Stamp** to document family smoking status on the problem list.  
- Place the **CEASE Action Sheet** in the child’s medical record. |
| Step 2 | **ASSIST** in quitting smoking and establishing a completely smoke-free home and car. Prescribe or recommend appropriate medication. With leadership support, use:  
* CEASE Action Sheet, Step Two  
* CEASE halflets | During the visit | **Primary:**  
A physician, nurse, or health educator:  
**Facilitators:** | - In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the **CEASE Action Sheet**.  
- Use the responses on Step One of the **CEASE Action Sheet** to guide how you assist with addressing tobacco use.  
- Document services delivered on Step Two of the **CEASE Action Sheet**. |
| Step 3 | **REFER** those who use tobacco to the quitline. Make a follow-up plan. With leadership support, use:  
* CEASE Action Sheet, Step Two  
* CEASE halflets | During the visit  
* During the visit | **Primary:**  
A physician or nurse practitioner:  
**Facilitators:** | - Using Step Three of the **CEASE Action Sheet**, refer tobacco users to the Florida Quit for Life Line.  
- Fax the completed Step Three of the **CEASE Action Sheet** to the Florida Quit for Life Line at 1-877-747-9528. |
Date:  
Patient’s Name: 

Relationship to patient (circle one):
Mother  
Father  
Other: 

Your Email (optional): 

Does your child live with anyone who smokes tobacco?
Yes  
No  
If yes, who? 

Have you smoked tobacco, even a puff, in the last 7 days?
Yes  
No, quit in past year  
No, quit over a year ago  
No, never  

If you smoke, how interested are you in quitting?
A lot  
Some  
A little  
Not at all  

If you smoke, are you interested in medicine to help you quit?
Yes  
No  
Not sure  

If you smoke, do you want to learn free ways to help you quit?
Yes  
No  
Not sure  

Progress notes:

/ / /:

/ / /:

/ / /:

/ / /:

/ / /:

The doctor or nurse may talk to you about protecting others from the harms of smoking. They may use the check boxes to best meet your needs.

Quitting smoking is one of the best things that you can do for your health and the health of your family.

☐ Set a quit date for ________________

Rx 

Medicine can double your chance of quitting smoking for good.

☐ Medication prescribed: ________________

Rx 

A free telephone quitline or online service is available to help you quit smoking.

☐ Quitline form faxed

☐ Online program information emailed/given

Rx 

Make a no smoking rule for everywhere in your home and car.

☐ Halflet given
Florida Quitline Referral Form

Provider Information:

☐ Advised no tobacco in pregnancy and postpartum
☐ Assessed that patient wants to quit in the next 30 days
☐ Obtained permission to refer to a cessation toll-free number 1-877-QUIT-NOW & to NAME OF AHEC CENTER HERE

The Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether you are a HIPAA covered entity:  I am a HIPAA Covered Entity  ____Yes ____No

Practice Name: ________________________________

Referring Provider: ________________________________

Practice address: ___________________________ Zip Code: ________________

Telephone: ___________________ Fax: ___________________

Participant Information:

Gender: ___ male ___ female  Pregnant? ___ Y ___ N

Participant Name: ___________________________ DOB: __/__/____

Address: ___________________________ City: ___________ Zip: ___________

Primary #: (______) _______ - ________  Type: ___ HM ___ WK ___ CELL ___ OTHER

Language Preference (check one): ___ English ___ Spanish ___ Other ______

Tobacco Type (check ALL that apply): ___ Cigarettes ___ Smokeless Tobacco ___ Cigar ___ Pipe

My signature gives permission for my provider to FAX this form to the Florida Quitline. I understand that a Quitline specialist will call me within the next week.

Patient Signature: __________________ Date: ____________

The Florida Quitline will call you. Please check the BEST time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this time frame.

☐ 7am - 9am  ☐ 9am - 12pm  ☐ 12pm - 3pm  ☐ 3pm - 6pm  ☐ 6pm - 9pm

Within this 3-hour time frame, please contact me at (check one): ___ Primary Phone ___ Secondary Phone

FAX THIS FORM TO 1-800-483-3114 for telephone counseling

Fax to AHEC CENTER NAME AND FAX NUMBER HERE for one-on-one & group counseling

Questions? Call the Florida Quitline, 1-(877) U CAN NOW (1-877-822-6669)
Talk to your child's doctor today about medicines to help you quit smoking

Nicotine Replacement Options

Patches (O/X)

Nicotine Patches

- **21 mg** (pack-7 days) (76.5 mg/day) (16-25 cigarettes/day)
- **14 mg** (pack-7 days) (51 mg/day) (<10 cigarettes/day)
- **7 mg** (pack-14 days) (25.5 mg/day) (<10 cigarettes/day)

Initial: 1 patch/day
MAX: Same as above
Treatment Duration: 8 weeks

Gum (R/Y)

Nicotine Gum

- **4 mg** (pack-20 pieces) (20 cigarettes/day)
- **2 mg** (pack-20 pieces) (10 cigarettes/day)

Initial: 1 piece every 1-2 hours
MAX: 24 pieces/day
Treatment Duration: 8-12 weeks

Nasal Spray (X)

Nicorette NK

- 10 mg/mL

Initial: 1 spray/hr
MAX: 5 sprays/hr or 40 sprays/day
3-4 weeks

Inhaler (Q)

Nicorette Inhaler

Initial: 1-1.5 sprays/session
MAX: 16 sprays/session
3-8 weeks

Lozenge (O/C)

Combretta

- **2 mg**
- **4 mg**

Initial: 1 loz/2-4 hr (3-6)
MAX: 8 loz/24 hr (10-12)
Treatment Duration: 12 weeks

Non-Nicotine Medication

Bupropion SR (Zyban)

- 150 mg tablets

Initial: 150 mg/day (days 1-3)
MAX: 300 mg/day
Treatment Duration: 7-2 weeks

Varenicline (Chantix)

- 0.5 mg tablets

Initial: 0.5 mg BID
MAX: 1 mg BID
Treatment Duration: 12 weeks
Thank you, Rahma Mkuu