

POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse-initiated medication' to adults and children greater than 16 years. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication⁵.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed.
- Nurse-initiated medication may interact with the patient's prescribed medication.
- The maximum daily recommended dose of the medication must not be exceeded.¹

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e., more than 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Nicotine dependence, aid to stopping smoking in adults

CONTRAINDICATIONS

- Non-smokers
- Children under 12 years of age
- Hypersensitivity to nicotine or any of the excipients
- Patches: severe skin conditions (e.g., psoriasis, eczema)
- Gums: patients wearing dentures
- Lozenges: patients with phenylketonuria
- Inhalers: asthma and chronic throat conditions

PRECAUTIONS

- Recent Myocardial infarction / Stroke / Unstable Angina
- Pregnant / lactating women
- Patients with a mental illness
- Diabetes

Nicotine Replacement Therapy for smoking cessation **SESLHDPR/760**

- Drug interactions. All patients receiving clozapine or olanzapine **MUST** be referred to a MO for further assessment. Refer to [NSW Health Tool 8: Clozapine, olanzapine and smoking cessation for additional information](#).

Refer to [NSW Health Managing Nicotine Dependence: A Guide for Health Staff](#) and other tools available on the [NSW Health Tobacco and smoking website](#) for additional information.

HISTORY/ASSESSMENT

- Undertake a smoking cessation brief intervention using [NSW Health Tool 2: Quick guide to smoking cessation brief intervention](#).
- Assess level of nicotine dependence using [NSW Health Tool 3: Assessing nicotine dependence](#).
- Determine the appropriate NRT using [NSW Health Tool 4: Flowchart for NRT use in hospital](#) and [NSW Health Tool 5: Quick guide to Nicotine Replacement Therapy \(NRT\)](#).
- Consult medication charts PRIOR to administration of NRT to determine if there are any clinically significant drug interactions. Refer to [NSW Health Tool 7: Quick guide to drug interactions with smoking cessation](#).
- Referral to MO those with precautions or clinically important drug interactions, as described above.

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications				
Drug	Product	Dose	Route	Frequency
Nicotine	Patch (7 mg, 14 mg, 21 mg)	21 mg per day	Topical	Daily
	Gum (2 mg or 4 mg)	4 mg stat	Buccal	every 1 – 2 hours Up to 15 per day
	Inhalator (15 mg cartridge)	15 mg stat	Inhalation	3 – 6 cartridges per day
	Lozenge (2 mg or 4 mg)	4 mg stat	Buccal	every 1 – 2 hours Up to 15 per day
	Oral Spray (1 mg)	1 – 2 sprays	Buccal	every 30 minutes
Most clients will need the higher strength gum and lozenge (4mg) unless they are a very mildly nicotine dependent (don't smoke within 30 minutes of waking and experience only mild cravings).				

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Adverse effects are usually minor and transient; some (such as sleep disturbance, dizziness, weight gain and headache) may be related to stopping smoking.

- Oral and inhaled products: hiccups, irritation of throat and mouth and sinusitis.
- Patch: application site reactions (redness, itch, rash) may occur.

Interactions:

Medication levels can vary if someone starts or stops smoking, or if they change how much they smoke.

- Cigarette smoking induces the activity of certain cytochrome P450 enzymes, particularly CYP1A2. These enzymes are involved in the metabolism of a number of medications.
- These effects are caused by components of tobacco smoke other than nicotine. Therefore, nicotine replacement therapy does NOT affect medication levels.
- Decreased CYP1A2 activity after smoking cessation increases the risk of adverse drug reactions thus requiring adjustment to the dosage of some medications.
- CYP1A2 enzyme has a half-life of 36 hours, so dose adjustment to medications needs to be made within 2-3 days of smoking cessation.
- The change in metabolism/drug dose can occur with anyone who is reducing smoking. People considered light smokers may still need dose adjustment depending on the way they smoke (eg. compensatory smoking – inhaling more deeply).
- Predicting the required adjustment to medication can be challenging – the [NSW Health Tool 7: Quick guide to drug interactions with smoking cessation](#) is a guide only. Therapeutic drug monitoring should be used where possible.

If unsure, access MIMS to establish smoking cessation effects on patient's medications.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

- For smokers who want to smoke less, but are not ready to stop, nicotine replacement can help to reduce smoking, which increases their chances of quitting in the future.
- The [NSW Health Tool 5: Quick guide to Nicotine Replacement Therapy \(NRT\)](#) provides clear directions for use for each NRT product.

REFERENCES/FURTHER READING

1. NSW Health Policy Directive Medication Handling PD2022_032
2. [Australian Medicines Handbook](#). Nicotine. South Australia: Australian Medicines Handbook Pty Ltd, January 2023.
3. [MIMs Online](#). Nicotine (multiple products).
4. [Medication: Administration by Enrolled Nurses](#) SESLHDPD/160, 2024.
5. [Smoke-Free Health Service Procedure](#) SESLHDPR/316, 2022
6. [Smoking Cessation Brief Intervention in Maternity Services](#) SESLHDPR/632, July 2022
7. NSW Health. [Clinical Guidelines for the Management of Substance Use During Pregnancy Birth and the Postnatal Period](#). 30 July 2024
8. NSW Health. [NSW Health Smoke-free Health Care Policy](#). PD2025_009
9. NSW Health. [Tobacco and smoking. Tools for health professionals](#).
10. NSW Health. [Managing Nicotine Dependence: A Guide for NSW Health Staff](#), February 2025
11. Quit. [Training and resources for health services](#).

Additional Resources:

- NSW Health (2025) – [Managing Nicotine Dependence: A Guide for NSW Health Staff](#)
- HETI code: 42190007 - Introduction to Motivational Interviewing (overview of the fundamental skills, principles and strategies used in motivational interviewing).
- HETI code: 99447022 - Motivational Interviewing Building Skills (scenario-based examples of how to utilise Motivational Interviewing techniques to understand and assess a person's motivation to change)
- [QRG eMEDs – Initiating a Standing Order: Nurse/Midwife](#)

VERSION and APPROVAL HISTORY

Date	Version Number	Version and approval notes
May 2023	Draft	Replaces SESLHDPR/494. Major review. Remove information duplicated from NSW Health Guidelines and make consistent with other NIM Protocols.
July 2023	1.0	Approved by SESLHD Drug and Therapeutics Committee
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