

7.16 Overview of Nicotine Replacement Therapy Prescribing in a Level 4 Hospital

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Background: Acute hospital admission is an opportunity to begin smoking cessation advice and nicotine replacement therapy. Medically admitted patients are often not prescribed nicotine replacement therapy in accordance with BTS guidelines on tobacco dependency. **Methods:** The audit was performed prospectively; data was gathered daily in the emergency department capturing medically admitted patients (within 3 days of their admission) who had a smoking history documented. The sample size was 30 patients. We believed that this sample size would be large enough to allow us to successfully assess the levels of compliance and then make a valid comparison with a post intervention audit group. **Results:** 3 % (n=1) of the patients had nicotine replacement therapy prescribed during this time period. 0% (n=0) of the patients had a documented conversation on smoking cessation, nicotine replacement therapy or refusal of same in their admission note. **Conclusion:** This suggests adherence to BTS guidelines on tobacco dependency at our institution is suboptimal. An increased awareness of nicotine replacement therapy prescribing is needed for NCHDs at our institution. We have started interventions to improve this with information sessions at NCHD teaching and circulation of a nicotine replacement therapy prescribing leaflets. **Conflicts of Interest:** The authors declare that they have no conflicts of interest.