

Management of nicotine dependence & withdrawal in ED – development of a guideline for Victorian healthcare services

Responding to the request to work with Eastern Health to develop a guideline for emergency departments, VNSHS is establishing a small working group, comprising representatives from Eastern Health, VNSHS, and other interested health services, including representatives with expertise and experience in emergency medicine and emergency department processes and culture.

Background

The Victorian Coroner approached the Victorian Network of Smokefree Healthcare Services (VNSHS) in May 2020 to respond to recommendations made in relation to the death of Ms T, who had a history mental illness and alcohol dependence, and whose death by hanging occurred a day after she self-discharged from the Box Hill Hospital.

In her report¹, the Coroner found that Eastern Health missed opportunities during Ms Ts voluntary admission to prevent her from self-discharging prior to comprehensive mental health assessment. Namely, she was not offered nicotine replacement therapy, and a treatment plan to encourage her not to leave the emergency department was not understood by all emergency department staff. The Coroner also found that Eastern Health missed opportunities to offer further follow up to Ms T after she self-discharged.

In light of these findings, the Coroner made three recommendations, including to specifically address the management of nicotine withdrawal in the Emergency Department:

1. *In the interests of promoting public health and safety and preventing like deaths, I **recommend** that Eastern Health review the communication processes both within the emergency department and between emergency department staff and mental health staff to improve the accessibility and reliability of clinical information used by clinicians to make decisions about patients leaving the emergency department while waiting for a mental health assessment.*
2. *In the interests of promoting public health and safety and preventing like deaths, I **recommend** that the Victoria Network of Smokefree Healthcare Services and Eastern Health develop and promote a guideline specific to the assessment, prevention and management of withdrawal symptoms from nicotine in patients while in an emergency department.*
3. *In the interests of promoting public health and safety and preventing like deaths, I **recommend** that Eastern Health review the systems for follow up of patients who leave the emergency department while waiting for a comprehensive mental health assessment, to ensure that they are in line with recommendations from the Department of Health and Human Services and the Chief Psychiatrist.*

¹ Coroners Court of Victoria. Finding into death without inquest COR 2016 0427

https://www.coronerscourt.vic.gov.au/sites/default/files/2020-06/MsT_042716.pdf

Guideline purpose and objectives

The proposed guideline will aim to support healthcare services to address nicotine dependence and smoking in a systematic and sustainable way within their emergency departments by outlining:

- the rationale and benefits for patients, emergency department clinicians, health services and the public
- key principles for managing nicotine dependence and withdrawal in the emergency department, based on a consideration of the unique environment and time constraints
- opportunities for supporting cessation through clinical interactions in the emergency department
- clinical guidance for assessment and management of nicotine dependence and withdrawal for emergency department patients including considerations for mental health patients and other dependencies
- guidance regarding documentation and continuity of care
- other practical implementation considerations including:
 - clinician education
 - scripts to guide conversations
 - patient information
 - visitor information and considerations for engaging with and managing carers and families
 - interfaces with policies and procedures including Code Grey responses

What are some of the issues and opportunities?

Preliminary discussions with Eastern Health have identified some of the issues that may be explored in the development of a guideline for EDs. These and other issues will be considered in the process of developing the guideline and in recommendations for implementation.

Smoking is common among emergency department attendees

Smoking prevalence is highest among disadvantaged populations, who in turn are commonly treated in hospital emergency departments. Smoking is also prevalent among people with mental illness, who also commonly frequent the ED.

An Australian point prevalence study published in 2016 found 23.3% of patients presenting to ED reported being current smokers. Forty-one per cent of these reported difficulty in refraining from smoking and 78.1% had a desire to quit.²

Nicotine withdrawal can contribute to violence, aggression and absconding and may not be well recognised as a factor in this regard

Acute nicotine withdrawal increases aggressive responses. There is limited published research in this area in relation to emergency departments, however anecdotally and as evidenced by the Coroners report, behavioural problems can stem from nicotine withdrawal. The inclusion of nicotine

² Welland t, Jelinek GA, Taylor SE, Taylor D. Tobacco smoking by adult emergency department patients in Australia: a point prevalence study. Public health Res Pract 2016;26(3) <https://www.phrp.com.au/issues/july-2016-volume-26-issue-3/tobacco-smoking-by-adult-emergency-department-patients-in-australia-a-point-prevalence-study/>

withdrawal as a consideration in recent guidelines for caring for people displaying acute behavioural disturbance reflects this.³

Clinician aptitudes and attitudes to smoking interventions for emergency and mental health patients are variable

Our experience over many years at VNSHS points to lack of confidence as a significant barrier for clinicians to routinely address smoking – in any setting. This compounds some of the other barriers in ED, including lack of time/resources and focus on acute care. There is also a perception that smoking related interventions must address cessation, which in ED may not be a priority ahead of managing behavioural risks and other risks such as absconding.

Staff turnover in ED is high

Staff turnover, particularly of nursing staff, may be factor limiting embedding of interventions such as those to address nicotine withdrawal.

Smoking continues to a priority in Victoria

Embedding smoking interventions into clinical care is a clear goal for Victorian healthcare services. Among the strategic actions relating to smoking contained in the Victorian Public Health and Wellbeing Plan for 2019-2023⁴, to embed smoking identification and cessation pathways into routine care.

There is evidence for effectiveness of smoking interventions in ED

Despite attitudes to the role of ED in supporting cessation, there is evidence for the effectiveness of interventions in this setting, and that interventions can be delivered in a time-efficient manner.⁵

What next?

The Victorian Coroner has requested a response to her recommendations towards the end of August. It is unlikely that we will complete the full process by then, but by then we intend to:

- Recruit interested parties to form a small working group
- Draft a guideline reflecting the above considerations
- Establish whether further stakeholder engagement is required

³ Safer Care Victoria 2020. Caring for people displaying acute behavioural disturbance

https://www.bettersafecare.vic.gov.au/sites/default/files/2020-01/Supplement_Caring%20for%20people%20displaying%20acute%20behavioural%20disturbance.pdf

⁴ Department of Health and Human Service Victoria. Victorian Public Health and Wellbeing Plan for 2019-2023. <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

⁵ Katz D et al. The emergency department action in smoking cessation (EDASC) trial: impact on delivery of smoking cessation counselling. Acad Emerg Med 2012 (Apr);19(4):400-420 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3334343/>