Get Medication and Use It Correctly.

Talk with your health care provider about which medication will work best for you:

☐ **Nicotine gum—available over-the-counter.**

Dosage: If you smoke less than 25 cigarettes/day, start with 2mg. nicotine gum. If you smoke more than 25 cigarettes/day, start with the 4mg gum. Weeks 1-6, 1 piece gum every 2hrs; weeks 7-9, 1 piece gum every 2-4 hrs; and weeks 10-12, 1 piece gum every 4-8hrs.

Administration: Chew gum slowly until it tingles; then, park it between the cheek and gum. When the tingle is gone begin chewing again until the tingle returns. Repeat this process until most of the tingle is gone (about 30 minutes).

☐ **Nicotine patch—available over-the-counter.**

All products are over the counter. There will be differences in the duration and length of therapy, depending on the product prescribed.

Apply the transdermal system promptly after its removal from the protective pouch to prevent loss of nicotine due to evaporation.

Apply system once daily to a non hairy, clean, and dry site on the trunk or upper, outer arm. Hold on for 10 seconds. Do not wear more than 1 patch at a time. Wash hands after application.

☐ **Bupropion SR—available by prescription.** *(Wellbutrin, Zyban)*

May be combined with a nicotine transdermal system.

Treatment should be initiated while still smoking since about 1 week of treatment is needed to reach steady-state blood levels. A “target quit date” usually in the second week should be set. Continue treatment for 7-12 weeks. If significant progress has not been made by week 7 of treatment, it is not likely the client will stop smoking during this attempt.

☐ **Nicotine inhaler—available by prescription.**

Nicotine nasal spray is most effective when used in combination with a supervised stop-smoking program. Nicotine inhaler is for use over short periods of time (not more than 3 months).

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Your Medication Plan:

Medications:_______________________________________________________________

Instructions:________________________________________________________________