

Smoking Cessation Nursing Care Plan

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

ASSESSMENT

Medical History:

Document patient's history, including smoking habits, previous exacerbations, hospitalizations, and comorbidities:

- Duration and Quantity:** Document the duration of smoking and average daily cigarette intake.
- Previous Quit Attempts:** Note any previous attempts at quitting, including methods used and duration of cessation.
- Triggers and Patterns:** Identify triggers for smoking and patterns of tobacco use.

Notes:

Physical Assessment:

Document patient's history, including smoking habits, previous exacerbations, hospitalizations, and comorbidities:

- Smoking-Related Health Issues:** Note any issues like cough, shortness of breath, or signs of nicotine withdrawal.
- Comorbidities:** Identify any comorbid conditions, especially those that are exacerbated by smoking (e.g., cardiac or respiratory issues).
- Vital Signs:** Monitor blood pressure, heart rate, and respiratory rate for abnormalities.
- Respiratory Assessment:** Assess lung sounds, respiratory effort, and any signs of respiratory distress.

Notes:

DIAGNOSIS

Primary Diagnosis: Nicotine Dependence

- Persistent Attempts to Quit** ; *Numerous failed attempts to stop smoking, signifying a strong dependence on nicotine.*
- Withdrawal Symptoms**; *Experiencing symptoms such as intense cravings, anxiety, irritability, restlessness, difficulty concentrating, depressed mood, frustration, anger, increased appetite, insomnia, and gastrointestinal disturbances*
- Continued Smoking Despite Health Issues**; *Smoking persists even in the face of serious heart and lung health problems.*
- Social Sacrifices**; *Avoiding social activities where smoking is restricted or frowned upon.*
- Tolerance Development**; *Needing to smoke more cigarettes over time to achieve the same level of satisfaction.*
- Use in Risky Situations**; *Smoking in situations that pose health or safety risks*
- Neglecting Responsibilities**; *Allowing smoking to interfere with professional or personal responsibilities.*
- Denial of Addiction**; *Downplaying or denying the dependence on nicotine, despite clear signs of addiction.*

Secondary Diagnosis

- Ineffective Breathing Pattern**: *related to mucus and airway irritants*
- Impaired Gas Exchange** *related to ventilation-perfusion imbalance.*
- Ineffective Airway Clearance** *related to increased mucus production*
- Activity Intolerance** *related to hypoxemia and ineffective breathing patterns.*
- Knowledge Deficit** *related to unawareness of smoking cessation resources*

PLANNING

Goal Setting

Establish realistic and measurable goals based on patient assessment, such as reducing or quitting smoking, managing withdrawal symptoms, and understanding the benefits of smoking cessation.

Goals of Care

INTERVENTIONS:

Below are suggested and recommended interventions, indicate what is best suited to your patient for further intervention.

Intervention	Example	Notes and Referrals
Nicotine Replacement Therapy	<i>Provide nicotine patches, gum, lozenges, inhalers, or nasal sprays as prescribed.</i>	
Medication Management	<i>Prescribe medications like bupropion or varenicline to reduce cravings and withdrawal symptoms.</i>	
Behavioral Therapy	<i>Offer individual or group counseling focusing on behavior change strategies to quit smoking.</i>	
Support Groups	<i>Encourage participation in community or online support groups for additional encouragement and advice.</i>	
Stress Management Techniques	<i>Teach relaxation techniques such as deep breathing, meditation, or yoga to manage stress without smoking.</i>	
Educational Resources	<i>Provide educational materials on the benefits of quitting smoking and the risks of continued smoking.</i>	
Lifestyle Modifications	<i>Advise on healthy lifestyle changes such as increased physical activity and a balanced diet.</i>	
Relapse Prevention Strategies	<i>Develop a plan to identify triggers and coping strategies to prevent relapse.</i>	

EVALUATION

Reassessment

Regularly reassess the patient's smoking status, adherence to the care plan, coping with withdrawal symptoms, and overall progress.

Physician's Notes and Recommendations

Follow-up

Follow-up Date: ____ / ____ / _____

Physician's Signature: _____ Date: ____ / ____ / _____

Patient Acknowledgment

I have reviewed the Smoking Cessation nursing care plan and understand the information provided.

Patient's Signature: _____ Date: ____ / ____ / _____