Nicotine Withdrawal Management Plan

For use by Nurses, Midwives and Medical Officers following initial assessment, to dispense ongoing Nicotine Replacement Therapy.

Name: _____

Fagerström Test Score: _____

Nicotine Replacement Therapy (NRT) History: _____

_____

_____

_____

_____

Medical Assessment for NRT: _____

_____

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Nicotine Withdrawal Management Plan

Date	NRT Type (eg patch, lozenge, etc)	Review (eg good, medium, no effect)	Comments (eg side effects, etc)	Signature