

Addressing Tobacco Dependence Through a Nurse-driven Tobacco Intervention Protocol



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KEYWORDS

- Health promotion • Smoking • Nursing intervention • Tobacco dependence
- Smoking cessation

KEY POINTS

- Tobacco use is the most prevalent lifestyle behavior that contributes to the largest proportion of preventable disease, disability, and death.
- Mortality among both sexes who smoke in the United States is 3 times higher than among similar people who never smoked.
- Smoking is a primary precursor for cancer, respiratory dysfunction, cardiovascular diseases, and poor fracture healing, because the inhaled components are problematic for several body functions.
- Nurses are in unique positions to converse with patients in an effort to promote smoking cessation interventions.
- Smoking cessation protocols should be initiated that include inpatient and outpatient implementation for best outcomes.
- A nurse-initiated smoking cessation protocol that is collaboratively planned and implemented can reduce morbidity and mortality from smoking-related diseases.

INTRODUCTION

Tobacco use is the most prevalent lifestyle behavior that contributes to the largest proportion of preventable disease, disability, and death. Use of tobacco products is at epidemic proportions in the United States. Estimates retrieved between 2012 and 2013 by the US Centers for Disease Control and Prevention¹ reported that 1 in 5 adults

Disclosure: There are no commercial or financial conflicts of interest and there is no funding source for this article.

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Nurs Clin N Am 50 (2015) 725–734

<http://dx.doi.org/10.1016/j.cnur.2015.07.008>

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(50 million) currently used tobacco products every day or some days. Tobacco use was greatest among men, young adults, those living in the Midwest and south, and those with less education.² Cigarette smoking resulting in inhalation of tobacco and its by-products is the most common form of tobacco use. Tobacco use results in multiple disease incidences and mortality. Disease incidence includes numerous cancers and chronic diseases (Fig. 1).³

Mortality among both sexes who smoke in the United States is 3 times higher than among similar people who never smoked. In addition, smoking results in diminished health status, which manifests as an increased risk for adverse surgical outcomes, lost work time (increased absenteeism), and an increase in the use of many medical services.³ The use of services and cost of health care for smokers is higher and these trends persist into old age.³ As a profession, nursing has a responsibility to promote care activities that result in health and well-being for all in society. Nurses are the caretakers who are advocates and should promote interventions that include patient education as mechanisms to improve wellness.

Nurses are in unique positions to converse with patients in an effort to promote smoking cessation interventions. They are in contact with patients in acute care facilities, nursing homes, rehabilitation hospitals, clinics, physician offices, and emergency facilities. Being educated about the effects of nicotine and tobacco by-products is imperative. Using this information then allows an effective patient-based intervention program because research has shown an increased probability of stopping smoking for individuals who are offered advice by a nurse.⁴

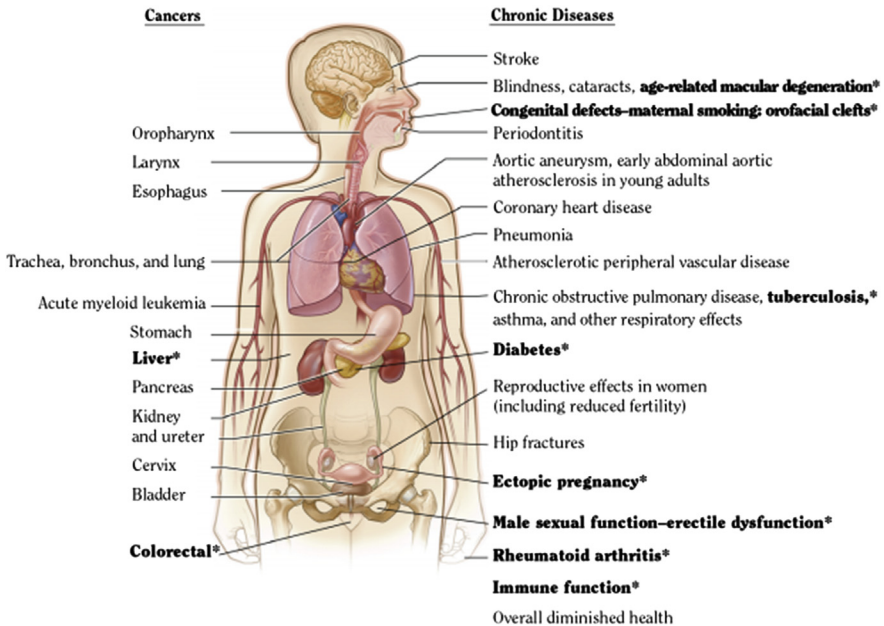


Fig. 1. Health consequences causally linked to smoking. Each condition presented in bold text and followed by an asterisk is a new disease that has been causally linked to smoking in this report. (From US Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Rockville (MD): Public Health Service; Office of the Surgeon General; 2014. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.)

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