

PCC AMBULATORY ENCOUNTER RECORD

Date _____
 Arrival Time _____ : _____ AM
 Clinic _____
 Appt. _____ Walk-in _____

PROBLEM LIST UPDATE
 (Enter Problem Numbers From Problem Summary)
 Remove _____ Move to Inactive _____ Move to Active _____

PROVIDERS	APPL.	DIS.	INITIALS / CODE

PRIMARY PROVIDER

Tobacco Cessation Protocol Authorization
Health Education/Pharmacy

Authorization for use and appropriate refills of tobacco cessation services, medications and supplies as follows for the next twelve months. Unless specifically noted below patients will be eligible to receive nicotine patch, nicotine gum, nicotine gum nicotine lozenge, varenicline, bupropion SR.

Medication exceptions: _____

ZYBAN	GUM OR LOZENGE	NICOTINE PATCH	Varenicline
150 mg QAM for 3 days then increase 150 mg BID -Renal failure and mild to moderate cirrhosis: may necessitate reduced dose and frequency -Severe cirrhosis: dose should not exceed 150mg every other day	Combination Therapy: ○ Use for acute episodes of craving or tapering of patch Monotherapy: fixed schedule preferred to prn use Gum: ○ 2mg if <25 cigarettes per day ○ Weeks 1-6: 1 every 1 to 2 hrs not more than 24/day 7-9: 1 every 2-4 hours 10-12: 1 every 4-8 hours Lozenge: ○ 2mg if first cigarette after 30 min of waking ○ Weeks 1-6: 1 every 1-2 hours not more than 20/day 7-9: 1 every 2-4 hours 10-12: 1 every 4-8 hours	Standard dosing schedule: ○ 21 mg/day X 4-6 weeks ○ 14mg/day X 2 weeks ○ 7mg/day X 2 weeks Individualize drug dose: ○ <10 cig/day consider lower starting dose ○ heavy smokers consider high dose patches with note possible increase side effects e.g. rash and nicotine toxicity Dose to approximate pts nicotine usage eg. 1 cig ≅ 1mg nicotine	Treatment days Dose Days 1 to 3 White tablet Days 4 to 7 White tablet (1 in the mo Day 8 to end of treatment Blue tablet (1 in the mo ○ Severe renal function impa (<30ml/min)=Starting dose titrate as needed to a maxim daily. ○ ESRD undergoing hemodial once daily may be adminis

REPRODUCTIVE FACTORS				FP METHOD				DATE BEGUN		Sex:	
G	P	LC	SA	TA	LMP				OPV <input type="checkbox"/>		
PROBLEM LIST NOTES									REMOVE NOTE <input type="checkbox"/>	DTP <input type="checkbox"/>	
STORE NOTE FOR PROB. <input type="checkbox"/>										DT <input type="checkbox"/>	
MEDITATIONS									MEDITATIONS / TREATMENTS / PROCEDURES / PATIENT EDUCATION		Td
											MMR <input type="checkbox"/>
											Vaccines
											Influenza
											MIB TITER/ AetMIB <input type="checkbox"/>
											Postvac MIB <input type="checkbox"/>
											Prostate Vac
MR #	SSN #	REBERTY/ REFERRAL TO:	DATE	TIME						FPD mm	
NAME		FUNCTION:								<input checked="" type="checkbox"/> Type of Decision Making	
B DATE	SEX	TRIBE								Strightforward	
RESIDENCE		INSTRUCTIONS TO PATIENT:	<input type="checkbox"/> SIGN RELEASE RECORDS							Low Complexity	
FACILITY	DATE								Medium Complexity		
							PROV. SIGNATURE				