

Summary of Recommendations

	RECOMMENDATION	*STRENGTH OF EVIDENCE
Practice Recommendations	1. Nurses implement minimal smoking cessation intervention using the "Ask, Advise, Assist, Arrange" protocol with all clients.	A
	2. Nurses introduce intensive smoking cessation intervention (more than 10 minutes duration) when their knowledge and time enables them to engage in more intensive counselling.	A
	3. Nurses recognize that tobacco users may relapse several times before achieving abstinence and need to re-engage clients in the smoking cessation process.	C
	4. Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up.	C
	5. Nurses implement smoking cessation intervention, paying particular attention to gender, ethnicity and age-related issues, and tailor strategies to the diverse needs of populations.	C
	6. Nurses implement, wherever possible, intensive intervention with women who are pregnant and postpartum.	A
	7. Nurses encourage smokers, as well as non-smokers, to make their homes smoke-free, to protect children, families and themselves from exposure to second-hand smoke.	B
Education Recommendations	8. All nursing programs should include content about tobacco use, associated health risks and smoking cessation interventions as core concepts in nursing curricula.	C

*See page 12 for details regarding "Interpretation of Evidence"

	RECOMMENDATION	STRENGTH OF EVIDENCE
Organization & Policy Recommendations	9. Organizations consider smoking cessation as integral to nursing health promotion practice, and thereby integrate a variety of professional development opportunities to support nurses in effectively developing skills in smoking cessation intervention and counselling.	B
	10. Nurses seek opportunities to be actively involved in advocating for effective smoking cessation services, including "stop smoking medications".	C
	11. Nurses seek opportunities to be actively involved in advocating for smoke-free spaces and protection against second-hand smoke.	C
	12. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes: <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>"Toolkit: Implementation of clinical practice guidelines"</i>, based on available evidence, theoretical perspectives and consensus. The RNAO strongly recommends the use of this Toolkit for guiding the implementation of the best practice guideline on <i>"Integrating Smoking Cessation into Daily Nursing Practice"</i>.</p>	C