



# CEASE Training Manual

A quick reference for your office



# Working as a practice to address family smoking

- As a practice, read and complete the CEASE Implementation Guide. The CEASE Implementation Guide will lead your office through all the steps needed to address family smoking.
- Put the CEASE Implementation Guide in a public space so all staff can review it.
- Work together to develop measurable benchmarks for success. Work together to identify roadblocks that may be keeping you from your benchmarks.



# CEASE Implementation Guide

## Three Easy Steps

What	When	Who	How
<b>Step 1</b>			
<p><b>ASK</b> about smoking status of family members and household smoking rules. With leadership support, use:</p> <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step One</li> </ul>	<input checked="" type="checkbox"/> At the front desk <input type="checkbox"/> During vital signs <input type="checkbox"/> During the visit <input type="checkbox"/> Through a mailing	<p><i>Primary:</i> The receptionist, medical assistant, or nurse: <u>Mary - receptionist</u></p> <p><i>Facilitators:</i> <u>Alice- office manager</u></p>	<ul style="list-style-type: none"> <li>Every year, give families a <u>CEASE Action Sheet</u> to ask about household members' smoking status and interest in cessation services.</li> <li>Use the <u>CEASE Sticker or Stamp</u> to document family smoking status on the problem list.</li> <li>Place the <u>CEASE Action Sheet</u> in the child's medical record.</li> </ul>
<b>Step 2</b>			
<p><b>ASSIST</b> in quitting smoking and establishing a completely smoke-free home and car. Prescribe or recommend appropriate medication. With leadership support, use:</p> <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step Two</li> <li>CEASE halflets</li> </ul>	<input checked="" type="checkbox"/> During the visit	<p><i>Primary:</i> A physician, nurse, or health educator: <u>Dr. Bob</u></p> <p><i>Facilitators:</i> <u>Jeanette - NP</u></p>	<ul style="list-style-type: none"> <li>In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the <u>CEASE Action Sheet</u>.</li> <li>Use the responses on Step One of the <u>CEASE Action Sheet</u> to guide how you assist in addressing tobacco use.</li> <li>Document services delivered on Step Two of the <u>CEASE Action Sheet</u>.</li> </ul>
<b>Step 3</b>			
<p><b>REFER</b> those who use tobacco to the quitline. Make a follow-up plan. With leadership support, use:</p> <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step Three</li> </ul>	<input checked="" type="checkbox"/> During the visit <input type="checkbox"/> In consultation with a nurse or health educator	<p><i>Primary:</i> A physician or nurse practitioner: <u>Dr. Bob</u></p> <p><i>Facilitators:</i> <u>Jeanette - NP</u></p>	<ul style="list-style-type: none"> <li>Using Step Three of the <u>CEASE Action Sheet</u>, refer tobacco users to QuitWorks.</li> <li>Fax the completed Step Three of the <u>CEASE Action Sheet</u> to QuitWorks at 1-866-560-9113.</li> <li>Arrange follow-up with tobacco users.</li> <li>File the <u>CEASE Action Sheet</u> in the child's medical record.</li> </ul>

## Step One: Ask

### Asking families about tobacco use and rules about smoking in the home and car

- Every year, use the CEASE Action Sheet to ask families:

*Does your child live with anyone who uses tobacco?*

- Use the CEASE Action Sheet or CEASE Sticker to document family smoking status on the problem list.
- Place the CEASE Action Sheet in the child's medical record.

*Note: The questions from the CEASE Action Sheet can be added to your health history form or as a template in your electronic medical record.*



**Step 1: For you to fill out**

Patient's Name: Anna Reynolds

Date: July 18, 2008

Other children seen here: None

Your name: Monica Black-Reynolds

Your Email (optional): \_\_\_\_\_

Relationship to patient (circle one):

Mother      Father      Other : \_\_\_\_\_

Does anyone that you live with smoke?

Yes      No

If yes, who? Bobbie (father)


Have you smoked tobacco, even a puff, in the last 7 days?

Yes      No, quit in past year      No, quit over a year ago      No, never

If you smoke, how interested are you in quitting? 

A lot      Some      A little      Not at all

If you smoke, are you interested in medicine to help you quit?

Yes      No      Not sure      

If you smoke, do you want to learn free ways to help you quit?

Yes      No      Not sure      

Does anyone smoke in your home ever?

Yes      No



Does anyone smoke in your car ever?

Yes      No      No car




**Step 2: For the doctor/nurse to fill out**

The doctor or nurse may talk to you about smoking and protecting others from the harms of smoking. The doctor or nurse may use the check boxes on this form to best meet your needs.


**How to quit smoking.**

*Quitting smoking is one of the best things that you can do for your health and the health of your family. Parents who quit help keep their children from smoking in the future.*

-  Halftlet given
- Set a quit date for \_\_\_\_\_


**Treatment.**

*Medicine can double your chance of quitting smoking for good.*

-  Medication prescribed: \_\_\_\_\_

**Free programs to help you quit smoking.**

*Would you like to know more about the free telephone quitline or free online services to help you quit smoking?*

-  Quitline form faxed
- Online program information emailed

**Have a no-smoking rule everywhere in your home and car.**

*One of the best ways that you can take care of your children is to quit smoking and have a completely smoke-free home and car.*

- Halftlet given

**Progress notes:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

# Step Two: Assist

## Assisting families with smoking cessation and secondhand smoke exposure reduction

- In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the CEASE Action Sheet.
- Use the responses on Step One of the CEASE Action Sheet to guide how you assist with addressing tobacco use.
- Document services delivered on Step Two of the CEASE Action Sheet.



### Step 1: For you to fill out

Patient's Name: Anna Reynolds

Date: July 18, 2008

Other children seen here: None

Your name: Monica Black-Reynolds

Your Email (optional): \_\_\_\_\_

Relationship to patient (circle one):

Mother      Father      Other: \_\_\_\_\_

Does anyone that you live with smoke?

Yes      No

If yes, who? Bobbie (father)


Have you smoked tobacco, even a puff, in the last 7 days?

Yes    No, quit in past year    No, quit over a year ago    No, never

If you smoke, how interested are you in quitting?

A lot      Some      A little      Not at all

If you smoke, are you interested in medicine to help you quit?

Yes      No      Not sure      

If you smoke, do you want to learn free ways to help you quit?

Yes      No      Not sure      

Does anyone smoke in your home ever?

Yes      No

Does anyone smoke in your car ever?

Yes      No      No car



### Step 2: For the doctor/nurse to fill out

The doctor or nurse may talk to you about smoking and protecting others from the harms of smoking. The doctor or nurse may use the check boxes on this form to best meet your needs.

#### How to quit smoking.

*Quitting smoking is one of the best things that you can do for your health and the health of your family. Parents who quit help keep their children from smoking in the future.*



Halftlet given

Set a quit date for \_\_\_\_\_

#### Treatment.

*Medicine can double your chance of quitting smoking for good.*



Medication prescribed: Patch

#### Free programs to help you quit smoking.

*Would you like to know more about the free telephone quitline or free online services to help you quit smoking?*



Quitline form faxed

Online program information emailed

#### Have a no-smoking rule everywhere in your home and car.

*One of the best ways that you can take care of your children is to quit smoking and have a completely smoke-free home and car.*

Halftlet given

Progress notes:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_\_

## Step Three: Refer

### Referring families who use tobacco to outside help

- Using your state's fax to quit quitline enrollment form or the quitline referral pad, refer tobacco users to the quitline, 1-800-QUIT NOW.
- Arrange follow-up with tobacco users.
- File the CEASE Action Sheet in the child's medical record.



Rx \_\_\_\_\_



Call 1-800-Quit-Now  
(1-800-784-8669)

One call can change your family's life.

One call can help you quit tobacco.

