

Addressing Rural Adolescent E-Cigarette Use

Prescriber’s Authorization Template: Nicotine Replacement Therapy

The RCORP-Rural Center of Excellence on Substance Use Disorder (SUD) Prevention is collaborating with rural communities to develop educational programs and resources to address e-cigarette use among adolescents.

Schools and prescribers may wish to use the following prescriber’s authorization template when a student has been prescribed nicotine replacement therapy.

Learn more about this project:

* <https://recoverycenterofexcellence.org/articles/addressing-rural-adolescent-e-cigarette-use>

Questions? Please contact our Program Assistance:

* <https://recoverycenterofexcellence.org/program-assistance>

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Prescriber’s Authorization for Administration of Medication at School

Name of Student:

Date of Birth:

Diagnosis: Nicotine Dependence F17.2

Name of licensed prescriber/Title: \*\*\*

Electronically signed by \*\*\*

The patient listed above has been diagnosed with Nicotine Dependence and is receiving care in my office. They have been prescribed **Nicotine Replacement Therapy** and will need oversight from the nurse in school.

I request that my patient, as listed above, receive the following medications:

**Medication**: Nicotine Patch

Dosage:7 mg/14 mg/21 mg

Frequency: Change patch every 24 hours.

Route of Administration: Apply patch to clean skin.

If the patch loosens or falls off, replace it with a new one. When changing the patch, remove the patch carefully and dispose of it by folding it in half with the sticky sides touching. Then apply a new patch to a different part of the upper body. In general, the patch should be changed at home. If the patch needs to be changed during the school day, please allow my patient to change it in a private location in the nurse’s office.

It is OK to wear the patch while bathing, showering, swimming, or soaking in a hot tub. Water will not harm the patch as long as it is firmly in place.

If the skin under the patch becomes irritated remove the patch and ask the student or parent to reach out to their prescriber for advice.

**Medication**: Nicotine Gum/Lozenge

Please allow my patient to self-carry and self-administer with frequency as ordered.

Dosage:2 mg/4 mg

Frequency: Use 1 piece every 1-4 hours as needed.

Route of Administration: PO

Time to be taken during school hours: as needed based on nicotine withdrawal symptoms

*\*Students may only self-carry up to 7 pieces of gum or 7 lozenges per day.*

Possible side effects/adverse reactions: jaw soreness, mouth irritation, indigestion, nausea, hiccups

Intended effects: decrease cravings for nicotine, decrease withdrawal symptoms such as irritability, restlessness, anxiety, poor concentration, headaches or nausea

**What is Nicotine Replacement Therapy (NRT)?**

NRT is a medication that addresses nicotine withdrawal symptoms by providing a controlled amount of nicotine, thus helping reduce the urge to smoke or vape.

**Is NRT safe?**

NRT is safer than cigarettes, e-cigarettes, and other tobacco products because it delivers nicotine without the toxic chemicals and carcinogens in tobacco and e-cigarette products.

NRT has low potential for misuse because the nicotine is absorbed slowly.