





Use the **5A's** of Intervention

 **ASK** About Tobacco **USE**


Identify and document tobacco use status for every patient at every visit.

 **ADVISE** Tobacco user to **QUIT**

In a clear, strong, and personalized manner, urge every tobacco user to quit.

 **ASSESS** Readiness to make a **QUIT ATTEMPT**

Is the tobacco user willing to make a quit attempt at this time?

 **ASSIST** With the **QUIT ATTEMPT**

For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.

 **ARRANGE** **FOLLOW UP** care

For the patient willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.

Notes for MAs

- Advise and assess by saying **WE** not **YOU**
- “Helping you stop tobacco use is one of the most important things **WE** can do to improve your **[treatment/procedure]** and **[recovery/outcomes]**. Would you like help in quitting?”

Notes for Physicians

- “As your **[xxx]** doctor, I want to share with you how important quitting smoking is as part of your **[xxx]** care. Quitting tobacco can:”
 - Improve...
 - Reduce...
 - Speed up recovery...
- “I see you’re interested in help in quitting. To help you treat your tobacco use, I’m going to provide:”
 - Referral/connection to... **[Michigan Tobacco Quitline]** (michigan.quitlogix.org), Hospital-based cessation program, etc.]
 - A prescription for combination **Nicotine Replacement Therapy (NRT)** including nicotine patch and nicotine lozenge: using NRT can double your success with quitting
 - For providers interested in prescribing smoking cessation medications, please refer to the provided guidelines from the **CDC** and the materials developed by **HBOM**

*Adapted from the University of Michigan Tobacco Consultation Service and the Rogel Cancer Center NCI Cancer Moonshot Project

