

904 Environmental Tobacco Smoke Exposure (All)

**Description**

- Exposure to second hand smoke
- Women are at risk for lung cancer and heart disease; children are at risk of SIDS, respiratory infection, asthma & LBW

**Assess Readiness for Change:** with open ended questions

- “It looks like from your application that you have tried to stop smoking. How has that worked or not worked for you?”
- “You noted you usually smoke outside. How hard is it to go outside to smoke?”

**Discussion, Counseling and Education**

If the answer is:	Try Counseling Strategies	Try Education
<p><b>Not ready</b> →</p> <p>“I try to go outside but I can’t leave the baby inside alone.”</p> <p>Raise awareness &amp; personalize change</p>	<ul style="list-style-type: none"> <li>• “I understand your concern for your baby’s safety. Smoking outside is the safest way to prevent smoke exposure. How often are you able to smoke outside instead of near the baby?”</li> <li>• “Tell me more about your attempts to stop smoking?”</li> </ul>	<ul style="list-style-type: none"> <li>• “Even smoking in the next room can expose your baby to smoke. Infants exposed to smoke have more SIDS, asthma, ear infections and bronchitis.”</li> <li>• Offer referral to smoking cessation programs/assistance</li> </ul>
<p><b>Record Plan or Goal</b> Participant unsuccessful at stopping smoking. No interested in trying again now. Will re-assess readiness next appointment.</p>		
<p><b>Unsure</b> →</p> <p>“I have been afraid to try to stop smoking. I don’t think I can do it.”</p> <p>Raise awareness &amp; confidence &amp; identify barriers to change</p>	<ul style="list-style-type: none"> <li>• “It sounds like you want to try to stop. What makes you most afraid to try?”</li> <li>• “On a scale of 1-10, how willing are you to call a smoking cessation program for help?”</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to quit smoking depends on client’s readiness</li> <li>• Give support and encouragement</li> <li>• Refer to smoking cessation program to:                             <ul style="list-style-type: none"> <li>○ Learn to handle stress and urge to smoke</li> <li>○ Obtain medication (if applicable)</li> <li>○ Prepare for relapses</li> </ul> </li> </ul>
<p><b>Record Plan or Goal</b> Mom took smoking cessation referral but still hesitant to call. Encourage next appointment if hasn’t made contact.</p>		
<p><b>Ready</b> →</p> <p>“I know I should stop smoking. I tried on my own but I can’t stick to it?”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> <li>• “It sounds like you want to try to stop smoking again, but would like help this time? How would you feel about contacting the local smoking cessation program?”</li> </ul>	<ul style="list-style-type: none"> <li>• “You talked about wanting to try nicotine patches. Your Dr or cessation program would be the best ones to talk to about how they work and if they are appropriate for you.”</li> </ul>
<p><b>Record Plan or Goal</b> Mom said she is ready to call the quit line. Follow-up on success next appointment.</p>		

**Education Resources**

<http://www.epa.gov/smokefree/> Handout & Resource- *Smoke Free Homes*

<http://www.aklung.org/tobacco-control/quit-smoking/quit-smoking-today/> Resource- *Smoking Cessation Help in Alaska*

<http://familydoctor.org/online/famdocen/home/common/addictions/tobacco/191.html> Resource- *About Nicotine Patch*